



[Overview](#)

[Application](#)

[Research Evidence](#)

[EBP Training & Consultation](#)

[EBP Service Delivery](#)

[EBP Quality Assurance](#)

[Attestation](#)

Application for Evidence-Based and Evidence-Supported Program Designation

Welcome to the DBHIDS EPIC EBP Program Designation Application. If you have any questions about this application please email epic_dbhids@phila.gov.

This application will be reviewed by an interdisciplinary team to determine if:

1.) All criteria are met.

2.) Additional information is needed.

Feedback will be provided if all requirements have not been met or additional information is needed.

Once an EBP Program receives EPIC EBP Designation, the agency is expected to update the following information annually and upon the request of EPIC or when there are significant changes to the program.

The EBP Program Designation Application User Guide and additional resources can be found on the EPIC website: dbhids.org/epic/EBP-program-designation

Please note: If you would like to make updates or edits to a previously submitted application, please do not create a new application. Click on the original application in the portal home page and select "view" and then select the edit icon at the top left of the screen. Additionally, the back and next buttons at the bottom of each page allow users to proceed through each section one by one, however, using the section labels at the top of the page will allow users to go directly to the desired section without completing the required response questions. You can hit the 'Save' button at any time to save your information and return later to complete the application. When the application is completed, you must hit the 'Submit' button for it to be sent to EPIC for review.



Application for Evidence-Based and Evidence-Supported Program Designation

Program Service Location Information

Provider Name

Address Line 1

Address Line 2

City

State

Zip

Multiple Address(es)?

Please select one ...

Address 2

Address Line 1

Address Line 2

City

State

Zip

Address 3

Address Line 1

Address Line 2

City

State

Zip

EBP Application Preparer (Person filling out Application)

Salutation

Please select one ...

First Name

Last Name

Title

Email

Phone

Executive (ED or CEO) at agency submitting application (electronic signature)

Salutation

Please select one ... 

First Name

Last Name

Title

Phone

Email

Evidence-based Practice being submitted for EBP Program Designation

Please select one ... 

Other

Treatment Setting (Level of Care)

If your EBP is delivered in multiple treatment setting (e.g. Outpatient, Inpatient) please submit a separate application for each treatment. If an EBP is delivered at multiple locations within the same treatment setting, you may submit a single application.

Treatment setting where EBP is delivered?

Please select one ... 

Other

Approximate number of individuals who received this EBP in the past 12 months?

Please select one ... 

How long has your agency been delivering the EBP (years)?

Please select one ... 

Did you receive training for this EBP through a DBHIDS initiative?

Please select one ... 

Target Populations for EBP

Check All Age Groups Served:

<input type="checkbox"/> 0-2	<input type="checkbox"/> 13-17
<input type="checkbox"/> 3-5	<input type="checkbox"/> 18-21
<input type="checkbox"/> 6-7	<input type="checkbox"/> 22-64
<input type="checkbox"/> 8-12	<input type="checkbox"/> 65 and over

What are the most common diagnoses / presenting problems for the individuals who receive this EBP? (Select from all of the DSM-5 diagnostic categories that apply. Feel free to provide additional specificity in "other")

<input type="checkbox"/> Neurodevelopmental Disorders	<input type="checkbox"/> OCD & Related Disorders
<input type="checkbox"/> Elimination Disorders	<input type="checkbox"/> Substance-Related and Addictive Disorders
<input type="checkbox"/> Schizophrenia & other Psychotic Disorders	<input type="checkbox"/> Dissociative Disorders
<input type="checkbox"/> Sleep-Wake Disorders	<input type="checkbox"/> Neurocognitive Disorders
<input type="checkbox"/> Bipolar & Related Disorders	<input type="checkbox"/> Somatic Symptom & Related Disorders
<input type="checkbox"/> Sexual Dysfunctions	<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Feeding & Eating Disorders
<input type="checkbox"/> Gender Dysphoria	<input type="checkbox"/> Trauma/Stressor Related Disorders
<input type="checkbox"/> Depression Disorders	<input type="checkbox"/> Intellectual Disabilities
<input type="checkbox"/> Destructive, Impulse Control, & Conduct Disorders	<input type="checkbox"/> Other

Other Common Diagnoses / Presenting Problems for this EBP (Please describe):

Describe rationale / theory of change for this EBP (How does the EBP address the presenting problems for this target population?):



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In this section we would like to learn more about the level of evidence for the practice in your application. For levels of evidence definitions and descriptions of evidence-based practice registries, please refer to the "Levels of Evidence" section of the EBP program designation guide at: <http://www.dbhids.org/epic/EBP-program-designation>

All of the practices in the following list have been reviewed for levels of evidence and fall within the Evidence-based and Evidence-supported categories. If your practice is one of the following, please select it. There is no need to answer any additional questions in this section.

Please select one ...

Name of EBP:

Name of EBP registry:

Link to the cited EBP Registry (you can copy the web address and paste it here):

Level of evidence for your practice on the registry:

Additional published references, information about the evidence base for the practice (OPTIONAL)

Additional references about EBP upload PDF/word doc (OPTIONAL)

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Data your program has collected about outcomes / effectiveness of this practice. (OPTIONAL)

Data your program has collected upload PDF/word doc (OPTIONAL)

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Application for Evidence-Based and Evidence-Supported Program Designation

EBP clinicians and supervisors must receive expert training and consultation consistent with training expectation or standards set by the EBP developer or official EBP training or certification entity. Adequate training and consultation can be demonstrated through documenting official certification or documenting the completion of a course of training and consultation by a qualified trainer. Qualifications of trainers will be reviewed with treatment developers and experts.

If clinicians / supervisors have been certified by an official certification body (e.g. PCIT International, Linehan Board of Certification) please provide official certification documentation in the roster below.

If clinicians/supervisors are not certified through an official certification body please provide additional information about the qualifications of the trainer and the training and consultation received, including:

- Qualifications of trainer (s)
- Description of training
- Description of consultation (frequency / duration / format of case consultation review, e.g. video, audio)

Please note: different staff members may have been trained differently, so please describe all that apply to the staff you will be including in the roster below.

Additional information about training and consultation PDF/Word doc (OPTIONAL)

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EBP Roster

Complete the chart below with documentation about each EBP Clinician and Supervisor's training and consultation. Programs that receive EBP Program Designation, are expected to update this chart yearly to reflect any staffing changes.

- Roster of EBP Clinicians & Supervisor (name, degree, licensure, title / position at agency).
- For each EBP Clinician & Supervisor provide documentation of completion of expert training (didactic) & case-specific consultation. Documentation may include certificates of attendance, certificate of completed training, attendance logs or letters attesting to completion of training requirements signed by trainer.

	Full Name	Supervisor or Clinician?	At which location? (If multiple locations)	Degree	Licensure?	Staff or Contractor	Type of Training/Consultation	Upload PDF/WORD DOC	Languages (Other than English)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Upload PDF / WORD Doc

1	<input type="text" value="CHOOSE FILE"/>	2	<input type="text" value="CHOOSE FILE"/>
3	<input type="text" value="CHOOSE FILE"/>	4	<input type="text" value="CHOOSE FILE"/>
5	<input type="text" value="CHOOSE FILE"/>	6	<input type="text" value="CHOOSE FILE"/>
7	<input type="text" value="CHOOSE FILE"/>	8	<input type="text" value="CHOOSE FILE"/>
9	<input type="text" value="CHOOSE FILE"/>	10	<input type="text" value="CHOOSE FILE"/>



Application for Evidence-Based and Evidence-Supported Program Designation

The designation requires that all components of an EBP are being delivered. In addition, EBP programs should include a process for identification, referral, and engagement in EBP and a commitment to maintaining enough staff to for ongoing EBP service delivery

Describe how all components of the EBP are being delivered and any special equipment or materials that are required; for example, if a model requires both group and individual therapy or a special room set up.

Describe procedures/policies for connecting individuals with the EBP, including: how referrals for the EBP are received, appropriateness assessed, and how individuals are connected with EBP trained therapists.

Provide any supporting documentation – e.g. brochure, policies, flow-sheets, screening tools. (OPTIONAL)

1 <div style="border: 1px solid #ccc; background-color: #0056b3; color: white; text-align: center; padding: 5px;">CHOOSE FILE</div>	2 <div style="border: 1px solid #ccc; background-color: #0056b3; color: white; text-align: center; padding: 5px;">CHOOSE FILE</div>
3 <div style="border: 1px solid #ccc; background-color: #0056b3; color: white; text-align: center; padding: 5px;">CHOOSE FILE</div>	4 <div style="border: 1px solid #ccc; background-color: #0056b3; color: white; text-align: center; padding: 5px;">CHOOSE FILE</div>
5 <div style="border: 1px solid #ccc; background-color: #0056b3; color: white; text-align: center; padding: 5px;">CHOOSE FILE</div>	

What is the minimum staffing your EBP program will maintain to ensure access and sustained expertise?

A. Number of therapists?

Please select one ... ▾

B. Number of supervisors?

 

What is the average census your EBP program will maintain to ensure access and sustained expertise?



Application for Evidence-Based and Evidence-Supported Program Designation

Quality assurance for EBP Programs includes processes that are put in place to support the sustained quality of the EBP program including: documentation, supervision, quality assurance and outcome monitoring. In this section we would like to learn more about the quality assurance mechanisms being used to support the practice in your application. For examples of tools that can be used to support EBPs in supervision, documentation, quality assurance and/or outcome monitoring please refer to the EBP Program Designation Resource guide dbhids.org/epic.

Documentation

Documentation should meet all regulatory expectations as well as serve to document the delivery of key components of the EBP model.

Please submit de-identified sample and/or template demonstrating how EBP components are documented in treatment plans and sessions notes.

Treatment Plan PDF/WORD Doc

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Session note PDF / WORD Doc

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Supervision

Supervision is regular, structured time dedicated to clinical (not administrative) supervision of the EBP model. Clinical EBP supervision can be incorporated into existing supervision structure or can be a dedicated time specific to supervision of the EBP.

Provide a description of how EBP supervision will be incorporated into your program structure. Include information about the format (e.g. individual, group, and peer), frequency (e.g. weekly, biweekly, monthly) and how clinical content is reviewed (e.g. video, audio)

Submit your formal supervision policy, sample documentation EBP supervision notes, or supervision tools (OPTIONAL)

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QUALITY ASSURANCE

EBP specific quality assurance tools/checklists should be used periodically for monitoring the delivery of the core components of the model. This may include formal fidelity monitoring or may be an informal tool or checklist of key elements of a session used by clinicians and/or supervisors to monitor/enhance clinician proficiency and/or maintain EBP skills.

What EBP quality assurance tool(s) / checklist(s) will be periodically used by clinicians and supervisors for monitoring delivery of core components of model?

Describe the plan for using the EBP quality assurance tool/checklist, including:

- How will the tool be used?
- How often?
- How will feedback be provided and/or used for clinical quality assurance and professional development?

Upload PDF / WORD Doc (OPTIONAL)

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OUTCOME MEASURES

EBP outcome measures are used to ensure that there is active monitoring of progress on the targets for the EBP, either symptom reduction, functional improvement or both. Measures should be completed regularly and be reviewed in supervision to identify areas where EBP service delivery may need improvement and to track individual and program level change.

What structured outcome measure(s) will be collected?

Describe the plan for using the outcome measure, including:

- Who will administer the measure?
- How often?
- How / who will review changes on this measure?
- How will this information be incorporated into supervision? Clinical decision making? Changes in treatment?
- How will outcome data be aggregated and/or reviewed on a program level?

Upload PDF / WORD Doc (OPTIONAL)

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Application for Evidence-Based and Evidence-Supported Program Designation

I hereby state and verify that the facts and information set forth in the foregoing EBP Program Designation Application are true and correct to the best of my knowledge, information, and belief. I understand that any misleading statements or material omissions will result in loss of EPIC EBP Program Designation status and any such associated benefits.

Application Preparer

Name

Phone

Date

Signature

CLEAR

Dec 04, 2017

Executive (ED or CEO)

Name

Phone

Date

Signature

CLEAR

Dec 04, 2017

