

Evaluating and Prioritizing Evidence-Based Practices for Implementation State-Wide

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Why prioritize EBPs for implementation?

- While the public health goal of increasing the dissemination of effective services to improve routine care is valid:
 - implementation of research-based treatments is not routine (Hoagwood, et al., 2001)
 - statewide implementation requires significant time and fiscal resources.
 - for creating change in system, provider, and clinician practices,
 - adapting EBPs for local conditions, practice-related exigencies, and specific populations,
 - providing extensive supervision during implementation and afterwards, and
 - monitoring fidelity and outcomes, etc.
- Since implementation of EBPs statewide is a resource intensive activity, only a few can be implemented at a time.

How should EBPs be prioritized?

- States are grappling with scientific and competing stakeholder interests issues related to allocating resources necessary for funding expensive implementation projects.
- Considering a variety of issues is sensible:
 - need
 - mental health focus
 - evidence
 - ease of implementation
 - resources required for implementation & sustainability

What methods support prioritization of EBPs?

- Stakeholder driven
- Consensus-based
- Process oriented
 - gathering background information on available EBPs
 - reviewing and discussing background information
 - rating each EBP on the matrix

Background Outline

Need	Describe the target population for the EBP (include number who might benefit, level of risk associated with target population, cost of treating the population). What is the consumer/ family perception of the need for the EBP? What is the provider/agency perception of the need for the EBP?
Mental Health Focus	Describe the problems/diagnoses/illnesses that are targeted.
Evidence	Summarize the efficacy research. Summarize the effectiveness research. Summarize the research regarding the cost effectiveness. Summarize the evidence suggesting appropriateness for different age groups, service settings, & cultural/ethnic groups, etc. Summarize fidelity monitoring.
Ease of Implementation	Describe the implementation process (including training requirements, technical assistance, costs for materials, local resources).
Resources	Describe the costs associated with on-going use of the EBP Statewide. Describe current funding mechanisms used to support the EBP. Describe the current use of the EBP by providers in the State.

Prioritizing Evidence-Based Practices

Need: Number of youth, High risk population, Expensive population, Family perception, Provider perception, Agency perception

Resources: Program cost, Funding mechanisms, Grants, Demonstration projects, Community support, Shared departments, Existing providers, On-going costs of EBP, replication & sustainability, Administrative & system supports needed

Evidence: Effect sizes, Number of studies, Efficacy, Effectiveness, Cost effectiveness, Generalizability, Relevance (age, urban/rural, cultural), Fidelity instruments

MH Focus: Sole focus, Primary, but shared focus, Combined focus, Secondary focus, DD/DALD interests

Ease of Implementation: Buy-in, Competing interests, Training requirements, Cost of implementation, Local vs. national resources

EBP Name	High	Medium	Low
Need			
Resources			
Evidence			
Implementation			
MH Focus			
Total Score:			

Score is the sum of the five ratings. High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.