**Evidence Based and Community Defined Practice Proposal**

This proposal form is for the submission of evidenced based and community defined practices for possible utilization throughout San Mateo County Behavioral Health and Recovery Services. Proposals can be submitted for clinical and non-clinical interventions that are evidence-based, promising, and community based or defined practices. The most important consideration is that the practice has been proven to lead to a desired result or is likely to lead to a desired result. For further information, please refer to **BHRS Policy 14-03, Selection of Evidence Based and Community Defined Practices**.

**INSTRUCTIONS:**

1. Complete each section of the proposal form below.
2. Sign the form.
3. Obtain your Supervisor’s/Manager’s signature.
4. Scan this form and any attachments and email to Emmy Naranjo-Cabatic at
enaranjo-cabatic@smcgov.org.

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| --- | --- |
| **Name:** | **Submission Date:** |
|  |  |
| **E-mail:** | **Phone:** |
|  |  |
| **Program/Site:** | **Treatment Modality:** |
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| * + - 1. **Provide a brief description of the practice.**
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| * + - 1. **Provide a brief justification for why the practice is likely to be effective for the defined population. (Please provide 1-2 research articles, if available.)**
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| * + - 1. **How much staff time and training will be needed to implement the practice (if known)?**
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| * + - 1. **Provide a brief description of how much effort will be needed to implement the practice. What are the challenges for the start-up of this practice?**
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| * + - 1. **Will this practice replace or augment an existing practice within our system, or is it a new practice?**
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| * + - 1. **Is the practice intended to be explored as a pilot?**
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| * + - 1. **If this is a pilot, what is the expected outcome? What measures will be used?**
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| * + - 1. **Is there applicability to other teams or to BHRS as a whole?**
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| * + - 1. **Will consumers/family members be involved in planning and implementation?**
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| * + - 1. **How will issues of culture and diversity and linguistic needs be addressed in training and implementation concerning the practice?**
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| PRINT NAME  |  | DATE |
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| BHRS Supervisor/Manager or Agency DirectorPRINT NAME  |  | DATE |
|  |  |  |
| BHRS Supervisor/Manager or Agency DirectorSIGNATURE |  |  |