## Iowa HHS Evidence-Based Practice Waiver Request Form

Guidelines for Requesting Use of an Evidence-Based Practice, Program or Policy (EBP):

The Iowa Department of Health and Human Services (Iowa HHS), Bureau of Prevention, Treatment and Recovery, allows prevention contractors to submit a Waiver for the use of identified programs, practices, or policies not currently approved by Iowa HHS.

Prior to completing the Iowa HHS Evidence-Based Practice Waiver Request Form, prevention contractors must review all Iowa HHS approved evidenced-based programs, practices, and policies to identify if a better fit is available. This review must take place in collaboration with community partners to ensure community-level feedback and buy-in.

Before implementing a non-Iowa HHS approved program, practice, or policy, complete the following form and submit to the Iowa HHS Project Coordinator via the Correspondence component of IowaGrants.gov. The Iowa HHS Evidence-Based Practice Review Team will review the request and the Iowa HHS Project Coordinator will provide a response in a timely manner.

Note: submission of an Evidence-Based Practice Waiver Request Form does not constitute approval. Iowa HHS prevention contractors are encouraged to identify alternative prevention strategies to utilize in the event their request is denied.

**Guidance for Completing the Iowa HHS Evidence-Based Practice Waiver Request Form**

Iowa HHS prevention contractors must review and complete each identified item below when completing the Iowa HHS Evidence-Based Practice Waiver Request Form. It is the responsibility of the Iowa HHS prevention contractors to respond to each question in detail prior to submission.

* If the program is on a national registry or listed as a “Model Program” or highly-rated substance abuse prevention strategy, sites need to answer “Yes” to question 1, provide a link to the documentation, and answer questions 7 - 11.
* If the answer to question 1 is “No,” but the program shows positive Alcohol, Tobacco, and Other Drug reduction outcomes in a peer-reviewed journal, sites need to answer “Yes” to question 2, provide a link to the journal article(s), and answer questions 7 - 11. The following website may be helpful in finding such articles: <http://scholar.google.com/>.
* If a contractor answers “No” to both questions 1 and 2, the contractor must then be able to answer “Yes” to questions 3 - 5 and also answer questions 7 - 11.

**Guidance to Complete Questions 3 – 11**

3. The implementation of the program, practice, or policy must be grounded in a strong conceptual model. A logic model including the strategy should be submitted to demonstrate the outcome.

4. The implementation must be similar to other evidence-based programs, practices, or policies that are listed on a federal registry. This similarity should be documented and an explanation as to why the EBP is not being used should be included (i.e., it was implemented and studied with Latino rural youth and this program will be implemented with urban youth who are primarily Caucasian).

5. If the program, practice, or policy has been implemented in the past with a consistent pattern of credible and positive effects, provide local data with a narrative to support this claim. Use data that most closely represents the agent of change and target of change that will be affected (i.e., middle school youth ages 10-14).

6. If there is a similar evidence-based program, practice or policy that is already approved in the EBP guidebook, provide the rationale for not selecting it. Why would the alternative strategy be a better fit? If questions 3 - 5 were not answered, provide a logic model including the strategy.

7. Provide the resources necessary, including any costs or training, to implement this program, practice, or policy.

8. Identify and provide how barriers such as implementation fidelity, costs, training, capacity, community partners’ buy-in, etc., will be addressed.

9. How will the program, practice, or policy be successfully implemented in the county? Include resources needed and any action taken to secure community partners’ buy-in.

10. How will the process and outcomes of the program, practice, or policy get evaluated? How will they be tracked?

11. Consider whether this practice, program or policy is sustainable and how it would be sustained after the grant ends. Describe how it would be sustained and who would be responsible.

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| EBP/Strategy Name:  Population of Focus: | |
| Questions | **Supporting Evidence**  **(summarize below, provide a detailed link, or provide an additional attachment)** |
| 1. Is the program, practice, or policy listed as a “Model Program” or high-ranking substance abuse prevention program on a national list or registry of evidence-based interventions?   Yes  No |  |
| 1. Is the program, practice, or policy reported (with positive effects on similar populations of focus) in peer-reviewed journals?   Yes  No  If yes, provide links or attach as a PDF. |  |
| If #1 and #2 are answered “no”, then #3 - #5 MUST be met. | |
| 1. Is the program, practice, or policy based in solid theory documented in a logic or conceptual model?   Yes  No |  |
| 1. Is the program, practice, or policy similar in content and structure to interventions that appear in registries or peer-reviewed literature?   Yes  No |  |
| 1. Has the program, practice, or policy been effectively implemented in the past with a consistent pattern of credible and positive effects? (Strong local data may be used in this section).   Yes  No |  |
| The following questions must be answered in detail: | |
| 1. Is there a similar EBP that is already available on the IDPH approved list of programs, practices, and policies? If so, include the name of the similar EBP and provide the rationale for not selecting this EBP. |  |
| 1. What resources are necessary to implement this program, practice, or policy? Include any costs and training. |  |
| 1. How will barriers such as fidelity, cost, training, capacity, community partners’ buy-in, etc. be addressed? |  |
| 1. How will you evaluate the process and outcomes of the program, practice, or policy? |  |
| 1. How will this program, practice, or policy be sustained after the grant ends? |  |

**Iowa HHS Prevention Contractor**

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| Name/Title of Contractor: |
| Organization/Agency: |
| Name of Iowa HHS Grant: |
| Date: |
| Contact Information (Phone & Email): |

**Reviewers Only**

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| Name of Reviewer: |
| Approved Yes/No: |
| Reasoning: |
| Additional Information Requested: |