

Guidance 1 Evidenced-Based Guidelines

Contract Reference: Sections A-1.1, A.1.1.2, and A1-8

Frequency: Ongoing

Due Date: N/A

Discussion:

For a program, practice or strategy to be considered evidence-based, 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.

The Managing Entities and the Department mutually agree that for a program, practice or strategy to be considered an EBP, it must meet one of the following options. Following the selection of an option, the Network Service Provider must maintain sufficient documentation of registry selected for Option One and listed requirements for Option Two to support the decision.

Managing Entities are responsible for establishing EBP monitoring procedures and ensuring Network Service Providers have established policies to ensure EBP fidelity in Network Service Provider contracts.

Option 1: Program Identification via Centralized Database

The proposed program or strategy must be listed in a recognized evidence-based registry and deemed appropriate for the identified outcome. Providers may use a centralized resource, such as the [Penn State Clearinghouse](#) which aggregates multiple registries (e.g., CEBC, Blueprints, WWC, OJJDP, NREPP, EBCCP, Military Family Readiness, TPP Evidence Review, and What Works for Health). The [Suicide Prevention Resource Center \(SPRC\)](#) is a registry of evidence-based suicide prevention programs. Inclusion in a registry alone is not sufficient - programs and strategies must align with the intended target population, setting, and intended outcomes, and be supported by peer-reviewed research using rigorous methods and found to produce statistically significant results, with no adverse effects reported.

To be considered acceptable under this option, the following criteria must be met:

- It is supported by peer-reviewed research using rigorous scientific methods (e.g., experimental or quasi-experimental designs).
- The evidence demonstrates statistically significant outcomes with no reported adverse effects.
- The program is appropriate for the provider's target population, setting, and outcome goals.

Option 2: Eligibility Criteria for Claiming Peer-Reviewed or Expert-Endorsed Programs

A program or strategy may be considered evidence-based if it is supported by credible documentation and expert consensus, even it is not yet listed in a national registry. To qualify, Network Service Providers must submit the following information to the Managing Entity:

1. Theory of Change and Logic Model

A brief description of the program's underlying logic and expected outcomes, including a narrative Theory of Change and a basic Logic Model outlining inputs, activities, and intended results.

2. Evidence of Scientific Basis

A description of the ways the program or strategy is informed by clinical, prevention or public health principles and similar in structure or purpose to interventions with documented effectiveness in registries or peer-reviewed studies.

3. Prior Implementation and Outcome Data

Records from at least two previous implementations showing fidelity to the model and consistent, measurable improvements in relevant outcomes.

4. Expert Panel Review and Endorsement

Documentation of a review by qualified experts, including their names, affiliations, the criteria used in their review, and a consensus statement endorsing the program's relevance and likely impact.

5. Review Checklist for Program Justification

Network Service Providers must complete and submit the checklist to the Managing Entity as part of their documentation. This checklist serves as a verification tool to confirm that all required components under Option Two are included for consideration by the Managing Entity.

Tiered Checklist Format

Tier 1 – Must-Have (Required for Approval)		
Component	Requirement Met	Notes
Theory of Change	☐ Yes ☐ No	
Logic Model	☐ Yes ☐ No	
Scientific Basis Described	☐ Yes ☐ No	
Expert Panel Formed	☐ Yes ☐ No	
Panel Review Documented	☐ Yes ☐ No	
Endorsement Statement Included	☐ Yes ☐ No	
Tier 2 – Strongly Recommended (At least 2 Required)		
Component	Requirement Met	Notes
Prior Implementations (2+)	☐ Yes ☐ No	
Fidelity Measures Provided	☐ Yes ☐ No	
Outcome Evaluation Results	☐ Yes ☐ No	
Tier 3 – Supportive (Optional, Enhances Case)		
Component	Requirement Met	Notes
Similarity to Registry/Literature Programs	☐ Yes ☐ No	

The following resources provide additional information for identifying and selecting evidence-based interventions:

The Guide to Community Preventive Services (The Community Guide)

<https://www.thecommunityguide.org/about/about-community-guide>

National Institute on Drug Abuse Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)

[Principles of Drug Addiction: A Research-Based Guide \(Third Edition\)](#)

Penn State Social Science Research
Institute Results First™ Clearinghouse
Database

[Clearinghouse Database - Evidence-to-Impact Collaborative \(psu.edu\)](#)