Best Practices in Canadian Higher Education: Making a positive impact on student mental health

Submission Guide

Best Practices Guide

Table of Contents

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Attributions

Upon the completion of an environmental scan of best practice frameworks, BP-Net adopted and adapted the following frameworks, including adapting some program tools to the post-secondary mental health context and application process. See Appendix A for additional information about use of existing best practice framework materials.

Best practice continuum track:

- Adopted the © Association of Maternal & Child Health Programs-Innovation Station (AMCHP; 2020), which was shared under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. Their framework, checklist, submission tips, and submission guide are found on their website and their reviewer score form was provided by the evidence-based practices team. Adaptations were made to their tools with permission from the evidence-based practices team.
- Adapted elements from the Centers for Disease Control and Prevention (CDC) Conceptual Framework for Planning and Improving Evidence-Based Practices by Spencer et al. (2013) and Policy Evidence Assessment Reports framework for heart disease &

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- Adapted elements from the Innovative Practices Evaluation Framework (2012) by Health Council of Canada (HCOC).
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Indigenous-specific practices track:

- Adopted the Aboriginal Ways Tried and True Framework (2016; Canadian Best Practices Portal) by PHAC with permission from Freda Burkholder, Manager, Public Health Capacity and Knowledge Management Unit, PHAC, Ontario Region. Minor adaptations were made.

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Introduction

To advance evidence-based post-secondary student mental health and wellness initiatives, the Best Practices Network in Canadian Higher Education (BP-Net) developed the Best Practices Guide (herein referred to as the "Guide") to identify and categorize practices that improve Canadian post-secondary students' mental health and well-being based on operationalized criteria. Upon completing an environmental scan of best practice frameworks employed within the health and mental health sectors, the Guide was developed by adopting and incorporating several programs and frameworks (see Appendix A). To contextualise the Guide within the Canadian Post-Secondary mental health sector, the National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students (Canadian Standards Association, 2020) was utilized as an additional resource.

With an increased recognition of the importance of evaluation practices, quality improvement, and program accountability within the post-secondary sector over the last few years, the Guide supports campuses by creating tools and a process to identify post-secondary student mental health practices and programs along a best practice continuum. The aim is to create a network that supports, encourages, and reinforces a culture of evaluation on campuses by building a repository of tools and information that assist campuses to learn, share, adopt, and disseminate evidence-informed and evidence-based practices that support student mental health. The Guide allows campuses to identify programming that has positive mental health outcomes for students and encourages sharing of program evaluation tools and resources to support evaluation efforts.

Throughout the Guide, the term "practices" will be used to refer to, but is not limited to, programs, services, projects, frameworks, or other types of materials or resources that support post-secondary student mental health.

Guiding Values

The following values guided this project:

1. **Inclusivity**: Develop or adopt a best practices guide that is inclusive to current campus mental health initiatives, with consideration of Indigenous-specific practices and health equity, while supporting campuses in their ongoing development toward promising, leading, or best practices.
2. **Accessibility**: Develop a best practice framework that is simple, easy-to-use, and time efficient for both project applicants and reviewers.
3. **Supportive**: Develop a practice review process that is iterative in nature, allowing reviewers to obtain clarifying information from project applicants during the review process, allowing reviewers to provide constructive and supportive feedback to applicants, and to provide applicants with recommendations to further support their evaluation efforts.

4. **Culture of learning**: Develop a community of practice where campuses can share, learn, support, adapt, or adopt program evaluation and quality improvement initiatives.

Why Submit a Practice

By submitting a practice for review, applicants will have the opportunity to:

1. **Receive national recognition**: Practices that meet the criteria for a best practice category designation will be included in the library on the BP-Net member's portal and may be featured on the BP-Net website and electronic newsletter.
2. **Share successes and lessons learned**: The Guide provides an opportunity for applicants to enhance practices that improve Canadian post-secondary students' mental health and well-being by sharing successful practices, challenges, and lessons learned with members of the Network.
3. **Receive feedback**: Each submission is reviewed by subject matter experts who can offer suggestions to strengthen program activities and evaluation and quality improvement efforts.
4. **Support replication**: Share research and evidence-informed or evidence-based practices that campuses can use to help advance new campus initiatives without additional program development and evaluation resources (i.e., reduce efforts to "reinvent the wheel").

Purpose of this Submission Guide

This Submission Guide is a resource for applicants and reviewers. It provides information about the development of the evaluation tracks as well as submission information and tips. Applicants can use the Guide to learn more about the criteria for each category to determine which category their practice might fall under and therefore, to apply for a specific evaluation category (e.g., Ways Tried and True, cutting-edge, promising). Resources for both the applicants and the reviewers can be found in the Appendices, including definitions of terms, a list of resources, and a list of examples and considerations for each criteria.

Application Process

See Figure 1 (p. 8) for a visual representation of the submission and review process.

Submission Process

Practices are identified through a rolling application process and evaluated practices that meet the pre-defined criteria are added to the library on the BP-Net member's portal.

Applicants can submit their practice to one or both best practice tracks:

1. Best practice continuum track with four practice categories ranging from cutting-edge, emerging, promising, to best and an optional health equity icon.
2. Indigenous-specific track with one practice category: Ways Tried and True.

Since designation of a practice category is dynamic and is dependent on the available information and evidence at the time of submission, applicants can resubmit a practice on an annual or periodic basis as new information and evidence becomes available. Practices that are committed to ongoing evaluation and continuous improvement with increasing levels of rigour can progress through the best practice continuum categories.

Review Process

Submissions are reviewed by trained professionals on a semi-annual basis in the spring and fall of each year. The pool of reviewers is composed of subject matter experts, students, and stakeholders from across Canada. Ideally, practice submissions are matched to reviewers who have expertise or knowledge of the specific practice.

Submissions are reviewed by two or more reviewers who independently evaluate the practice using the review form for the track being applied for. For the best practice continuum track, a practice must have a rating of 2 (meets expectations) or higher on all of the criteria. For the practice category being applied to, all criteria must be met (see rating scale in Table 1). For the Indigenous-specific track, a practice is scored 1 to 4 on each of the six criteria and practices must have a total score of 16 or higher (out of 24).

Final practice category designations will be based on an independent rating process from each reviewer and consensus from all reviewers based on a facilitated group meeting. The reviewers may request clarifying information from the applicants during the review process to help inform their decision. If accepted, the applicant will be asked to review a summary of the practice that will be added to the BP-Net library.

Table 1

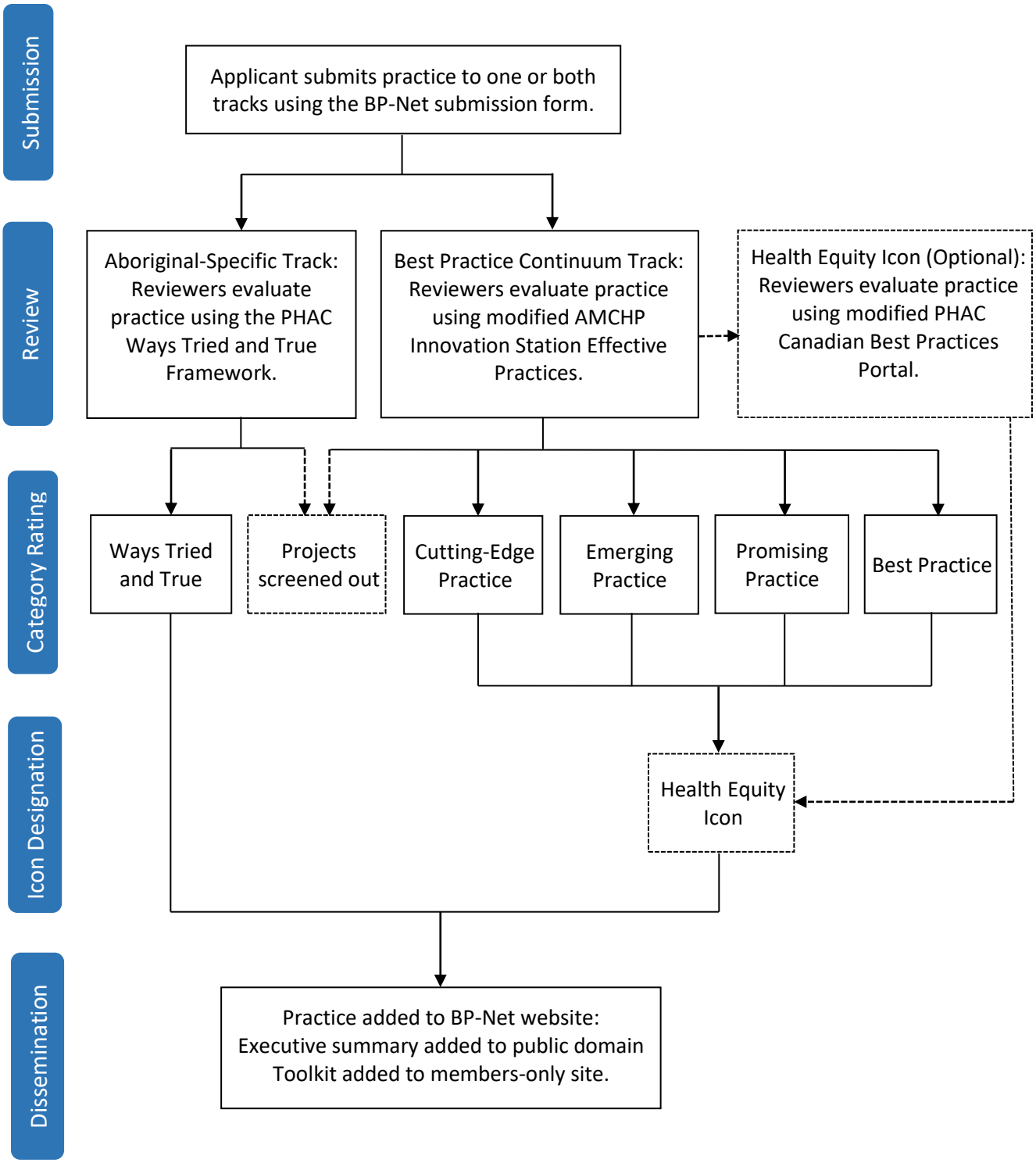
Best Practice Continuum Rating Scale

Rating	Description
0	Does not meet expectations
1	Partially meets expectations
2	Meets expectations
3	Exceeds expectations

As part of the quality improvement process of the Guide, applicants and reviewers will be asked to complete a short survey to improve applicants' and reviewers' experiences, tools, and processes.

Figure 1

BP-Net Best Practices Guide: Submission and Review Process



Note. The figure is a visual depiction of the Best Practices Guide submission and review process.

Definitions

The following is a list of key terms that are used throughout the Guide. A more comprehensive list of definitions can be found in Appendix B.

- **Equity**: Fairness in the distribution of health and the social determinants of health among people (Barbero et al., 2015)
- **Equity-deserving groups**: Populations within a community that are marginalized or are constrained by existing structures and practices (Tettey, 2019).
- **Indigenous**: The terms "Indigenous" and "Aboriginal" are used interchangeably to refer to the original inhabitants of Canada and their descendants including First Nations, Inuit, and Métis peoples as defined in Section 35 of the Canadian Constitution Act, 1982 (PHAC, n.d.a.). The term "Indigenous" is used for this application process.
- **Practice**: In this application, practice refers to, but is not limited to, a program, service, or framework that supports post-secondary student mental health. Other types of materials or resources will be considered (e.g., toolkits, etc.).
- **Quality Improvement**: A process that includes identifying a problem, developing a plan, carrying out the plan, reflecting on whether this action was effective, and determining a course of action based on outcomes (AMCHP, 2020b). For the Guide, quality improvement also includes ongoing management review and continuous improvement processes for policies, strategies, and health promotion programs.
- **Source**: In the foundation criteria throughout the evaluation categories, source refers to theories, guidelines, standards, frameworks, research, practices, or models that informed the practice.

Considerations

Practices must have been developed free of for-profit commercial interests that may compromise integrity.

Best Practice Continuum Track

Practices that meet the criteria are rated into four best practice categories: cutting-edge, emerging, promising, and best (see Figure 2). The four categories fall on a continuum from cutting-edge to best (i.e., practices which have been extensively evaluated, proven effective, and replicated). These categories build on one another; criteria for categories on the left end of the continuum must be met before progressing to a category on the right end of the continuum.

Figure 2

BP-Net Best Practice Continuum

Note. Adapted from © Association of Maternal & Child Health Programs-Innovation Station (2020), from AMCHP's Effective Practices, which was shared under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

Since the categories build on one another, a practice must meet all criteria in the category they are applying for and some of the criteria in the prior categories. The criteria with an asterisk (*) below are exclusive to that category and do not need to be met if applying for a proceeding category. For instance, a practice that is applying for the promising category must meet criteria 1 and 2 in the cutting-edge category, 7 in the emerging category, and 12 to 16 in the promising category. A practice that is applying for the best category must meet criteria 1 and 2 in the cutting-edge category, 7 in the emerging category, 12, 13, and 15 in the promising category, and 17 to 20 in the best category.

Table 3, Appendix C, illustrates the criteria that must be met for each category. Applicants can refer to this table to determine the category that the practice might fall under.

Applicants are encouraged to answer as many questions as they can in the next category for reviewers to consider the practice for that category and provide feedback or request additional information to determine if the practice meets the criteria. For example, if applying as an emerging practice, applicants are encouraged to complete as many questions as they can in the promising category.

Descriptions: Categories and Criteria

Cutting-Edge Practices

A practice in the cutting-edge category is generally under development, new, innovative, or tried and true and is intended to address an identified need in the key population. Stakeholders have been engaged or partnered with and the practice demonstrates early signs of success. More time is required for implementation and further evaluation to demonstrate the achievement of positive outcomes.

Criteria

1. **Need:** The practice is intended to address an identified need in the key population.
2. **Stakeholder Engagement and Participation*:** Stakeholders have been identified and engaged or partnered with.

3. **Foundation*:** The practice is informed by theories, guidelines, standards, frameworks, research, practices, or models.
4. **Intended Benefits*:** What the practice is intended to achieve, including how it will benefit the key population, has been identified.
5. **Signs of Success*:** There are signs of practice success.
6. **Lessons Learned*:** A plan has been established to identify lessons learned that will be used to improve the practice.

Emerging Practices

A practice in the emerging category is generally grounded in evidence or informed by theoretical approaches and is being assessed through unpublished evaluations that demonstrate some evidence of effectiveness. There are plans in place that demonstrate potential for the practice to be sustained and a process has been established to identify lessons learned that will be used to improve the practice. Stakeholders, especially students, were engaged or partnered within the practice processes.

Criteria

7. **Stakeholder Engagement and Participation:** Stakeholders, especially students, were engaged or partnered with in the practice processes.
8. **Foundation*:** Sources (i.e., theories, guidelines, standards, etc.) grounded in evidence or informed by theoretical approaches were used to develop the practice. Sources can include an authoritative or credible source(s).
9. **Evaluation*:** The evaluation plan includes relevant measures and methods for data collection and analysis and initial evaluation results or outcomes demonstrate the effectiveness of the practice.
10. **Lessons Learned*:** There is an established process to identify lessons learned that will be used to improve the practice.
11. **Sustainability*:** There are plans in place that demonstrate potential for the practice to be maintained.

Promising Practices

A practice in the promising category is grounded in theory and practice-based evidence or research or controlled research. There is an evaluation plan in place, data has been collected and analyzed, and evaluation results clearly link to positive outcomes. The practice has been sustained over time and changes have been made to the practice based on a quality improvement process.

Criteria

12. **Foundation:** The practice is informed by theoretical approaches and practice-based evidence or research or controlled research.

13. **Evaluation Plan:** There is an evaluation plan in place and data has been collected and analyzed.
14. **Evaluation Results*:** Evaluation results clearly link positive outcomes to the practice.
15. **Quality Improvement:** A quality improvement process was implemented and resulting changes have been made to the practice.
16. **Sustainability*:** The practice was maintained over time to achieve the desired outcomes.

Best Practices

A practice in the best category is grounded in sound theory and practice-based evidence or research or controlled research and consistently link positive outcomes to the practice over time. The practice has been externally validated (i.e., found to be effective in multiple contexts and by external reviewers) contributing to the evidence base. This is demonstrated through replication (in another setting or with different populations and the results were replicated), external evaluation, and dissemination of the practice.

Criteria

17. **Evaluation Results:** Evaluation results clearly and consistently link positive outcomes to the practice and/or clearly link long-term outcomes or impacts to the practice.
18. **Sustainability:** The practice was maintained and achieved desired outcomes over time.
19. **Replication:** The practice has been implemented in another setting or with a different population and the results were replicated.
20. **External Evaluation and/or Dissemination:** The practice has been externally validated contributing to the evidence base.

Health Equity Icon

The potential exists to influence health equity no matter which practice is being considered to improve students' mental health and well-being in the post-secondary context. The health equity icon can support the integration of health equity objectives across a wide spectrum of practices and strengthen our collective capacity to promote health equity and reduce barriers to good health.

Practices that promote health equity are identified on the BP-Net library through the assignment of an icon; this is a separate rating from the best practice category rating. In addition to meeting the requirements for cutting-edge, emerging, promising, or best practices, these practices also demonstrate positive impacts on health equity through action on the social determinants of health.

Descriptions: Icon and Criteria

In addition to the assignment of a best practice category, these practices must demonstrate a clear intent to improve outcomes for equity-deserving groups.

Criteria

1. Demonstrates a clear intent to improve outcomes for one or more equity-deserving group(s).

Indigenous-Specific Practices Track

The Indigenous-specific practices track is used to identify Canadian post-secondary student mental health and well-being practices that have been developed with or by Indigenous communities and have demonstrated a positive effect on target groups. The criteria and assessment processes, which were adopted from the PHAC Aboriginal Ways Tried and True (WTT) Framework, were guided by the literature and developed collaboratively with Aboriginal health experts. Their project began as an effort to be more inclusive of Aboriginal interventions on the Canadian Best Practices Portal, and recognition for a culturally-appropriate way of examining success in Aboriginal contexts (vs. their best practice categories).

Practices identified through the Indigenous-specific track are based on an Indigenous worldview and best available evidence of successful practices occurring in Indigenous communities. Practices are assessed using PHAC's culturally-relevant, inclusive, and validated framework and those that meet the criteria are designated the WTT category.

Descriptions: Category and Criteria

Ways Tried and True Practices

WTT practices have been developed with or by Indigenous communities, have been successfully implemented in Indigenous contexts to address local challenges, and have demonstrated a positive effect on target groups. Consistent with the best practice continuum track, success is measured by effectiveness, intervention design, and the implementation process. These practices have also undergone a rigorous, culturally-relevant assessment process based on six criteria: basis in the community, wholistic approach, integration of Indigenous cultural knowledge, building on community strengths and needs, partnership or collaboration, and demonstrated effectiveness. Accepted standards of evidence include both Indigenous and academic research approaches.

Criteria

Below are brief definitions of the criteria. See the WTT Guidebook (2016) for the full definitions and descriptions (available on the BP-Net website).

1. **Community-based:** The degree to which Indigenous stakeholders (community members, service providers, community leaders, Elders) are involved in the planning, design, delivery, adaptation, and evaluation of a practice.
2. **Wholistic Approach:** The degree to which a practice addresses multiple issues from a wholistic approach on four dimensions: wellness, implementation environments, nature of target group, and involvement of cross sector departments.

3. **Integration of Indigenous Cultural Knowledge:** The degree to which the practice formally addresses and incorporates the values, culture, shared experiences, and principles of the community or group in which it operates.
4. **Building on Community Strengths and Needs:** The degree to which the practice recognizes community capacity or readiness (identifying strengths and weaknesses within the implementation environment) at the outset and builds-in mechanisms to leverage strengths and fill gaps through the implementation process.
5. **Partnership and Collaboration:** The degree to which the practice is supported by other organizations or institutions within and/or external to the community (federal, provincial, municipal government, NGOs, institutions). The emphasis is on collaborative approaches to addressing needs or issues (funders are only counted as partners if they provide more than funding to the relationship).
6. **Effectiveness:** The degree to which an initiative has achieved significant (substantive[1] or statistical) positive intended and/or unintended outcomes among target groups (e.g., program participants, communities, organizations, and/or partners).

Submission Information

This section of the Guide provides information to assist applicants in the preparation and completion of submissions.

Selecting Supporting Documents

In addition to completing the submission form, applicants can submit up to four supporting documents that provide the best description of the practice. The supporting documents are supplemental and are intended to strengthen the submission.

Examples of supporting documents (PHAC, 2016a):

- Peer reviewed article: A journal article that has undergone a peer-review process or has been submitted to a peer-reviewed journal.
- Grey literature: Material that is not published in a peer-reviewed journal. This could include evaluation reports, unpublished systematic reviews, conference proceedings that include the abstract of the practice or research, unpublished theses, professional association magazine articles, etc.

For the best practice continuum track, the documents should be published within the last ten years and include details about the objectives of the practice and the evaluation design, methods, and outcomes.

[1] The term substantive significance is applied broadly to mean more than the quantitative effect size but inclusive of qualitative or practical considerations such as cultural, political, or economic significance. Stated another way the substantive significance refers to the degree to which the findings are significant within the community and context in which they are observed (PHAC, 2016b).

Applicants should select supporting documents by identifying the following (in order from most to least important):

1. Source is a peer-reviewed paper;
2. Source reports results from an outcome evaluation;
3. Source includes stronger evaluation or research methods/design (see Appendix C) than the other available papers; and/or
4. Source is a more recent publication.

For the Indigenous-specific practice track, the applicant is to identify a supporting document that best reflects the community development, partnerships, incorporation of Indigenous knowledge, and the "benefit to many" of an initiative. This could include a peer-reviewed report or journal article, grey literature report, internal report, report emphasizing lived experiences and/or using Indigenous-specific data collection methodologies including story-telling, talking circles, and testimonials. Digital stories in the form of videos, blogs, and other formats are also acceptable.

General Tips for Submission

The following is a list of submission tips for applicants:

1. For the Indigenous-specific track, complete all questions. For the best practice continuum track, see Appendix C to determine which category a practice might fall under and to learn which criteria must be met based on the category being applied for.
2. For the best practice continuum track, applicants are encouraged to answer as many questions as they can in the next category from the category applied to. For example, if applying as an emerging practice, applicants are encouraged to complete as many questions as they can in the promising category. This is optional but provides the reviewers an opportunity to determine if the practice might meet criteria beyond the category applied to and provide feedback to the applicant.
3. Review questions in the submission form to become familiar with the information required to complete an application.
4. Provide thorough descriptions and clear responses (i.e., as if the reviewers have never heard of the practice before).
5. Cite any sources that are referenced. References are not part of the word count. Feel free to submit a separate Appendix of references if they exceed the word limit in the text box.
6. Whenever possible, support responses with evidence and/or data.
7. Provide full responses to each question rather than providing links (e.g., to websites, articles, or reports).

8. Reviewers should be able to understand the practice without referring to additional materials outside of the submission. Reviewers will evaluate the practice using the submission form and supporting documents and will only score materials included in the submission. *Reminder: The supporting documents are supplemental and are intended to strengthen the application.*
9. Double-check responses to ensure all parts of a question have been completed adequately.

References

Association of Maternal & Child Health Programs (n.d.a). *AMCHP Innovative Station: Submission Tips for Practice Reviews.* Retrieved from http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Documents/Best%20Practices%20Review%20Submission%20Tips.pdf

Association of Maternal & Child Health Programs (n.d.b). *AMCHP's Effective Practices*. Retrieved from http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx

Association of Maternal & Child Health Programs (2020a). *AMCHP's Innovation Station Effective Practices Scoring Rubric*. Retrieved by request. http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx

Association of Maternal & Child Health Programs (2020b). *AMCHP's Innovation Station Effective Practices Submission Form*. Retrieved from http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx

Barbero, C., Gilchristy. S., Schooleyz, M.W., Chriquix, J.F., Luke, D.A., & Eyler, A.A. (2015). Appraising the Evidence for Public Health Policy Components Using the Quality and Impact of Component Evidence Assessment. *Global Heart*, *10*(1), 3–11. https://doi.org/10.1016/j.gheart.2014.12.013

Bradach, J. (2003). Going to Scale: the challenge of replicating social programs. *Stanford Social Innovation Review.* https://ssir.org/articles/entry/going_to_scale

Braveman, P., Egerter, S., & Williams, D.R. (2011*).* The social determinants of health: coming of age. *Annu Rev Public Health*; 32:381–98.

Cambridge Dictionary. (n.d.a). Tried-and-true. In *Cambridge Dictionary*. https://dictionary.cambridge.org/dictionary/english/tried-and-true

Canadian Standards Association (2020). *National Standard of Canada: Mental health and well-being for post-secondary students*. Retrieved from https://www.mentalhealthcommission.ca/English/studentstandard

Centers for Disease Control and Prevention (n.d.a). *A Framework for Program Evaluation.* Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services. Retrieved from https://www.cdc.gov/evaluation/framework/index.htm

Centers for Disease Control and Prevention (2017). *Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services. Retrieved from https://www.cdc.gov/dhdsp/pubs/guides/best-practices/index.htm

Center for Theory of Change (n.d.a). *What is Theory of Change?* Retrieved from http://www.theoryofchange.org/what-is-theory-of-change/

Green, S., & Higgins, J. (2005). *Glossary of Cochrane Collaboration and research terms*. Retrieved from http://aaz.hr/resources/pages/57/7.%20Cochrane%20glossary.pdf

Health Council of Canada (2012). *Innovative Practices Evaluation Framework™*. Retrieved from https://healthcouncilcanada.ca/470/

Health Quality of Ontario (2016). *Innovative Practices Evaluation Framework*. Retrieved from https://www.hqontario.ca/Portals/0/documents/qi/health-links/innovative-practices-evaluation-framework-overview-en.pdf

Health Standards Organization (2018). *Leading Practice Application Form*. Retrieved from https://healthstandards.org/leading-practices/

Killoran, A., & Kelly, M.P. (2010). Evidence-Based Public Health: Effectiveness and Efficiency. *New York: Oxford University Press*.

Labaree, R. (2013). LibGuides. Organizing Your Social Sciences Research Paper. *University of Southern California.* Retrieved from https://libguides.usc.edu/writingguide/purpose

Maternal and Child Health Navigator (n.d.a). *Evaluation Overview and Methods I Lecture: Theory of Change, Framework for Evaluation, and Logic Models. Retrieved from* https://www.mchnavigator.org/trainings/detail.php?id=1657

Merriam-Webster. (n.d.a). Tried-and-true. In *Merriam-Webster.com dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/tried-and-true

Ng, E., & De Colombani, P. (2015). Framework for selecting best practices in public health: a systematic literature review. *Journal of Public Health Research*, *4*(3). https://doi.org/10.4081/jphr.2015.577

Public Health Agency of Canada (n.d.a). *Canadian Best Practices Portal: Aboriginal Ways Tried and True*. Retrieved from https://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/

Public Health Agency of Canada (n.d.b). *Canadian Best Practices Portal: Category Page: Health Equity*. Retrieved from https://cbpp-pcpe.phac-aspc.gc.ca/category/special-characteristics/health-equity/

Public Health Agency of Canada (2016a). *Guidebook for Reviewers & Annotators.* Retrieved by request. https://cbpp-pcpe.phac-aspc.gc.ca/

Public Health Agency of Canada (2016b). *Guidebook on the Implementation of the Aboriginal Ways Tried and True Criteria and Assessment Rubric*. Retrieved by request. https://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/

Public Health Agency of Canada (2016c). *Intervention Assessment Tool (IAR)*. Retrieved by request. https://cbpp-pcpe.phac-aspc.gc.ca/

Public Health Agency of Canada (2016d). *PHAC Best Promising Practices Guidebook.* Retrieved by request. https://cbpp-pcpe.phac-aspc.gc.ca/

Spencer, L. M., Schooley, M. W., Anderson, L. A., Kochtitzky, C. S., DeGroff, A. S., Devlin, H. M., & Mercer, S. L. (2013). Seeking best practices: A conceptual framework for planning and improving evidence-based practices. *Preventing Chronic Disease*, 10(12), 1–9. https://doi.org/10.5888/pcd10.130186

Tettey, W. (2019, February 25). *Inspiring Inclusive Excellence - Professor Wisdom Tettey's installation address*. [Transcript]. University of Toronto. https://utsc.utoronto.ca/news-events/inspiring-inclusive-excellence-professor-wisdom-tetteys-installation-address

Thomas, D. R., & Hodges, I. (2010). Developing research aims and objectives. *Designing and planning your research project: Core skills for social and health researchers*, 38-47.

Truman, B. I., Smith-Akin, C. K., Hinman, A. R., Gebbie, K. M., Brownson, R., Novick, L. F., Lawrence, R. S., Pappaioanou, M., Fielding, J., Evans, C. A., Guerra, F. A., Vogel-Taylor, M., Mahan, C. S., Fullilove, M., & Zaza, S. (2000). Developing the Guide to Community Preventive Services - Overview and rationale. *American Journal of Preventive Medicine*, *18*(1 SUPPL. 1), 18–26. https://doi.org/10.1016/S0749-3797(99)00124-5

Wiley Author Services (n.d.a). *What is peer review?* Retrieved from https://authorservices.wiley.com/Reviewers/journal-reviewers/what-is-peer-review/index.html

Appendix A: Use of Materials from Existing Best Practice Frameworks

Upon the completion of an environmental scan of best practice frameworks, BP-Net adopted and adapted several frameworks, adapting their program tools to the post-secondary student mental health context and application process. This section provides information about the use of materials from best practice frameworks to help with creating the Best Practices Guide.

Best Practice Continuum Track

BP-Net adapted AMCHP's Innovation Station Effective Practices framework (categories and criteria), checklist, submission form, and scoring rubric, adapting their program tools and some of the criteria to the post-secondary mental health context.

Other best practices frameworks were also incorporated, including:

- CDC Conceptual Framework for Planning and Improving Evidence-Based Practices (Spencer et al., 2013; i.e., adopted for replication and sustainability criteria and for sustainability examples and considerations in Appendix F)
- CDC Policy Evidence Assessment Reports framework for heart disease & stroke prevention (Barbero et al., 2015; i.e., adopted for foundation criteria)
- HCOC Innovative Practices Evaluation Framework (i.e., adapted applicability and transferability criteria for replication criteria)
- HQO Innovative Practices Evaluation Framework (i.e., adapted for evaluation results)
- HSO Leading Practices Library (i.e., adapted for evaluation and sustainability criteria and adapted for evaluation, sustainability, replication, signs of success, and stakeholder engagement and participation examples and considerations in Appendix F)
- PHAC Canadian Best Practices Portal Guidebook and Intervention Assessment Tool (2016a, 2016c, 2016d; i.e., adopted and adapted practice summary to the post-secondary mental health context and adapted for foundation criteria)
- Framework for Selecting Best Practices in Public Health: A Systematic Literature Review (Ng & de Colombani, 2015; adapted for sustainability criteria)

The National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students (2020) was used as an additional resource.

Health Equity Icon

BP-Net adopted the equity-sensitive intervention icon by PHAC Canada Best Practices Portal and Best Promising Practices Guidebook (2016), adapting the icon description and criteria for the post-secondary mental health context and application process. Minor adaptions were made from CDC's Policy Evidence Assessment Reports framework for heart disease & stroke prevention (Barbero et al., 2015; i.e., adapted equity criteria).

Indigenous-Specific Practices Track

BP-Net adopted the category and criteria from PHAC's Canadian Best Practices Portal (n.d.a.) and Aboriginal Ways Tried and True Guidebook (2016). BP-Net created a companion submission form and a reviewer tool for the Best Practices Guide based on PHAC's WTT assessment approach and methodology. Minor adaptions were made to reflect the post-secondary student mental health context (e.g., adding examples) and to operationalize the application and review process.

Submission Guide

Table 2 below lists the sources that were used to help with creating the Best Practices Guide for the post-secondary student mental health context.

Table 2

Use of Sources to Create the Best Practices Guide

Section	**Source and Use**
Selecting supporting documents	Adopted from PHAC frameworks (2016a, 2016b). Minor adaptations were made (e.g., changed from 'primary source document' to 'supporting documents' to allow for multiple documents to be submitted)
Why submit a practice	Adapted from AMCHP Effective Practices (n.d.b.) to the post-secondary mental health context.
Definitions in Appendix B	Retrieved from AMCHP submission form (2020b) and adapted for the Best Practices Guide.
General submission tips	Adapted from AMCHP Submission Tips to the Best Practices Guide.
Considerations (p.9)	Adapted from PHAC Intervention Assessment Tool (2016c) to the post-secondary student mental health context.

Appendix B: Definitions

- **Bias:** Anything that causes a loss of balance and accuracy in the use of evaluation methods. This can appear via the sampling frame, random sampling, or non-response. It can also occur at other stages, such as while interviewing, in the design of questions, or in the way data are analyzed and presented. Bias means that the research findings will not be representative of, or generalizable to, a wider population.
    - *Source:* Labaree, R. (2013): http://libguides.usc.edu/writingguide/researchglossary
- **Data Analysis Methods:** Systematic approaches to the conduct of an operation or process. It includes steps of procedure, application of techniques, systems of reasoning or analysis, and the modes of inquiry employed by a discipline.
    - *Source:* Labaree, R. (2013): http://libguides.usc.edu/writingguide/researchglossary
- **Data Collection Methods:** The way facts about a program and its outcomes are amassed. Data collection methods often used in program evaluations include literature search, file review, natural observations, surveys, expert opinion, and case studies.
    - *Source:* Centers for Disease Control and Prevention (n.d.b): https://www.cdc.gov/evaluation/framework/index.htm
- **Equity**: Equity is defined as fairness in the distribution of health and the social determinants of health among people.
    - *Source:* Barbero, et al. (2015): https://doi.org/10.1016/j.gheart.2014.12.013
- **Equity-deserving groups**: Equity-deserving groups are populations within a community that are marginalized or are constrained by existing structures and practices.
    - *Source:* Tettey, W. (2019, February 25): https://utsc.utoronto.ca/news-events/inspiring-inclusive-excellence-professor-wisdom-tetteys-installation-address
- **Indigenous**: The terms "Indigenous" and "Aboriginal" are used interchangeably to refer to the original inhabitants of Canada and their descendants including First Nations, Inuit and Métis peoples as defined in Section 35 of the Canadian Constitution Act, 1982. The term "Indigenous" is used for the Best Practices Guide application process.
    - *Source:* PHAC Canadian Best Practices Portal (n.d.a.): https://cbpp-pcpe.phac-aspc.gc.ca/category/special-characteristics/health-equity/
- **Evaluation and Research Question(s) or Aim(s):** Specific statements indicating the key issues to be focused on by the evaluation effort. An evaluation project may have several specific questions or aims.
    - *Source:* Thomas & Hodges (2010): Designing and Planning Your Research Project: Core Skills for Social and Health Research
- **Innovative:** A new approach, methodology, application of theory, etc. or the adaptation of an existing approach to a new context or issue.
    - *Source:* AMCHP (2020b): http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx

- **Peer Review:** Review of an evaluation by a qualified and objective third party. Peer review helps validate research and evaluation, establish a method by which it can be assessed, and increase networking possibilities within research/evaluation communities. Despite criticisms, peer review is still the only widely accepted method for research validation. Peer review is designed to assess the validity, quality and often the originality of articles for publication. Its ultimate purpose is to maintain the integrity of science by filtering out invalid or poor-quality articles.
    - *Source:* Wiley Author Services (n.d.a).: https://authorservices.wiley.com/Reviewers/journal-reviewers/what-is-peer-review/index.html
- **Practice**: In this application, practice refers to, but is not limited to, a program, service, or framework that supports post-secondary student mental health. Other types of materials or resources will be considered (e.g., toolkits, etc.).
- **Practice-Based Evidence**: Evidence derived from programs implemented in real life settings.
    - *Source:* Ng & De Colombani (2015): https://doi.org/10.4081/jphr.2015.577
- **Practice Foundation:** A comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused on mapping out or "filling in" what has been described as the "missing middle" between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved.
    - *Sources:*
        - Center for Theory of Change (n.d.a): http://www.theoryofchange.org/what-is-theory-of-change/
        - MCH Navigator (n.d.a): https://www.mchnavigator.org/trainings/detail.php?id=1657
- **Quality Improvement**: A process that includes identifying a problem, developing a plan, carrying out the plan, reflecting on whether this action was effective, and determining a course of action based on outcomes (AMCHP, 2020b). For the Guide, quality improvement also includes ongoing management review and continuous improvement processes for policies, strategies, and health promotion programs.
    - *Source:* AMCHP (2020b): http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx
- **Source**: In the foundation criteria throughout the evaluation categories, source refers to theories, guidelines, standards, frameworks, research, practices, or models that informed the practice.
- **Stakeholders**: People or organizations that are invested in the program or that are interested in the results of the evaluation or what will be done with results of the evaluation.

- *Source:* Centers for Disease Control and Prevention (n.d.a): https://www.cdc.gov/evaluation/framework/index.htm

- **Stakeholder Selection Process:** The method(s) used to engage stakeholders in a program design, delivery, and/or evaluation.
- **Replication:** Replicating successful, existing programs, services, and models is a time-honored strategy for increasing impact. It is a recycling strategy, putting to new use the creativity, energy, and resources that went into developing the original practice.
  - *Sources:*
    - Change Maker Partners (2015): http://www.changemakerspartners.org/new-blog/2015/3/27/replicating-programs-services-models-and-curricula
    - Bradach, J. (2003): https://ssir.org/articles/entry/going_to_scale
- **Tried and True:** Used many times in the past and known or shown to work well.
  - *Sources:*
    - Cambridge Dictionary. (n.d.a): https://dictionary.cambridge.org/dictionary/english/tried-and-true
    - Merriam-Webster. (n.d.a): https://www.merriam-webster.com/dictionary/tried-and-true

Appendix C: Criteria by Category

Table 3 illustrates the criteria that must be met for each category. Applicants can refer to these tables to determine which category their practice might fall under.

Table 3

List of Criteria for Each Practice Category for the Best Practices Continuum Track

Table 3a. List of Criteria for Cutting-Edge Practices

Criteria	Cutting-Edge	Emerging	Promising	Best
1. **Need:** The practice is intended to address an identified need in the key population.	✓	✓	✓	✓
2. **Stakeholder Engagement and Participation:** Stakeholders have been identified and engaged or partnered with.	✓			
3. **Foundation:** The practice is informed by theories, guidelines, standards, frameworks, research, practices, or models.	✓			
4. **Intended Benefits:** What the practice is intended to achieve, including how it will benefit the key population, has been identified.	✓			
5. **Signs of Success:** There are signs of practice success.	✓			
6. **Lessons Learned:** A plan has been established to identify lessons learned that will be used to improve the practice.	✓			

Table 3b. List of Criteria for Emerging Practices

Criteria	Cutting-Edge	Emerging	Promising	Best
1. **Stakeholder Engagement and Participation:** Stakeholders, especially students, were engaged or partnered with in the practice processes.		✓	✓	✓
2. **Foundation:** Sources (i.e., theories, guidelines, standards, etc.) grounded in evidence or informed by theoretical approaches were used to develop the practice. Sources can include an authoritative or credible source(s).		✓		
3. **Evaluation:** The evaluation plan includes relevant measures and methods for data collection and analysis and initial evaluation results or outcomes demonstrate the effectiveness of the practice.		✓		
4. **Lessons Learned:** There is an established process to identify lessons learned that will be used to improve the practice.		✓		
5. **Sustainability:** There are plans in place that demonstrate potential for the practice to be maintained.		✓		

Table 3c. List of Criteria for Promising Practices

Criteria	Cutting-Edge	Emerging	Promising	Best
1. **Foundation:** The practice is informed by theoretical approaches and practice-based evidence or research or controlled research.			✓	✓
2. **Evaluation Plan:** There is an evaluation plan in place and data has been collected and analyzed.			✓	✓
3. **Evaluation Results:** Evaluation results clearly link positive outcomes to the practice.			✓	
4. **Quality Improvement:** A quality improvement process was implemented and resulting changes have been made to the practice.			✓	✓

Criteria	Cutting-Edge	Emerging	Promising	Best
5. **Sustainability:** The practice was maintained over time to achieved desired outcomes.			✓	

Table 3d. List of Criteria for Best Practices

Criteria	Cutting-Edge	Emerging	Promising	Best
1. **Evaluation Results:** Evaluation results clearly and consistently link positive outcomes to the practice and/or clearly link long-term outcomes or impacts to the practice.				✓
2. **Sustainability:** The practice was maintained and achieved desired outcomes over time.				✓
3. **Replication:** The practice has been implemented in another setting or with a different population and the results were replicated.				✓
4. **External Evaluation and/or Dissemination:** The practice has been externally validated contributing to the evidence base.				✓

Appendix D: Research Designs

The content in this section was obtained from the Best Practices Guide for CVD Prevention Programs (2017) by CDC. The more rigorous the research design, the higher its internal validity and the more likely outcomes can be attributed to the practice. The following is a list of research designs in descending order by level of rigour (most to least):

1. **Randomized control trial (RCT) and meta-analysis or systematic review**:
   1.1. RCTs are true experiments and considered a highly rigorous research design. They are the strongest research design for establishing a cause-effect relationship. RCTs have a control group and randomly assign participants to the control or treatment condition.
   1.2. Systematic reviews collect information from a number of scientific studies on a specific topic for the purpose of summarizing, analyzing, and interpreting the overall scientific findings on that topic.
   1.3. Meta-analysis is a type of systematic review that uses statistical analyses to combine and analyze the data from single scientific studies on a specific topic and uses these combined findings to generate a single estimate or effect size to make more conclusive statements about the topic. The strongest reviews are conducted independently, consist of studies that were conducted independent from one another, consist of studies that are comparable, and include some empirical analysis to draw broader, general conclusions about the effectiveness of a strategy.
2. **Quasi-experimental design**: If a design uses multiple groups without random assignment or includes multiple measurement points, it is considered quasi-experimental. Quasi-experimental designs are considered rigorous designs, although not as rigorous as RCTs because participants are not randomly assigned to treatment and control conditions and may not be equivalent from the start. In this respect, they are weaker in controlling threats to internal validity than RCTs.
3. **Single group design**: This design is not considered as rigorous as the RCT or quasi-experimental designs because it does not include a control or comparison group. They may also have just one post-measure or they may include pre- and post-measures.
4. **Exploratory studies**: Exploratory studies are focused on learning about a program and the phenomena it addresses. Exploratory studies are based on sound theory derived from prior research and/or knowledge from subject matter experts. The information gleaned from an exploratory study may point to risk and protective factors that are potentially important to consider in developing or refining a prevention strategy or its components. Some descriptive and observational studies may also be considered exploratory studies.
5. **Anecdotal or needs assessment**: Studies not based on empirical research or sound theory are the weakest with respect to research design. Examples: Studies that are based on anecdotal information, needs assessments, or windshield surveys.

Appendix E: Resources

Listed below are some credible evaluation and quality improvement resources. For up-to-date information and to learn about additional resources, please go to the BP-Net website.

Best practice frameworks additional resources:

- CDC: Between worst and best: Developing criteria to identify promising practices in health promotion and disease prevention for the Canadian best practices portal (Fazal et al., 2017)
- PHAC: Ways Tried and True Aboriginal Methodological Framework for the Canadian Best Practices Initiative (2015)

Evaluation resources:

- Better Evaluation: www.betterevaluation.org
- Canadian Evaluation Association: https://evaluationcanada.ca/
- CDC links and guidelines on evaluation: www.cdc.gov/eval
- Centre for Innovation in Campus Mental Health Evaluation Capacity Building Toolkit: https://campusmentalhealth.ca/toolkits/evaluation/ and Toolkit (2018)
- University of Calgary Program Evaluation Toolkit: https://www.ucalgary.ca/mentalhealth/education/program-evaluation-toolkit and Toolkit
- W.K. Kellogg Foundation Logic Model Development Guide (2004)

Quality improvement resource:

- Excellence through Quality Improvement Project (E-QIP) Quality Improvement Tools and Templates

Additional resources:

- Health Quality Ontario (HQO): https://www.hqontario.ca/
- Institute for Healthcare Improvement (IHI): http://www.ihi.org/
- Mental Health and Addictions Centre of Excellence: https://www.ontariohealth.ca/mental-health-and-addictions-centre-excellence

Appendix F: Examples and Considerations

Table 4 itemizes considerations and examples for criteria across best practice categories, including the health equity icon. The review process is iterative in nature and the list of examples and considerations continues to grow and evolve updated following each semi-annual review cycle.

Table 4

Considerations and Examples for Criteria in the Best Practice Continuum Track and Health Equity Icon

Table 4a. Considerations and Examples for Criteria for Cutting-Edge Practices

Category and Criteria	Rating	Considerations and Examples
1) Need	1	
	2	a. Information or data was gathered on the specific needs of students related to mental health and well-being. b. Strengths, problems, gaps, and opportunities were identified.
	3	a. Stakeholders played a central role in identifying needs. b. The practice aligns with institutional, local, provincial, or national priorities or contextual priorities (e.g., pandemic, cannabis legalization, etc.)
2) Stakeholder Engagement and Participation	1	
	2	
	3	a. Describes an array of stakeholders (e.g., student groups, staff, faculty, etc.) b. Stakeholders include equity-deserving student groups who are most effected by the need identified in response to question #1.
3) Foundation	1	
	2	a. The practice is informed by credible sources that have not been proven effective. b. The practice is loosely based on other programs or grey literature and the credibility and foundation of those identified is unclear. c. The applicant describes how the practice foundation addresses a social determinant of health.
	3	a. The practice is informed by evidence-based/informed practices or theories.

Category and Criteria	Rating	Considerations and Examples
4) Intended Benefits	1	
	2	
	3	
5) Signs of Success	1	
	2	
	3	a. A post-evaluation study has not yet been conducted and initial practice successes of other indicators are from a formative or process evaluation. b. Examples: Improved client experience, improved provider experience, improved safety, reduced costs, etc.
6) Lessons Learned	1	
	2	
	3	a. Examples: Quality improvement practices are being used, post-event surveys or evaluations have been created and are being administered, feedback is being elicited, etc.

Table 4b. Considerations and Examples for Criteria for Emerging Practices

Category and Criteria	Rating	Considerations and Examples
1) Stakeholder Engagement & Participation	1	a. Stakeholders were engaged but the level of engagement seems minimal or tokenistic. b. Stakeholders were only involved in one practice process (e.g., participants completed a post-evaluation survey on user experience, select students were consulted with or asked for input via email during the development, etc.).
	2	a. Stakeholders were engaged and the level of engagement seems intentional and central to the practice. b. States that stakeholders were involved in several of the practice processes and clearly describes at least one strategy (e.g., students and other stakeholders provided input and/or feedback via email, survey, and/or evaluations; conducted focus groups with participants representing diverse groups of students and other stakeholder; student advisory committee provided input; co-designed with students; peer-to-peer delivery model; etc.) c. Additional examples: o Needs were identified by survey method

Category and Criteria	Rating	Considerations and Examples
		○ Service efficiencies identified service gap(s)
	3	a. Stakeholders were involved in most of the practice processes and multiple strategies were used to involve stakeholders, especially students, throughout the practice processes and/or decision-making (e.g., surveys, focus groups, participation in planning meetings, participation in program delivery, students supported data collection and analysis, etc.) b. Structures and processes were created for meaningful engagement of stakeholders in a way that centers their expertise or experience and identifies them as key informants or decision-makers (e.g., student advisory or working group). c. Active and meaningful participation was ensured from groups representing and reflecting the diversity of students, including those with lived experience and students from equity-deserving groups (such as, but not limited, to Indigenous students, students with disabilities, and international students). d. Stakeholder engagement in practice processes and/or decision making was assessed. e. Participants completed a post-evaluation survey on user experience, pre- and post-treatment outcome measures were collected, qualitative feedback was collected for quality improvement purposes, clinician fidelity ratings were collected f. A user-experience survey was conducted to assess degree of satisfaction and level of decision-making
2) Foundation	1	
	2	
	3	
3) Evaluation	1	
	2	a. Qualitative and quantitative measures are being collected. b. Preliminary results from a process evaluation have been shared. c. A post-evaluation study has been conducted for a small sample.
	3	a. Stakeholders are involved in the evaluation process. b. Describes how stakeholder engagement is to be measured. c. Outcomes are being measured to demonstrate the impact of the practice on health equity.
4) Lessons Learned	1	

Category and Criteria	Rating	Considerations and Examples
	2	
	3	
5) Sustainability	1	
	2	a. There is a sustainability plan in place that describes resources required to sustain the practice over time. b. The department is committed to sustaining the practice (e.g., resources have been dedicated to sustain the practice over time). c. There is potential of continuation of programme activities (e.g., train the trainer program).
	3	a. The practice is designed to integrate with campus networks and partners. b. The practice is designed to integrate with existing programs or processes or both (e.g., embedded in stepped care model). c. The practice is integrated with institutional strategies or priorities (e.g., supports the recommendations in the campus's mental health strategy).

Table 4c. Considerations and Examples for Criteria for Promising Practices

Category and Criteria	Rating	Considerations and Examples
1) Foundation	1	
	2	
	3	
2) Evaluation Plan	1	
	2	
	3	a. The applicant includes information on how stakeholder engagement is being measured. b. Stakeholders are involved in the evaluation process. c. Describes any unexpected or unintended results of practice activities.
3) Evaluation Results	1	
	2	
	3	a. Describes how stakeholder engagement is being measured. b. Outcomes measured demonstrate the impact of the practice on health equity. c. Describes any unexpected or unintended results of practice activities.

Category and Criteria	Rating	Considerations and Examples
		d. Provides comprehensive report on outputs, outcomes, process evaluation, and/or quality improvement results.
4) Quality Improvement	1	
	2	
	3	a. Demonstrates continuous commitment to quality improvement. b. Describes multiple changes made to the practice as a result of the quality improvement process. c. Stakeholders were involved in leading and/or making decisions as a part of the quality improvement process that was implemented.
5) Sustainability	1	
	2	a. Dedicated resources have been sustained to maintain the practice over time. b. Demonstrates continuation of practice activities (e.g., regular offering of a workshop overtime). c. Demonstrates continuation of resources and capacity to deliver practice (e.g., train the trainer model, secure long-term funding, dedicated staff, etc.). d. The practice is integrated with existing networks or partnerships. e. The practice is embedded in the department's programs or processes (e.g., embedded in stepped care model).
	3	a. The practice has been adopted by campus or community groups with possible adaptations (e.g., student groups are implementing a mental health training, a faculty formed a task force to adopt an institutional strategy at the local level, etc.). b. The practice is integrated with institutional processes (e.g., part of onboarding process).

Table 4d. Considerations and Examples for Criteria for Best Practices

Category and Criteria	Rating	Considerations and Examples
1) Evaluation Results	1	
	2	
	3	
2) Sustainability	1	

Category and Criteria	Rating	Considerations and Examples
	2	a. There is capacity and ongoing resources to continue to sustain the practice over time as part of the department's program or processes. b. The practice continues to be integrated with new and existing networks and partnerships. c. The practice has been adopted by several campus or community groups across the campus with possible adaptations (e.g., several student groups are implementing a mental health training, several faculties formed a task force to adopt an institutional strategy at the local level, etc.).
	3	a. Campus or community groups have secured dedicated resources to maintain the practice. b. The practice is integrated with processes across and at all levels of the institutions (e.g., part of onboarding with faculties and for senior leadership). c. The practice has been white-labelled to be adopted broadly by other post-secondary institutions or community organizations with possible adaptations.
3) Replication	1	a. A replication plan is in place or replication is in progress but not completed. b. The practice has been implemented in multiple settings but has not been evaluated. c. The practice has been implemented in another setting or with a different population and evaluation is in progress. d. Preliminary evaluation results demonstrate successful replication.
	2	a. The practice has been implemented in at least one other setting or with a different population and the results have been replicated in at least one other setting or with a different population.
	3	a. The practice and its results have been replicated in multiple settings. b. The practice has been proven to be effective in different settings. c. The practice been applied to or adapted for a variety of contexts. d. Describes lessons learned from the replication process.
4) External Evaluation and/or Dissemination	1	
	2	
	3	a. The applicant lists two or more examples of external evaluation and/or dissemination.

Table 4e. Considerations and Examples for Criteria for the Health Equity Icon

Category and Criteria	Rating	Considerations and Examples
Health Equity Icon	1	
	2	a. Equity-deserving groups were an explicit target population of the practice. b. The practice approaches that were used accounted for the underlying conditions of disadvantage to reach diverse groups of people. c. Data is being collected to demonstrate the impact of the practice on health equity. d. Data is being collected to compare positive outcomes for equity-deserving groups to people living in more advantaged conditions.
	3	a. Evaluation results demonstrate positive outcomes for equity-deserving groups or disaggregated data compares equity-deserving groups to people living in more advantaged conditions. b. The practice effectively addressed health inequities and discrimination in the population at a system level and provides evaluation data that demonstrate this impact (e.g., indicators of "change" in power relationship, indicators of positive/negative impacts on priority population and community served, indicators of system-wide changes attributable to this program, development of policies, etc.).