# EPIC Evidence-based Practice (EBP) Program Designation
# Background and Guiding Principles

**October 2017**

**Sections Included:**



## Introduction

The Evidence-based Practice and Innovation Center (EPIC) at the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health (CBH) launched a new EBP Program Designation in the fall of 2017. The goals of the EPIC EBP Program Designation are to identify and roster providers who are offering high quality evidence-based and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Program Designation outlines a set of standards that are expected for implementing an EBP Program and will enable DBHIDS to set up mechanisms for monitoring and incentivizing the delivery of EBPs. The EPIC EBP Designation standards emphasize organizational supports for EBPs that are vital to EBP implementation and sustainability in community settings and can be used to guide the development of new EBP Programs within the DBHIDS network. In addition, the EPIC EBP Program Designation aims to expand the reach of EBPs by facilitating the connection between these services and the people who will benefit from receiving them. Providers who receive the EPIC EBP Program Designation will be included on referral lists utilized by CBH Member Services and CBH Clinical Management and made available to CBH members, behavioral health professionals and the general public.

**Background**

The EPIC EBP Program Designation was developed to improve DBHIDS' capacity to recognize providers who are implementing and sustaining high quality EBP programs. We looked to other municipal and state systems for examples of similar efforts (e.g. Brookman-Frazee et al., 2016; Bumbarger & Campbell, 2011; Hoagwood, et al., 2014; Lyon, Pullmann, Walker & D'Angelo, 2015; Trupin & Kerns, 2015) and gathered input from key stakeholders, including implementation science researchers, EBP developers and trainers, DBHIDS staff, and providers implementing EBPs. We determined that our strategies for identifying EBP providers needed to 1) focus on program-level, in addition to clinician-level information, 2) verify high-quality EBP delivery in a way that is feasible across a large number of EBPs and providers and 3) include a process for regular updates.

The EPIC EBP Program Designation was designed to address these system needs and constraints in the following ways. First, a growing body of research has demonstrated the importance of organizational support for successful EBP implementation (Aarons, Sommerfled & Walrath-Greene, 2009; Beidas et al., 2015; Powell et al., 2017). Therefore, EBP Program Designation standards are built around the expectation that a provider agency is supporting an EBP "Program" where multiple clinicians are available to deliver the service and organizational supports are in place to ensure engagement, sustainability, quality, and adequate volume of EBP service delivery. By developing a program-level designation, we also acknowledge the challenge of therapist turn-over and are recognizing programs that are well-positioned to sustain the practice over time.

Second, since identifying high-quality programs is a priority for this designation, we wanted to go beyond a self report of EBP capacity. However, we also recognize that formal fidelity assessment, typically conducted through expert coding of audio / video (Beidas & Kendall, 2010), is not accessible to community behavioral health providers and would not be feasible across a large number of providers and EBPs (Schoenwald et al., 2011). Therefore, as an alternative to formal fidelity assessment, the application is designed to solicit narrative descriptions and supporting documentation of quality assurance processes at the clinical and program level that indicate competence in the model and support the ongoing adherence to the model of EBPs delivery (Brown, Scholle & Azur, 2014).

Lastly, we created a web-based application that can apply across EBPs and settings and be regularly updated to account for the ongoing changes in staffing and program structures in community behavioral health settings.

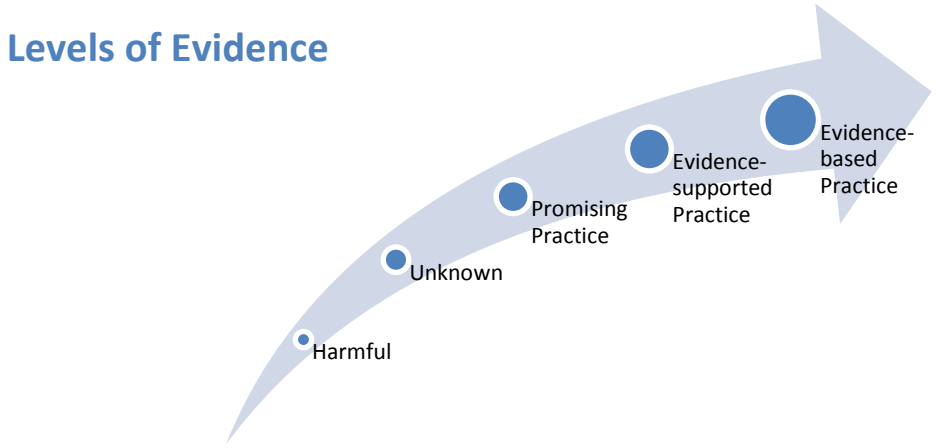
**Benefits of EPIC EBP Program Designation**

The EPIC EBP Program Designation creates a mechanism to solicit information about practices occurring in the DBHIDS network and to recognize providers who are delivering high quality evidence-based and evidence-supported interventions. With this information DBHIDS can provide more targeted supports to

EBP providers, identify system needs for additional EBP capacity, and track changes in EBP delivery over time. Recipients of services and community stakeholders will have greater access to information about the EBPs available in Philadelphia. Providers who receive the EBP Program Designation will be included on referral lists utilized by CBH Member Services and CBH Clinical Management and made available to members, behavioral health professionals, and the general public. DBHIDS is currently developing EBP incentive strategies (e.g. enhanced rates, pay-for-performance) for designated programs. The EBP Program Designation is an expectation for providers participating in DBHIDS EBP initiatives and for providers implementing EBPs as part of the requirements of a procurement (request for proposal, RFP).

**Evidence-based, Evidence-supported, and Promising Practices**

We recognize that the research base for practices is rapidly evolving and that research evidence exists on a continuum. There are varied terms in the behavioral health field for the levels of research evidence; therefore, we selected the criteria that would best fit the purposes of this EBP Program Designation. Influenced heavily by the American Psychological Association (APA, 2006; Chambless & Hollon, 1998) and other states that have embarked on EBP policy (Walker, Lyon, Aos & Trupin, 2015), EPIC has adopted the terms *evidence-based practice*, *evidence-supported practice*, and *promising practices* to define the levels research of evidence supporting a treatment. The EBP Program Designation is open for practices that fall into the evidence-based and evidence-supported categories. A separate Promising Practices Questionnaire will be developed to learn more about promising practices and to guide further training in our system.




At the lower end of the continuum, there are documented harmful treatments or treatments that do not currently have documented efficacy. Moving up the continuum, there are promising, evidence-supported, and evidence-based practices.

**Promising Practice:** a practice that has demonstrated some positive outcomes through evaluation or research but those studies are limited in their research methodology and the practice has not yet been evaluated through more rigorous or generalizable methods.

**Evidence-Supported Practice:** a practice that has demonstrated positive outcomes in a limited number of research studies or in studies that use quasi-experimental designs. This could also include a practice that has a strong body of research support but is being delivered to a different population or in a different setting.

**Evidence-Based Practice:** a practice that has been demonstrated to be effective through an accumulated body of well-designed research studies conducted by more than one research team in diverse settings and populations.

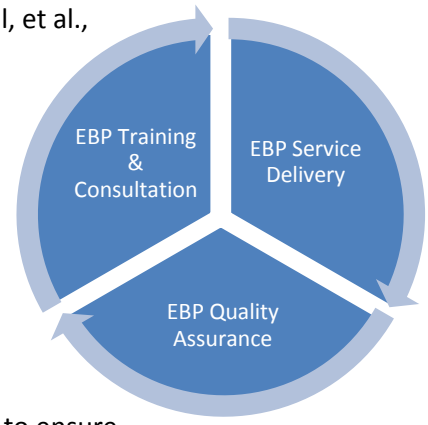
Many national organizations (e.g., Substance Abuse and Mental Health Service Administration), state-level organizations (e.g., Washington State Evidence-Based Practice Institute, California Evidence-Based Clearing House), and private foundations (e.g., Pew-MacArthur Results First Initiative) have developed inventories or registries to aid in EBP identification. These registries assess the strength and rigor of the research evidence using a set of criteria to determine the level of evidence for a practice. Not all registries share the same criteria and it can be challenging to consistently identify levels of evidence across registries. Therefore, we have identified the following registries that are consistent with EPIC's definitions of levels of evidence and identify EBPs for behavioral health.

We recommend consulting these registries to determine if a practice meets criteria for an evidence-supported or evidence-based practice for the EPIC EBP Program Designation.

| Registry | Population | Link |
|---|---|---|
| Washington State Evidence-Based Practice Institute | Adult & Youth | http://www.wsipp.wa.gov/Reports/591<br>http://www.wsipp.wa.gov/Reports/588 |
| American Psychological Association Division 12 Society of Clinical Psychology | Adult | https://www.div12.org/psychological-treatments/treatments/ |
| California Evidence-Based Clearing House | Adult & Youth | http://www.cebc4cw.org/ (please note, practices rated 1, 2 or 3 on the CEBC scientific rating may be considered for the EPIC EBP Program Designation) |

**EPIC EBP Program Designation Standards**

The EBP Program Designation standards are based on the implementation science literature and informed through experience within the DBHIDS EBP training initiatives (Beidas et al., 2015; Beidas & Kendall, 2010; Creed et al., 2016; Herschell et al., 2010; Powell, et al., 2016; Stirman et al.,2010, 2015). The standards draw heavily from a questionnaire developed in Washington State (Lyon et al, 2015).




EBP implementation is most successful when it includes a combination of active learning strategies as well as organizational and programmatic support (Beidas et al., 2015; Beidas & Kenall, 2010; Herschell et al., 2010; Powell et al., 2017). EBP Program Designation standards are built around the expectation that a provider agency is supporting an EBP "Program," where multiple clinicians are available to deliver the service and organizational supports are in place to ensure engagement, sustainability, quality, and adequate volume of EBP service delivery. This requires demonstrated capacity and commitment by the organization's staff, including leadership, supervisors, and clinicians and embedding the EBP delivery within organizational processes such as intake, supervision, documentation, use of tools and measures.

The EBP Program Designation standards include three components: (a) EBP training and consultation, (b) EBP service delivery, and (c) EBP quality assurance. The first component, EBP training and consultation, focuses on the individual clinician; whereas, the other components aim to ensure that there is a coordinated strategy to support clinicians' EBP delivery within an organizational context. In addition, while programs typically begin with training and consultation, these three components of EBP programs are not linear; therefore, programs should maintain efforts in all three areas throughout implementation and sustainability.

**EBP Training and Consultation**

*EBP clinicians and supervisors received training and case-specific consultation from a qualified treatment expert.*

Research on EBP training and consultation have consistently noted that didactic seminars (e.g., multiday workshops) alone are not adequate for increasing therapist EBP use (Beidas & Kendall, 2010; Herschell et al., 2010). Instead, active learning strategies that include didactic seminars, role-play, and ongoing case consultation have demonstrated an increase in therapist EBP use (Beidas, Cross & Dorsey, 2014; Beidas & Kendall, 2010; Herschell et al., 2010). These standards of training and consultation have been adopted by treatment developers (e.g., PCIT International) and large credentialing organizations (e.g., The Academy of Cognitive Therapy). Additionally, credentialing organizations often establish criteria for EBP trainers (e.g., PCIT International) in order to ensure

the quality of training and consultation to therapists. Therefore, the EBP Program Designation requires that all members (e.g., therapists, supervisors) of the program document **in-depth training by a qualified treatment expert** and **case-specific consultation** to ensure transfer of EBP knowledge to practice.

**EBP Service Delivery**

*Processes are in place for identifying, assessing, and engaging individuals who are appropriate for the EBP. Programs have capacity to deliver the full EBP model and an adequate EBP service volume to maintain service delivery and proficiency in the model.*

Research has suggested that individuals receiving services in community settings often do not receive EBPs (Kazdin & Blase, 2011; Sheehan, Walrath, & Holden, 2007; Weersing, Weisz, & Donenberg, 2002; Weisz, Jensen-Doss, & Hawley, 2006). A goal of the EPIC EBP Program Designation is to increase the delivery of EBPs by addressing common EBP implementation challenges related to service delivery within an organization. This may include identification—how individuals are being identified to receive EBP, referral process—the process by which individuals access EBP, engagement—how individuals are informed and encouraged to participate, physical and programmatic structure—access to space, time, and other resources to support the use of EBP, and capacity for service delivery—to ensure sustainability and commitment to EBP delivery (Powell et al., 2015). These organizational supports ensure continued use of EBPs which may aid in therapist confidence and competence. Therefore, the EBP Program Designation requires your program to document **an organizational process for identification, referral, and engagement in EBP**, **accommodation by the organization for space and time required to use the EBP**, and **capacity for ongoing EBP service delivery through multiple trained therapists, supervisors, and maintaining an adequate EBP program volume**.

**Quality Assurance**

*Processes are in place to support the sustained quality of the EBP program including: EBP documentation, supervision, and use of quality assurance tools and outcome measures.*

Another important feature of EBP implementation is ensuring the delivery of the intervention as intended, which is referred to as treatment fidelity (Carroll et al, 2007). Observational and self-report tools used to assess treatment fidelity are often time-consuming and expensive for an organization (Beidas, Cross, & Dorsey, 2014; Schoenwald & Garland, 2013; Schoenwald et. al, 2011; Southam-Gerow & McLeod, 2013). As an alternative to direct fidelity assessment, the EPIC EBP Program Designation assesses EBP *quality assurance* via programmatic and clinical practices that support fidelity and sustainability (Aarons et. al, 2009; Brown, Scholle & Azure, 2014; Lyon et al., 2015; Sedlar et al., 2015) such as documentation, supervision, use of tools and outcome measures. Ongoing EBP clinical supervision has been shown to be effective for supporting and retaining therapists (Bearman et al., 2013; Milne & Reiser, 2012) and administration of standardized

measures as a part of monitoring progress is embedded within most EBPs (Bickman et. al, 2011). In lieu of formal fidelity monitoring, programs can utilize documentation, supervision and periodic assessment of core model components using a fidelity or quality assurance tool to ensure continued efforts are made to deliver the model as intended (Brown, Scholle & Azur, 2014; Lyon et al., 2015; Wandersman, Chien, & Katz, 2012). Therefore, the EBP Program Designation requires processes for **ongoing EBP documentation, clinical supervision, periodic use of quality assurance tools, and use of clinical outcome measures to guide treatment and evaluate program quality**.

**Application Process**

The EPIC EBP Program Designation application is a web-based form where providers will submit narrative descriptions and supporting documentation for each of the EBP Program Designation standards. A separate application will be required for each EBP and for an EBP delivered in different treatment settings (e.g. inpatient and outpatient services).

EPIC EBP Program Designation applications will be reviewed on a rolling basis by a team at DBHIDS. The review team will consult with EBP treatment experts as needed. Providers who receive EBP Program Designation will be required to update their application information annually. They are also expected to make updates if there are changes to the EBP Program or upon the request of DBHIDS.

Additional information about the application can be found in the EPIC EBP Program Designation Application User's Guide and on the EPIC website: www.dbhids.org/epic.

**Questions**

Please forward any questions to epic_dbhids@phila.gov. Please visit the EPIC website to sign up for the EPIC email list for updates and visit the site regularly for additional information on the EBP Program Designation: www.dbhids.org/epic

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