

Analysis of Evidence-Based Program Registers: Utilization, Impact, and Challenges – Summary of Insights from the Western Michigan University Study

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) participated in a study conducted by Western Michigan University and funded by the National Institutes of Health, National Institute on Drug Abuse to examine the impact of Evidence-Based Program Registers (EBPRs) for behavioral health care, including mental health, substance abuse, and child welfare programs. The study examined who used the registers, what they used them for, and whether they were helpful. In addition, the study also examined government mandates regarding the use of EPBRs and how often the registers were incorporated into government websites and funding announcements.

Multiple papers were published examining different domains and outcomes from the study. Some of the papers reported data about the CEBC specifically, while others grouped all EBPRs together in the data or did not identify the EBPRs by name in the results. Summaries are provided for each group of papers below.

Utilization and Impact of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) Across Sectors

Several papers provided insight into the utilization and references to the California Evidence-Based Clearinghouse for Child Welfare (CEBC) across various sectors. The CEBC was mentioned 30 times across State Behavioral Health Agency websites, appearing at least once on 18 state websites, including California (Maranda et al. 2021). The CEBC ranked fifth among all EBPR references on state websites. When state statutes and regulations for behavioral health were examined, results indicated that only 20 states referenced any EBPR websites, with the CEBC cited once in state mandates for evidence-based behavioral health programming (Lee et al. 2022).

A systematic review of published articles (Lee-Easton et al. 2022) revealed that the CEBC was mentioned in 20% of the eligible articles reviewed. The CEBC was cited for its role as a source of programs and interventions (35%) and as a standard for assessing evidence-based interventions (25%). Finally, a national survey of state department and provider agency utilization of EBPRs in behavioral healthcare and child welfare (Magura et al. 2022) found that 31.6% of the respondents had visited the CEBC website, with respondents from state agencies significantly more likely to have visited the CEBC (42.7%), as compared to staff from provider agencies (24.5%). These findings underscore the differential engagement with CEBC among decision-makers within these sectors, indicating its variable but significant impact on evidence-based practices and policy implementation.

Exploring the Variability and Impact of Evidence-Based Program Registers

An additional group of articles provided an overview of EBPRs in behavioral healthcare, focusing on their functionalities, impact on decision-makers and practitioners, and the rating discrepancies between EBPRs.

Burkhardt et al. 2015 found that EBPRs, including the CEBC, identify effective practices and serve the needs of decision-makers to varying extents. Means et al. 2015 noted that while EBPRs typically employ a standard hierarchy of evidence to assess programs, there is significant variability in criteria regarding research design and reporting, which can lead to inconsistencies in program ratings across different registers. Among a random sample of 100 programs rated by more than one register, 42% were inconsistently rated to some degree.

Lee-Easton et al. (2022) conducted a web survey of EBPR users and found that EBPR websites, including ones like CEBC, are valued by visitors as crucial sources for identifying and adopting evidence-based practices in behavioral healthcare. The study noted a high perceived utility of these sites, with 74% of respondents believing they could use the obtained information, and 42% indicating they would share it with colleagues or clients. Moreover, 28% of respondents reported making changes in their agency's programs or policies based on information from EBPR websites.

Magura et al. (2023) expanded on these insights by highlighting the role of EBPR websites in supporting users in selecting and implementing evidence-based programs. The authors found that these sites generally meet the needs of their intended user groups, which include decision-makers and practitioners. However, the degree to which these sites support actual implementation varied across EBPRs, suggesting room for improvement in providing actionable implementation guidance.

Finally, Lee-Easton & Magura (2023) explored discrepancies in rating levels between EBPRs and observed that only 46% of paired ratings among the 15 EBPRs showed substantial agreement on intervention ratings, while 6% showed substantial disagreement, highlighting consistency challenges among EBPRs. The primary reason for disagreement between EBPRs when rating the same intervention was differences in the rating criteria.

Conclusion

This collection of articles sheds light on the utilization and impact of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) within various sectors, revealing both its significant role and the challenges it faces. The CEBC is frequently referenced across state behavioral health agency websites and statutes, underscoring its influence on evidence-based practices in behavioral healthcare and child welfare. However, disparities in engagement among decision-makers and inconsistencies in program ratings among different EBPRs, including the CEBC, highlight areas for improvement. While EBPRs serve crucial functions in identifying effective interventions, variations in criteria for evidence assessment contribute to rating discrepancies. Addressing these challenges and enhancing the usability and consistency of EBPRs is essential to maximizing their impact on policy implementation and improving outcomes in behavioral healthcare and child welfare practices.

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