

**Logic Model:** A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information on how to develop logic models and examples can be found through the resources listed in Appendix F.

**Practice:** A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

**Practice Support System:** This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as (a) community collaboration and consensus building, (b) training and overall readiness of those implementing the practice, and (c) sufficient ongoing supervision for those implementing the practice.

**Stakeholder:** A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Sustainability:** Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

**Target Population:** The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

**Wraparound Service:** Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual's access to and retention in the proposed project. 4

### Appendix C—National Registry of Effective Programs

To help SAMHSA's constituents learn more about science-based programs, SAMHSA's Center for Substance Abuse Prevention (CSAP) created a National Registry of Effective Programs (NREP) to review and identify effective programs. NREP seeks candidates from the practice community and the scientific literature. While the initial focus of NREP was substance abuse prevention programming, NREP has expanded its scope and now includes prevention and treatment of substance abuse and of co-occurring substance abuse and mental disorders, and psychopharmacological programs and workplace programs.

NREP includes three categories of programs: Effective Programs, Promising Programs, and Model Programs. Programs defined as Effective have the option of becoming Model Programs if their developers choose to take part in SAMHSA dissemination efforts. The conditions for

making that choice, together with definitions of the three major criteria, are as follows.

**Promising Programs** have been implemented and evaluated sufficiently and are scientifically defensible. They have positive outcomes in preventing substance abuse and related behaviors. However, they have not yet been shown to have sufficient rigor and/or consistently positive outcomes required for Effective Program status.

Nonetheless, Promising Programs are eligible to be elevated to Effective/Model status after review of additional documentation regarding program effectiveness. Originated from a range of settings and spanning target populations, Promising Programs can guide prevention, treatment, and rehabilitation.

**Effective Programs** are well-implemented, well-evaluated programs that produce consistently positive pattern of results (across domains and/or replications). Developers of Effective Programs have yet themselves.

**Model Programs** are also well-implemented, well-evaluated programs, meaning they have been reviewed by NREP according to rigorous standards of research. Their developers have agreed with SAMHSA to provide materials, training, and technical assistance for nationwide implementation. That helps ensure the program is carefully implemented and likely to succeed.

Programs that have met the NREP standards for each category can be identified by accessing the NREP Model Programs Web site at [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov).

### Appendix D—Center for Mental Health Services Evidence-Based Practice Toolkits

SAMHSA's Center for Mental Health Services and the Robert Wood Johnson Foundation initiated the Evidence-Based Practices Project to: (1) help more consumers and families find effective services, (2) help providers of mental health services develop effective services, and (3) help administrators support and maintain these services. The project is now also funded and endorsed by numerous national, State, local, private and public organizations, including the Johnson & Johnson Charitable Trust, MacArthur Foundation, and the West Family Foundation.

The project has been developed through the cooperation of many Federal and State mental health organizations, advocacy groups, mental health providers, researchers, consumers and family members. A Web site ([www.mentalhealthpractices.org](http://www.mentalhealthpractices.org)) was created as part of Phase I of the project, which included the identification of the first cluster of evidence-based practices and the design of implementation resource kits to help people understand and use these practices successfully.

Basic information about the first six evidence-based practices is available on the Web site. The six practices are:

1. Illness Management and Recovery
2. Family Psychoeducation
3. Medication Management Approaches in Psychiatry
4. Assertive Community Treatment
5. Supported Employment
6. Integrated Dual Disorders Treatment

Each of the resource kits contains information and materials written by and for the following groups:

- Consumers
- Families and Other Supporters
- Practitioners and Clinical Supervisors
- Mental Health Program Leaders
- Public Mental Health Authorities

Material on the Web site can be printed or downloaded with Acrobat Reader, and references are provided where additional information can be obtained.

Once published, the full kits will be available from National Mental Health Information Center at [www.health.org](http://www.health.org) or 1-800-789-CMHS (2647).

### Appendix E—Effective Substance Abuse Treatment Practices

To assist potential applicants, SAMHSA's Center for Substance Abuse Treatment (CSAT) has identified the following listing of current publications on effective treatment practices for use by treatment professionals in treating individuals with substance abuse disorders. These publications are available from the National Clearinghouse for Alcohol and Drug Information (NCADI); Tele: 1-800-729-6686 or <http://www.health.org> and <http://www.samhsa.gov/centers/csat2002/publications.html>.

CSAT Treatment Improvement Protocols (TIPs) are consensus-based guidelines developed by clinical, research, and administrative experts in the field.

- *Integrating Substance Abuse Treatment and Vocational Services*. TIP 38 (2000) NCADI # BKD381
- *Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues*. TIP 36 (2000) NCADI # BKD343
- *Substance Abuse Treatment for Persons with HIV/AIDS*. TIP 37 (2000) NCADI # BKD359
- *Brief Interventions and Brief Therapies for Substance Abuse*. TIP 34 (1999) NCADI # BKD341
- *Enhancing Motivation for Change in Substance Abuse Treatment*. TIP 35 (1999) NCADI # BKD342
- *Screening and Assessing Adolescents for Substance Use Disorders*. TIP 31 (1999) NCADI # BKD306
- *Treatment for Stimulant Use Disorders*. TIP 33 (1999) NCADI # BKD289
- *Treatment of Adolescents with Substance Use Disorders*. TIP 32 (1999) NCADI # BKD307
- *Comprehensive Case Management for Substance Abuse Treatment*. TIP 27 (1998) NCADI # BKD251
- *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community*. TIP 30 (1998) NCADI # BKD304
- *Naltrexone and Alcoholism Treatment*. TIP 28 (1998) NCADI # BKD268
- *Substance Abuse Among Older Adults*. TIP 26 (1998) NCADI # BKD250
- *Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities*. TIP 29 (1998) NCADI # BKD288
- *A Guide to Substance Abuse Services for Primary Care Clinicians*. TIP 24 (1997) NCADI # BKD234