Evidenced-Based Practice Guidelines

For a program, practice or strategy to be considered an evidence-based, it must be supported by research. Evidence-Based Programs (EBPs) are programs that have demonstrated effectiveness with established generalizability (replicated in different settings and with different populations over time) through research.

The best available research evidence is information derived from scientific inquiry that assists in determining if a program, practice or policy is achieving its intended outcomes. The more rigorous the evaluation in its research design (i.e. randomized control trials, quasi-experimental designs with matched comparisons groups), the more compelling the research evidence appears.

The Managing Entities and the Department mutually agree that for a program, practice, or strategy to be considered an EBP, it must meet one of the following options. Following the selection of an option, the Network Service Provider must maintain sufficient documentation of registry selected for Option One and listed requirements for Option Two to support the decision.

Managing Entities shall monitor the Network Service Providers to ensure EBP fidelity in Network Service Provider contracts.

- **Option 1: Program Identification via Centralized Database**
  The proposed program or strategy must be listed in a recognized evidence-based registry and deemed appropriate for the identified outcome. Providers may use a centralized resource, such as the Penn State Clearinghouse which aggregates multiple registries (e.g., CEBC, Blueprints, WWC, OJJDP, NREPP, EBCCP, Military Family Readiness, TPP Evidence Review, and What Works for Health). Inclusion in a registry alone is not sufficient - programs and strategies must align with the intended target population, setting, and intended outcomes, and be supported by peer-reviewed research using rigorous methods and found to produce statistically significant results, with no adverse effects reported.

  To be considered acceptable under this option, the following criteria must be met:

  - It is supported by **peer-reviewed research** using rigorous scientific methods (e.g., experimental or quasi-experimental designs).
  - The evidence demonstrates **statistically significant outcomes** with no reported adverse effects.
  - The program is appropriate for the provider's **target population, setting, and outcome goals**.

- **Option 2: Eligibility Criteria for Claiming Peer-Reviewed or Expert-Endorsed Programs**
  A program or strategy may be considered evidence-based if it is supported by credible documentation and expert consensus, even it is not yet listed in a national registry. To qualify, Network Service Providers must submit the following information to the Managing Entity:
  1. **Theory of Change and Logic Model**

A brief description of the program's underlying logic and expected outcomes, including a narrative Theory of Change and a basic Logic Model outlining inputs, activities, and intended results.

2. **Evidence of Scientific Basis**

A description of how the program or strategy is informed by clinical, prevention or public health principles and similar in structure or purpose to interventions with documented effectiveness in registries or peer-reviewed studies

3. **Prior Implementation and Outcome Data**

Records from at least two previous implementations showing fidelity to the model and consistent, measurable improvements in relevant outcomes:

4. **Expert Panel Review and Endorsement**

Documentation of a review by qualified experts, including their names, affiliations, the criteria used in their review, and a consensus statement endorsing the program's relevance and likely impact.

5. **Review Checklist for Program Justification**

Network Service Providers must complete and submit the checklist to the Managing Entity as part of their documentation. This checklist serves as a verification tool to confirm that all required components under Option Two are included for consideration by the Managing Entity.

Tiered Checklist Format

Tier 1 – Must-Have (Required for Approval)		
Component	**Requirement Met**	**Notes**
Theory of Change	[ ] Yes [ ] No	
Logic Model	[ ] Yes [ ] No	
Scientific Basis Described	[ ] Yes [ ] No	
Expert Panel Formed	[ ] Yes [ ] No	
Panel Review Documented	[ ] Yes [ ] No	
Endorsement Statement Included	[ ] Yes [ ] No	
Tier 2 – Strongly Recommended (At least 2 Required)		
Component	**Requirement Met**	**Notes**
Prior Implementations (2+)	[ ] Yes [ ] No	
Fidelity Measures Provided	[ ] Yes [ ] No	
Outcome Evaluation Results	[ ] Yes [ ] No	

Tier 3 – Supportive (Optional, Enhances Case)		
Component	**Requirement Met**	**Notes**
Similarity to Registry/Literature Programs	[ ] Yes [ ] No	

The following resources provide additional information for identifying and selecting evidence-based interventions:

The Guide to Community Preventive Services (The Community Guide)
https://www.thecommunityguide.org/about/about-community-guide

National Institute on Drug Abuse Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)
www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition

Penn State Social Science Research Institute
Results First™ Clearinghouse Database
Clearinghouse Database - Evidence-to-Impact Collaborative

In order to develop and maintain a comprehensive system of care that incorporates and utilizes best practices in day-to-day operations, the Managing Entity in collaboration with the Department of Children and Families requires that all Network Service Providers implement evidence-based practices in their Managing Entity funded programs.

Network Service Provider Responsibilities:

1. The Network Service Providers shall administer and deliver appropriate evidenced based practices applicable to their populations served.

2. The Network Service Provider is required to maintain sufficient documentation to support adherence to fidelity standards.

3. The Network Service Provider shall screen consumers to determine whether they qualify for the EBP using standardized tools or admission criteria consistent with the EBP. EBP manual and written materials are used when available.

4. EBP are identified and detailed in the consumer record.

    a. Assessments identify a recommended EBP.
    b. Service/treatment plans identify a recommended EBP to meet the consumer's goals and objectives. Service/treatment plan reviews evaluate the effectiveness of EBP provided and consumer's progress.
    c. Progress notes identify EBP service rendered.

    d. Discharge summaries detail summary of EBP services provided, level of progress achieved according to the current service/treatment plan, reason for termination, and recommendations.

5. The Network Service Provider shall ensure EBP practitioners receive structured, supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application to specific client situations.

6. The Network Service Provider's QA/CQI process shall incorporate a review of the implemented EBP.

    a. Supervisors, program leaders, or a QA Committee shall monitor the process of implementing the EBP and use the data to improve the program.
    b. The Network Service Provider shall use an EBP fidelity instrument to assess how closely practitioners adhere to the protocols and techniques that are defined as part of the intervention.
    c. A deviation from the EBP's model is supported by a planned rationale. The provider will collect data to test the effectiveness of a deviation(s) from the EBP's model.

The Evidence-Based Guidelines will be administered according to DCF Guidance Document 1, which can be found at following link using the applicable fiscal year: https://www.myflfamilies.com/services/samh/samh-providers/managing-entities