



Virginia Department of  
Behavioral Health &  
Developmental Services

# Evidence Based Practices

## Virginia's Behavioral Health Care Future

DBHDS Vision: A life of possibilities for all Virginians

# Where are we headed?

- ▶ Trauma-Informed Care
- ▶ Evidence-Based Practices
- ▶ Outcome-focused through value-based care



# Statewide Efforts

- ▶ Behavioral Health Redesign
- ▶ Systems Transformation Excellence and Performance (STEP-VA) in the public behavioral health system
- ▶ Families First Prevention Services Act
- ▶ Children's Cabinet-Trauma-Informed Care Work Group

# What are Evidence Based Practices?

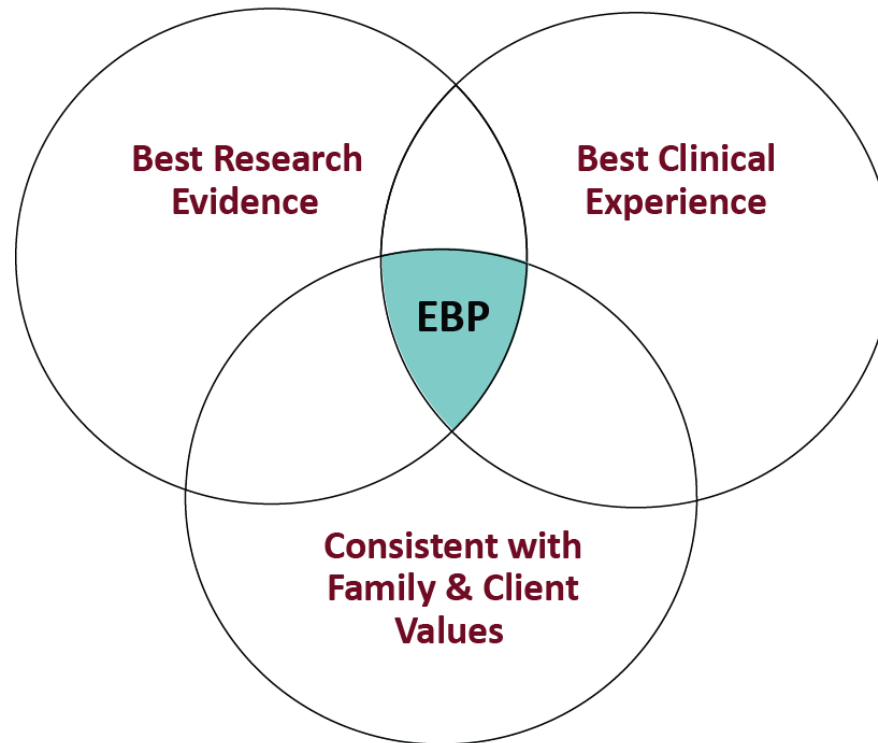
“The integration of best research evidence with clinical expertise and patient values.”

~The Institute of Medicine 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*



# Evidence Based Practice Framework

## CEBC's Definition of EBP for Child Welfare

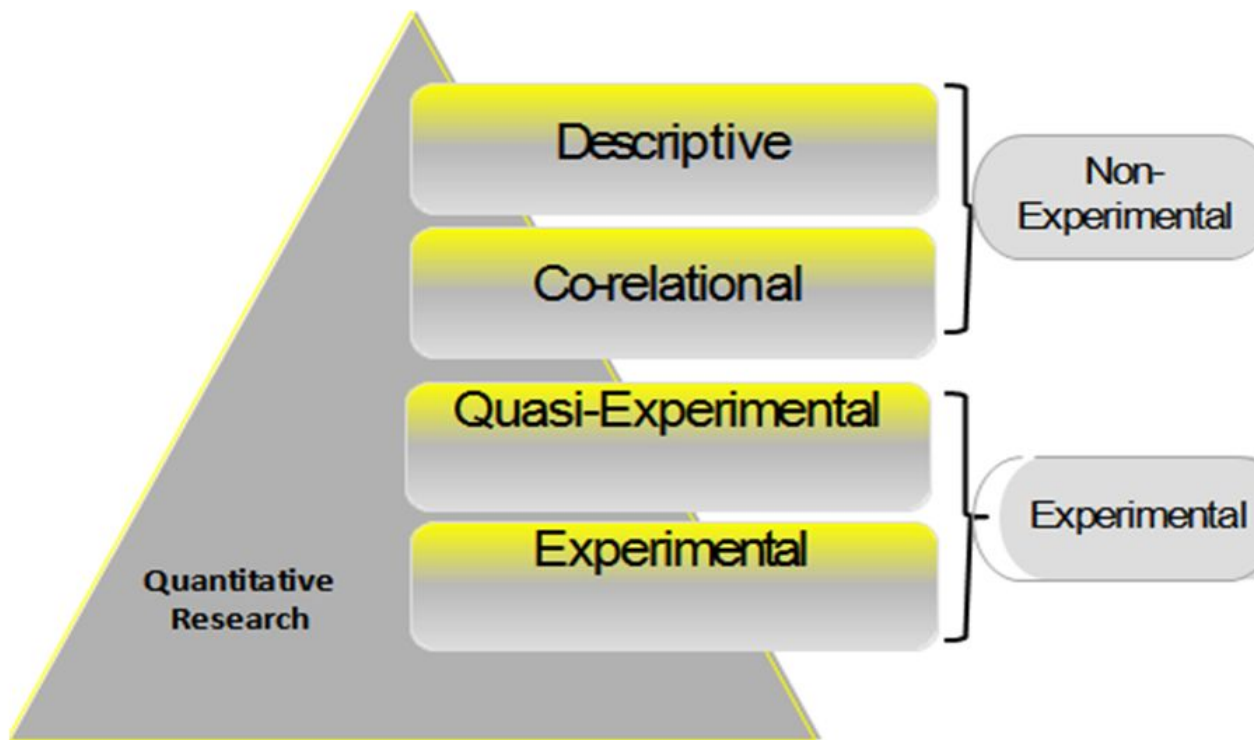


[Based on Institute of Medicine, 2001]

<http://www.cebc4cw.org/registry/understanding-evidence-based-practice/>

# Types of Research Evidence

## *Types of Quantitative Research*



# Scientific Rating Scale

- ▶ **Well-Supported (Level 1)**
- ▶ **Supported (Level 2)**
- ▶ **Promising (Level 3)**
- ▶ Evidence Fails to Demonstrate Effect (Level 4)
- ▶ Concerning Practice (Level 5)

Or

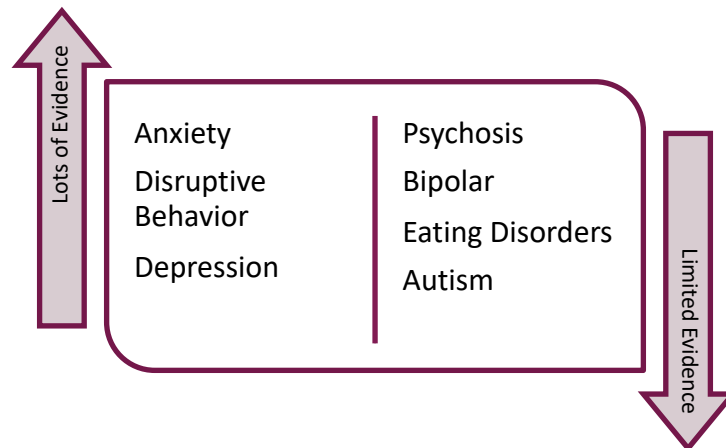
- ▶ **Model + Program**
- ▶ **Model Program**
- ▶ **Promising Program**

# Program Examples



# How much “evidence” do we have?

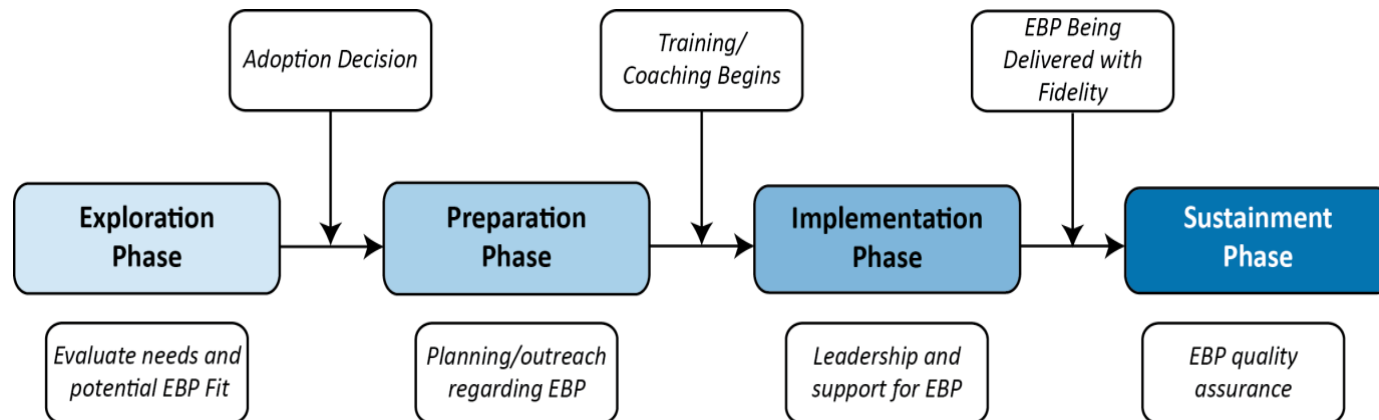
- ▶ There are currently over 1 000 Randomized Controlled Trials for treatment of youth mental health problems!
- ▶ Important consideration:
  - Amount of research evidence varies by problem area and demographic variables



# Implementation Considerations

- ▶ Implementation Science
- ▶ Fidelity
- ▶ Costs
- ▶ Market Analysis

- ▶ EPIS Framework
  - Exploration phase
  - Preparation phase
  - Implementation phase
  - Sustainment phase



# Critiques of Evidence-Based Practices

## Going beyond cost...

- ▶ Limited to specific populations
  - Not flexible or nimble between populations or with other EBP's
- ▶ EBP's do not solve all programmatic problems
- ▶ Some programs have been around longer than others and thus have had more research
- ▶ EBTs are not generalizable to the "real world."
- ▶ Comprehensive array of EBP's is not possible



# Resources for further consideration

- ▶ **Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems** <http://www.cebc4cw.org/implementing-programs/guide/>
- ▶ **A Blueprint for Embedding Evidence-Based Practices in Child Welfare:**  
<https://www.aecf.org/resources/a-blueprint-for-embedding-evidence-based-programs-in-child-welfare/>

# Other EBP Clearinghouses

- ▶ Blueprints for Healthy Youth Development\*  
[www.blueprintsprograms.com](http://www.blueprintsprograms.com)
- ▶ California Evidence–Based Clearinghouse (CEBC)\*  
[www.cebc4cw.org](http://www.cebc4cw.org)
- ▶ Child Trends' What Works  
[www.childtrends.org/what-works](http://www.childtrends.org/what-works)
- ▶ Clearinghouse for Military Family Readiness  
[www.militaryfamilies.psu.edu](http://www.militaryfamilies.psu.edu)
- ▶ Model Programs Guide  
[www.ojjdp.gov/mpg](http://www.ojjdp.gov/mpg)
- ▶ Evidence Based Practices for Substance Use Disorders  
<http://adai.uw.edu.ebp/>