



## Understanding the Use of Evidence-Based Practices in Multiservice Organizations

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*This post is one in a continuing series aiming to inform implementation research in social policy evaluations. Contributors from inside and outside MDRC share lessons from past program evaluations and insights from ongoing studies.*

How are evidence-based practices — approaches to organizing and delivering services that have been rigorously evaluated — implemented within organizations that deliver many services, some of which are not evidence-based? As part of our [implementation study](#) of the Children’s Institute, Inc. (CII), a multiservice organization (MSO) in Los Angeles working with low-income children and families, we studied how the staff integrated evidence-based practices into its services, and the challenges that arose along the way.

**BACKGROUND:** Evidence-based practices (EBPs) are targeted to specific types of clients, yet an EBP may not be available to meet the needs of every client. Usual care — providing care that is not based on rigorous empirical evidence — is used in circumstances where no EBP is available. At CII, all the clients are from high-need populations and many have been affected by trauma or violence. Staff members conduct an assessment to determine whether a mental health EBP or usual care is the best approach for each client.

To understand how CII implemented its many services, we collected data from 2012 to 2014: interviews with 83 staff members and other stakeholders in Los Angeles, a web-based survey of program clinicians in 2013, and client records for 2012 and 2013 from the organization’s management information system.

**FINDINGS:** Nearly one-third of CII’s children who were engaged in clinical services received an EBP — for example, [Trauma-Focused Cognitive Behavioral Therapy](#), [Functional Family Therapy](#), or [Multidimensional Treatment Foster Care](#). In comparison, according to one survey in California, an estimated 25 percent of children who were enrolled in county mental health services received an evidence-based treatment. This suggests that CII provides EBPs at a higher rate than other providers.

We also identified several challenges to CII’s efforts to implement and integrate EBPs into its services:

- **TARGETING SERVICES TO MEET CLIENTS’ NEEDS.** MSOs provide diverse services; some clients get only one service, while others may access many services. The “one-stop” shop can be advantageous and convenient for clients. But how do MSOs decide how best to target services to meet the needs of a client?



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- **MANAGING A COMPLEX ARRAY OF SERVICE OPTIONS.** A clinician may provide multiple EBPs, or use an EBP with one client and usual care practices with another. How does the delivery of an array of services affect implementation and fidelity? How can MSOs support clinicians who provide different types of services?
- **MEETING FUNDER REQUIREMENTS.** MSOs combine many funding streams to provide a range of services, some of which are dedicated to EBPs. How do organizations manage resources to meet the needs of clients while still meeting the demands of funders?

These challenges are likely to be of interest in other settings where researchers are examining EBP implementation within a broader organizational social service environment.

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