



Evidence-Based Practices, Programs, and Policies Proposal Review Form: Approved vs. Waiver or Provisional Approval



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2021



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PROGRESS, LLC.**
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EBPPP Proposal Coalition Overview:

Coalition Name:	
Date of Submission:	
Funding Source for Program:	
Estimated Cost of Program:	
Contact Name for this Proposal:	
Phone Number:	
Email Address:	

EBPPP Proposal Summary:

<i>Content Area</i>	<i>Project-Specific Content Details</i>	<i>Requirement Met</i>	
		<i>Yes</i>	<i>No</i>
Program Name:			
Target Population:			
Risk and Protective Factors:			
<ul style="list-style-type: none"> ▪ Individual 			
<ul style="list-style-type: none"> ▪ Family 			
<ul style="list-style-type: none"> ▪ Community 			
Problem Statement:			
Institute of Medicine (IOM):			
EBP Program Description:			

EBPPP Proposal Review Information (Q1-Q2):

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Response</i>
1. Is the program, policy, or practice listed as a "Model Program" or promising substance abuse prevention program on a national list or registry of evidence-based interventions?			
2. Is the program, policy, or practice reported (with positive effects on similar target audiences or a 'promising program') in peer-reviewed journals? Please provide the citation or links to the articles here.			

FOR EBPPP Active Workgroup Reviewers Only:

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Explanation of Determination</i>
Does the proposal adequately address Questions 1&2?			
Is additional documentation required for Questions 1 or 2 in order to make an EBPPP Approval Status determination?			

<p>If 1 and 2 are answered "NO", proceed to Questions 3-6. If 1 or 2 are answered "YES", proceed to Questions 7-12, and then a logic model must be developed and provided.</p>

Supplemental Questions (Q3-Q6):

The following Questions 3-6 are only required for those proposals that did not have “Yes” responses to either Question 1 or Question 2. If the response provided in Question 1 or Question 2 was “Yes,” please proceed to Questions 7-12.

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Response</i>
3. Is the program, policy, or practice based on solid information documented in a conceptually clear logic model? Please attach the logic model.			
4. Is the program, policy, or practice similar in content and structure to interventions that appear in registries or peer-reviewed literature? If so, please provide the name of the program and other information to support its comparability.			
5. Has the program, policy, or practice been effectively implemented in the past with a consistent pattern of credible and positive effects by the coalition? (Strong local data may be used in this section. Please provide a full report of the impact outcomes along with tools used to collect the information.)			
6. Was SAMHSA EBP list or approved clearinghouse lists reviewed to identify a “Model program” or “promising program” that is similar in design to this proposal? Provide a rationale or justification statement for the proposed program, policy, or practice. This should include why the proposed program was selected in lieu of a listed “Model program” or “promising program” and target service population or geolocational considerations.			

FOR EBPPP Active Workgroup Reviewers Only:

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Explanation of Determination</i>
Does the proposal adequately address Questions 3-6?			
Is additional documentation required for Questions 3-6 in order to make an EBPPP Approval Status determination?			

Proceed to Questions 7-12, which must be answered and/or addressed as part of this proposal.

Required Questions (Q7-Q12):

The following questions MUST be answered or addressed as part of this proposal.

<i>Question</i>	<i>Response</i>
7. Provide the resources necessary, including all costs or staff training, travel, materials, etc., to implement this strategy.	
8. How many people/families do you anticipate this program will reach or serve this fiscal year?	
9. What resources will be needed to implement the program. Identify and provide information on how barriers such as fidelity, cost, training, capacity, stakeholder buy-in, etc., will be addressed.	
10. How will the program be successfully implemented with fidelity? a. Provide the staff who will be responsible for oversight of monitoring roll out and implementation fidelity. b. Provide the staff who will be responsible for providing the program and credentials qualifying them to do so. c. Are implementation fidelity tools available for this program?	
11. How will you evaluate the process and outcomes of the strategy? Please provide tools, metrics, participant protections.	
12. Address continuity of the program: Has this program been offered in the past? Are there plans to offer this program in the future?	

FOR EBPPP Active Workgroup Reviewers Only:

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Explanation of Determination</i>
Does the proposal adequately address Questions 7-12?			
Is additional documentation required for Questions 7-12 in order to make an EBPPP Approval Status determination?			

Article Review Information (if applicable):

Name of Peer Reviewed Article:	
Link to Article:	
Date of Publication:	
Link to Publishing Journal:	

FOR EBPPP Active Workgroup Reviewers Only:

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Explanation of Determination</i>
Does the article meet the criteria for EBPPP Waiver or Provisional Approval?			

Report Review Information (if applicable)

Name of provided Report:	
Link to Report: (if applicable)	
Date of Publication:	
Link to supporting documentation or program website: (if applicable)	

FOR EBPPP Active Workgroup Reviewers Only:

<i>Question</i>	<i>Yes</i>	<i>No</i>	<i>Explanation of Determination</i>
Does the report meet the criteria for EBPPP Waiver or Provisional Approval?			

EBPPP Proposal Form: Approval Decision

****This page is FOR EBPPP Active Workgroup Reviewers Only****

Reviewers Name:		Date Proposal Submitted:	
Reviewers Affiliation:			
Approval Status?	Approved	Waiver Approved	Provisional Waiver Approval ¹ Not Approved ²
Provide more information here if answer above is “Provisional Waiver Approval” or “Not Approved”.			

Additional Comments Related to EBPPP Proposal Form:

¹ Additional documentation is required pursuant to the operationalized definition of the term, Provisional Waiver. Specific requirements will be communicated in the “Provide more information here...” and/or “Additional Comments Related to EBPPP Proposal Form” sections above.

² If a project is determined to be “Not Approved” there will be documentation of the rationale and reasoning for the decision in the “Provide more information here...” and/or “Additional Comments Related to EBPPP Proposal Form” sections above.