

**Summary of Evidence-Based Program Registries**  
**Center for School Mental Health\***  
**University of Maryland School of Medicine**  
**June 2008**

**1. [Suicide Prevention Resource Center: Best Practices Registry \(BPR\) For Suicide Prevention](#)**

The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention*.

The BPR has three sections:

Section I: Evidence-Based Programs

Section II: Expert and Consensus Statements

Section III: Adherence to Standards

The three sections are not intended to represent "levels" of effectiveness, but rather include different types of programs and practices reviewed according to specific criteria for that section. BPR listings include only materials submitted and reviewed according to the designated criteria and do not represent a comprehensive inventory of all suicide prevention initiatives.

**2. [Blueprints for Violence Prevention Model Programs Selection Criteria](#)**

The success of a community's violence prevention efforts will depend, in large degree, upon the preventive interventions used. That is why it is imperative to identify approaches that have been proven effective. Although a program model can rarely, if ever, be proven to be superior to all others, a particular model elicits greater confidence after its theoretical rationale, goals and objectives, and outcome evaluation data have been carefully reviewed. Although various scholarly reviews have identified exemplary programs, the methodological standards used in evaluating program effectiveness can vary. A few of these scholarly reviews have explicit standards, and one even scores each program evaluation on its methodological rigor, but for most the standards are variable and seldom made explicit. The standard for the claims of

program effectiveness in most of these reviews is very low. Of those with explicit standards, Blueprints programs have the highest standards and meet the most rigorous tests of effectiveness in the field. There are several important criteria to consider when reviewing program effectiveness. Three of these criteria are given greater weight: evidence of deterrent effect with a strong research design, sustained effect, and multiple site replication. Blueprints model programs must meet all three of these criteria, while promising programs must meet only the first criterion.

1. **Evidence of Deterrent Effect with a Strong Research Design**
2. **Sustained Effects**
3. **Multiple Site Replication**

### **3. The Collaborative for Academic, Social, and Emotional Learning (CASEL)**

“CASEL Select” programs have been reviewed in the educator's guide to programs, [Safe and Sound](#). These programs were so designated because they provide outstanding coverage in five essential SEL skill areas; have at least one well-designed evaluation study demonstrating their effectiveness; and offer professional development supports beyond the initial training.

### **4. The Helping America's Youth Program Tool**

The Helping America's Youth (HAY) Program Tool features evidence-based programs that prevent and reduce delinquency or other youth (up to age 20) problem behaviors (e.g., drug and alcohol use). The Program Tool includes information on programs that have been evaluated using scientific techniques and that have demonstrated a statistically significant decline in the targeted negative outcomes.

To be eligible for inclusion in the database, candidate programs must demonstrate results in accordance with widely accepted scientific criteria for program effectiveness. Programs in the database fall into one of the following categories:

“Level 1” programs have been scientifically demonstrated to prevent youth problem behaviors or to reduce or enhance risk/protective factors using a research design of the highest quality (i.e., an experimental design and random assignment of subjects).

“Level 2” programs have been scientifically demonstrated to prevent youth problem behaviors or to reduce or enhance

risk/protective factors using either an experimental or a quasiexperimental research design with a comparison group, with the evidence suggesting program effectiveness.

“Level 3” programs display a strong theoretical base and have been demonstrated to prevent youth problem behaviors or to reduce or enhance risk/protective factors for these problems using limited research methods (with at least single group pre- and post-treatment measurements). The evidence associated with these programs appears promising but requires confirmation using more rigorous scientific techniques.

The overall rating is derived from four summary dimensions of program effectiveness: the conceptual framework of the program, program fidelity, strength of the evaluation design, and empirical evidence demonstrating the prevention or reduction of problem behaviors.

To be eligible for inclusion in the HAY Program Tool, programs must meet the following criteria:

1. The study must investigate the effects of a prevention or intervention program designed to address problem behaviors or conditions that place youth at risk for juvenile delinquency and other problem behaviors. The program must focus on one of the following problem behaviors: delinquency; violence; youth gang involvement; alcohol, tobacco, and drug use; family functioning; trauma exposure; or sexual activity/exploitation. Other problem behaviors, such as physical health problems and injuries, are excluded.
2. The program must (a) explicitly aim to prevent or reduce a problem behavior in a universal or selective juvenile population or (b) if not explicitly aimed to reduce or prevent a problem behavior, apply to a juvenile population at risk for problem behaviors.
3. The study design must involve a comparison condition. A comparison condition can be (a) no treatment, (b) treatment as usual, (c) a placebo treatment, (d) a straw-man alternative treatment, or (e) a time period. Thus, eligible study designs may include experimental with random assignment, nonequivalent quasiexperimental, and quasiexperimental, one-group pretest-posttest studies. Nonexperimental and case study designs are specifically excluded.

## **5. NREPP - The National Registry of Evidence-based Programs & Practices**

SAMHSA encourages NREPP users to keep the following guidance in mind:

NREPP can be a first step to promoting informed decision-making.

The information in NREPP intervention summaries is provided to help you begin to determine whether a particular intervention may meet your needs.

Direct conversations with intervention developers and others listed as contacts are advised before making any decisions regarding selection or implementation of an intervention.

A list of potential questions to ask developers is available from NREPP to facilitate these conversations.

NREPP rates the quality of the research supporting intervention outcomes and the quality and availability of training and implementation materials.

NREPP ratings do not reflect an intervention's effectiveness. Users should carefully read the Key Findings sections in the intervention summary to understand the research results for each outcome.

NREPP does not provide an exhaustive list of interventions or endorsements of specific interventions.

Use of NREPP as an exhaustive list of interventions is not appropriate, since NREPP has not reviewed all interventions.

Policymakers and funders in particular are discouraged from limiting contracted providers and/or potential grantees to selecting only among NREPP interventions.

Inclusion in NREPP does not constitute endorsement of an intervention by SAMHSA.

## **6. Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide**

The MPG evidence ratings are based on the evaluation literature of specific prevention and intervention programs. The

overall rating is derived from four summary dimensions of program effectiveness:

- The conceptual framework of the program
- The program fidelity
- The evaluation design
- The empirical evidence demonstrating the prevention or reduction of problem behavior; the reduction of risk factors related to problem behavior; or the enhancement of protective factors related to problem behavior

The effectiveness dimensions as well as the overall scores are used to classify programs into three categories that are designed to provide the user with a summary knowledge base of the research supporting a particular program. A brief description of the rating criteria is provided below.

**Exemplary** In general, when implemented with a high degree of fidelity these programs demonstrate robust empirical findings using a reputable conceptual framework and an evaluation design of the highest quality (experimental).

**Effective** In general, when implemented with sufficient fidelity these programs demonstrate adequate empirical findings using a sound conceptual framework and an evaluation design of the high quality (quasi-experimental).

**Promising** In general, when implemented with minimal fidelity these programs demonstrate promising (perhaps inconsistent) empirical findings using a reasonable conceptual framework and a limited evaluation design (single group pre-post-test) that requires causal confirmation using more appropriate experimental techniques.

## **7. Promising Practices Network on Children, Families and Communities**

The Promising Practices Network (PPN) is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families.

The PPN site features summaries of programs and practices that are proven to improve outcomes for children. All of the

information on the site has been screened for scientific rigor, relevance, and clarity.

## *Evidence Levels*

### *Proven and Promising Programs*

Programs are generally assigned either a "Proven" or a "Promising" rating, depending on whether they have met the [evidence criteria](#). In some cases a program may receive a Proven rating for one indicator and a Promising rating for a different indicator. In this case the evidence level assigned will be Proven/Promising, and the program summary will specify how the evidence levels were assigned by indicator.

### *Screened Programs*

Some programs on the PPN site are identified as "Screened Programs." These are programs that have not undergone a full review by PPN, but evidence of their effectiveness has been reviewed by one or more credible organizations that apply similar evidence criteria. Screened Programs may be fully reviewed by PPN in the future and identified as Proven or Promising, but will be identified as Screened Programs in the interim.

## **8. Strengthening America's Families: Effective Family Programs for Prevention of Delinquency 1997, 1999**

Numerous criteria were utilized by the review committee to rate and categorize programs. The criteria included: theory, fidelity of the interventions, sampling strategy and implementation, attrition, measures, data collection, missing data, analysis, replications, dissemination capability, cultural and age appropriateness, integrity and program utility. Each program was rated independently by reviewers, discussed and a final determination made regarding the appropriate category. The following categories were used:

*Exemplary I* indicates the program has evaluation of the highest quality with an experimental design with a randomized sample *and replication by an independent investigator* other than the program developer. Outcome data from the numerous research studies show clear evidence of program effectiveness.

*Exemplary II* indicates the program has evaluation of the highest quality with an **experimental design with a randomized sample**. Outcome data from the numerous research studies show clear evidence of program effectiveness.

*Model* indicates the program has research of either an **experimental or quasi-experimental design with few or no replications**. Outcome data from the research project(s) indicate program effectiveness but the data are not as strong in demonstrating program effectiveness.

*Promising* indicates the program has **limited research and/or employs non-experimental designs**. Evaluation data associated with the program appears promising but requires confirmation using scientific techniques. The theoretical base and/or some other aspect of the program is also sound.

### **9. Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs Initiative**

With the launch of the new NREPP site, the Model Programs Web site is no longer being maintained as an active site. Brief summaries and contact information for programs reviewed by SAMHSA's former Model Programs Initiative are presented in the following categories:

Model Programs

Effective Programs

Promising Programs

### **10. U.S. Department of Education's Exemplary and Promising Safe, Disciplined, and Drug-Free Schools, 2001**

In 1994, Congress directed the Office of Educational Research and Improvement (OERI), U.S. Department of Education, to establish "panels of appropriate qualified experts and practitioners" to evaluate educational programs and recommend to the Secretary of Education those programs that should be designated as exemplary or promising. Under the Education, Research, Development, Dissemination, and Improvement Act of 1994, each panel, in making this recommendation, was directed to consider 1) whether based on empirical data a program was effective and should be designated as exemplary or 2) whether there was sufficient evidence to demonstrate that the program showed promise for improving student achievement and should be designated as promising. The purpose of these panels was and still is to provide teachers, administrators, policymakers, and parents with solid information on the quality and effectiveness of programs and materials so that they can

make better-informed decisions in their efforts to improve the quality of student learning. The OERI regulations implementing the statute leave to the judgment of the expert panels a determination of the nature and weight of evidence necessary to designate a program either promising or exemplary.

The following criteria and indicators were used to evaluate the Safe, Disciplined, and Drug-Free Schools programs submitted to the Expert Panel in 1999.

**A. EVIDENCE OF EFFICACY**

**Criterion 1**

The program reports relevant evidence of efficacy/effectiveness based on a methodologically sound evaluation.

**B. QUALITY OF PROGRAM**

**Criterion 2**

The program's goals with respect to changing behavior and/or risk and protective factors are clear and appropriate for the intended population and setting.

**Criterion 3**

The rationale underlying the program is clearly stated, and the program's content and processes are aligned with its goals.

**Criterion 4**

The program's content takes into consideration the characteristics of the intended population and setting (e.g., developmental stage, motivational status, language, disabilities, culture) and the needs implied by these characteristics.

**Criterion 5**

The program implementation process effectively engages the intended population.

**C. EDUCATIONAL SIGNIFICANCE**

**Criterion 6**

The application describes how the program is integrated into schools' educational missions.

**D. USEFULNESS TO OTHERS**

**Criterion 7**

The program provides necessary information and guidance for replication in other appropriate settings.

\*\*Funding for the Center for School Mental Health (Project # U45 MC00174) is provided in part by the Office of Adolescent Health, Maternal, and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services. This summary of Evidence-Based Program Registries is available online, <http://www.schoolmentalhealth.org> and <http://csmh.umaryland.edu>.