

### Evidenced-Based Practice Guidelines

For a program, practice, or strategy to be considered an Evidence-Based Program/Practice (EBP), 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.

To account for this, the Managing Entities and the Department mutually agree that for a program, practice, or strategy to be considered an EBP, one (1) of the following options must be met:

- **Option One**

The proposed program or strategy is recognized by a national registry of EBPs and strategies as one that is appropriate for the identified outcome. It is important to note that inclusion within a registry does not reflect a program's effectiveness. Programs and strategies must be reviewed for the intended target population, demographics, setting, and the research results for each program outcome. The proposed program or strategy must be included in a peer-reviewed publication using a rigorous evaluation research design with accepted scientific methods and found to produce statistically significant results, without any adverse effects. The following registries may be used to identify, evaluate and select EBP program and strategies:

- Substance Abuse and Mental Health (SAMHSA) Evidence-Based Practices Resource Center: <https://www.samhsa.gov/ebp-resource-center>
- Blueprints for Healthy Youth Development: <http://www.blueprintsprograms.com/>  
Note: Each Blueprints program has been reviewed and determined to meet a clear set of scientific standards. It is recommended that at a minimum the programs identified as promising be selected.
- Office of Juvenile Justice and Delinquency Prevention Model Programs Guide: <http://www.ojjdp.gov/mpg/>  
Note: The descriptions of the research include a rating system with study classifications across four dimensions for each program. It is recommended that at a minimum the programs be identified as promising to be selected.
- The California Evidence-Based Clearinghouse for Child Welfare (CEBC): <http://www.cebc4cw.org/>
- Suicide Prevention Resource Center (SPRC): <https://www.sprc.org/>
- Evidence-based Practices for Substance Use Disorders: <http://adai.uw.edu/ebp/>

- **Option Two**

The proposed program or strategy is reported in peer-reviewed journals or has documented effectiveness which is supported by other sources of information and the consensus judgment of informed experts. When claiming this option, a Network Service Provider would include:

- A description of the theory of change and a logic model; and
- A discussion of how the content and structure of this proposed program or strategy is similar to the programs or strategies that appear in approved registry or in the peer-reviewed literature, or how it is based on sound scientific principles of community prevention or public health; and
- Documentation that the program or strategy was implemented in the past, with results that show a consistent pattern of credible and positive effects, including:
  - the number of times it was implemented,
  - the fidelity with which it was implemented,
  - the results of outcome evaluations, and
- Documentation of a review by, and consent of, a Panel of Informed Experts indicating that the implementation of this proposed program or strategy is appropriate for the community and likely to have a positive effect on the identified outcome and what evidence their decision was based upon.

Following the selection of an option, the Network Service Provider must maintain sufficient documentation to support the decision.

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.

The Managing Entity is responsible for establishing EBP monitoring procedures in Network Service Provider contracts.

**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 following Policies and Procedures should be written to incorporate EBP:
    - a. No less than one (1) hour of EBP training annually for each practitioner.
    - b. EBP training should be reflected in the Network Service Provider's training schedule with proof of training documented by means established in the P&P (e.g. sign in sheets, test results, team meetings, etc.).
    - c. The number of qualified professional staff meets the EBP requirements.
  6. 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.
  7. 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: <http://www.myflfamilies.com/service-programs/samh/managing-entities/>.