

**GUIDELINES FOR CBCAP LEAD AGENCIES ON EVIDENCE-BASED AND
EVIDENCE INFORMED PROGRAMS AND PRACTICES
(REVISED 10/3/06)**

ACKNOWLEDGEMENTS

This document would not be possible without the significant input and feedback from the CBCAP & PART Outcomes Workgroup and the Subcommittee on Efficiency Measures and Evidence-Based Practices. The Subcommittee met every other week for two months and discussed challenges, implications and made recommendations which have been incorporated into these Guidelines. We greatly appreciate the contributions of all the members of this Subcommittee: Donna Norris, Rachel Porter (and others) (TX); Maria Gehl (WA); Greg Rose, Linda Hockman, and Mark Wong (CA); Ismael Noor (MI); Charisse Johnson (NC); Sharon Budka, Madhuri Rodriguez, Donna Pincavage (NJ); Brecht Donoghue, (ACF Office of Planning Research and Evaluation (OPRE)); and Alicia Luckie, Ray Kirk, Linda Baker (FRIENDS Staff). We also want to offer a special thanks to other ACF OPRE staff (Jennifer Brooks and Maria Wolverton) who provided additional input and helped revise the definitions of the levels of evidence for this efficiency measure.

This document is meant to be a working document that will need to be continually updated and refined as we implement this entire process. We look forward to input and feedback from all the CBCAP grantees regarding these guidelines.

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I. CBCAP AND PART

In 2004, the CBCAP program was initially reviewed through the OMB Program Assessment Rating Tool (PART) process and received a rating of “Results Not Demonstrated.” In response, since 2005, the Children’s Bureau (CB) has been working closely with a CBCAP and PART Outcomes Workgroup comprised of 18 State Lead Agencies, FRIENDS and other interested parties to propose additional recommendations for outcomes and efficiency measures for the program. In May 2006, the following efficiency measure was approved by OMB:

To increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.

II. BACKGROUND AND RATIONALE

Currently, there is widespread acceptance among many social science fields that the use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding, as there is an increased chance that the program will produce its desired result. In turn, research suggests that effective programs often have long-term economic returns that far exceed the initial investment. Based on this movement towards the greater utilization of evidence-based practices (EBP) within the fields of health, mental health, substance abuse, juvenile justice education, and child welfare, this new efficiency measure reflects CBCAP’s progress towards this goal. This process also builds on the previous work conducted by the CB through its *Emerging Practices in the Prevention of Child Abuse and Neglect* project completed in 2003 which highlighted effective and innovative programs. Workgroup members strongly recommended that any effort to move child abuse prevention towards more EBPs must build upon the lessons learned from the other disciplines, other Federal agencies (i.e. SAMHSA, OJJDP, Education) and other similar State efforts.

There are a number of issues that need to be considered when setting targets for this measure. Many community-based prevention programs are limited in their capacity to implement EBP with strong fidelity. In addition, evaluation has historically been less of a priority and thus only a small number of child abuse prevention programs have been able to implement the rigorous research design needed to statistically demonstrate effectiveness in reducing risk factors and increasing protective factors to prevent child abuse and neglect. Randomized control trials may not be feasible or even appropriate in many direct practice settings. As a direct response, the CB and its FRIENDS National Resource Center for CBCAP are working closely with the States to promote the movement towards more rigorous and meaningful evaluations of their funded programs.

Over time, this will increase the number of effective programs and practices that are implemented, thereby maximizing the usage of CBCAP funds. Thus, our efficiency measure captures the current challenges of the field and the direction towards increasing the number of appropriate evidence-based and evidence-informed programs and practices which can be successfully implemented and sustained.

Programs determined to fall within one of the categories described, will be considered, for the purposes of this measure, to be implementing “evidence-informed” or “evidence-based” practices (as opposed to programs that have not been evaluated using any set criteria). The funding directed towards these types of programs will be calculated over the total amount of CBCAP funding used for direct service programs to determine the percentage of total funding that supports evidence-based and evidence-informed programs and practices.

III. VISION AND PURPOSE

This effort has three primary – but equally important-- purposes:

1. Promote more efficient use of CBCAP funding by *investing in programs and practices with evidence that it produces positive outcomes* for children and families.
2. Promote critical thinking and analysis across the CBCAP Lead Agencies and their funded programs so that they can be *more informed* funders, consumers, and community partners to prevent child abuse and neglect.
3. Foster *a culture of continuous quality improvement* by promoting ongoing evaluation and quality assurance activities across the CBCAP Lead Agencies and their funded programs.

IV. DEFINITION OF EVIDENCE-BASED AND EVIDENCE-INFORMED PROGRAMS AND PRACTICES FOR CBCAP PROGRAMS

Based on a review of other disciplines’ efforts to define this concept, for purposes of CBCAP:

Evidence-based programs and practices (EBP) is the INTEGRATION of the best available research with child abuse prevention program expertise within the context of the child, family and community characteristics, culture and preferences.

Evidence-informed programs and practices (EIP) is the USE of the best available research and practice knowledge to guide program design and implementation within the context of the child, family and community characteristics, culture and preferences¹.

Additional terms defined²:

Practices are defined as skills, techniques, and strategies that can be used by a practitioner. For purposes of this efficiency measure, we only want to capture EBP/EIP that have evidence to support its effectiveness. Please note that general strategies such as a “therapy” or “parenting classes” would not qualify as an EBP/EIP practice alone. The practice would need to be implementing a specific technique or curriculum with the positive evidence such as Parent-Child Interaction Therapy or the Triple-P – Positive Parenting Program. Both programs are rated as “Well-Supported – Effective.” on the California Clearinghouse on Evidence-Based Practice in Child Welfare.

¹ These definitions were adapted from current definitions developed by the Institute of Medicine and the American Psychological Association.

² Definitions adapted from material developed by the National Implementation Research Network.

Programs consist of collections of practices that are done within known parameters (philosophy, values, service delivery, structure, and treatment components). This specifies a specific set of activities to form the entire program. Please note that a generic term such as “home visiting program” would not qualify as an EBP/EIP alone. The program would need to be implementing a specific program with positive evidence such as Nurse-Family Partnership, which is a specific home visiting program and considered “Well-Supported - Effective.”

V. DEFINITIONS FOR THE LEVELS OF EVIDENCE FOR EBP/ EIP

We conceptualize these definitions further into four specific categories of evidence-based and evidence-informed based programs and practices based on the overall weight of the available evidence³. Please refer to Attachment A: Glossary for definitions of the terms which are underlined in this section.

Level I - Emerging Programs and Practices

PROGRAMMATIC CHARACTERISTICS

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This may be represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- Programs and practices may have been evaluated using less rigorous evaluation designs that have with no comparison group, including “pre-post” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an “untreated” group – or an evaluation may be in process with the results not yet available.
- The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

³ These categories were adapted from material developed by the California Clearinghouse on Evidence-Based Practice in Child Welfare and the Washington Council for the Prevention of Child Abuse and Neglect.

Examples⁴ of Emerging and Evidence-Informed Programs and Practices:

- A family resource center (or other CBCAP program) using the FRIENDS Family Support Outcomes Survey (retrospective pre-test survey) that also has a logic model or conceptual framework.
- **Circle of Security** (Spokane, Washington). This is a 20 week, group-based, parent education program that was highlighted in the *Emerging Practices in the Prevention of Child Abuse and Neglect (2003)* report. The program was evaluated using a quasi-experimental design, using pre-post test design with NO comparison group. The preliminary evaluation findings demonstrated positive findings in increased caregiver affection and sensitivity and increased secure child attachment. For more information, visit: <http://www.childwelfare.gov/preventing/programs/whatworks/report/index.cfm>

Level II - Promising Programs and Practices

PROGRAMMATIC CHARACTERISTICS

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving services child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect.. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
- The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs

⁴ Throughout this document examples are provided to illustrate how the specific program meets the criteria for each level (from Level I through Level IV). The examples do not constitute a formal endorsement of the particular program listed.

continually examine long-term outcomes and participate in research that would help solidify the outcome findings.

- The local program can demonstrate adherence to model fidelity in program or practice implementation.

Examples of Promising Programs and Practices:

- ***Healthy Families America.*** This is a voluntary home visitation program designed to promote healthy families and children through a variety of services, including child development, access to health care, and parent education. The program targets families identified as at risk, with children ages 0 to 5. The program is highlighted as a Promising Program on the OJJDP Model Programs Guide. For more information, visit: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?id=335

NOTE: There are some State-specific Healthy Families America programs that have undergone more rigorous research and they may fall into another category based on the recent research and findings. For example, Healthy Families New York was recently named a Proven Program by Rand, Corp. (see next section, Well-Supported Programs and Practices)

- ***Project SafeCare.*** This is a parent training program. Project SafeCare is an in-home ecobehavioral model that provides direct skill training to parents in child behavior management using planned activities training, home safety training, and teaching child health care skills to prevent child maltreatment. The program is listed as a Promising Practice on the California Evidence-Based Clearinghouse for Child Welfare website. For more information, visit: <http://www.cachildwelfareclearinghouse.org/program/6>
- ***Nurturing Parenting Programs.*** The programs teach age-specific parenting skills along with addressing the need to nurture oneself. The program curriculum consists of separate curriculum for parents and for the children. The content of the parent portion of the program focuses on increasing self-esteem and self-concept while teaching nurturing parenting skills appropriate for the age group of the child. The program is administered in two formats; Home-Based and Center-Based. The program is listed as a Promising Program on the SAMHSA Model Programs website. For more information, visit: http://www.modelprograms.samhsa.gov/template_cf.cfm?page=promising_list

Level III - Supported Programs and Practices*

PROGRAMMATIC CHARACTERISTICS

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.

- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
 - At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.

OR

- At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well-supported; or superior to an appropriate comparison practice.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Examples of Supported Programs and Practices:

- ***Child-Parent Center*** program is a community-based intervention that provides comprehensive educational and family support services to economically and educationally disadvantaged children. The program provides a half-day preschool, a half-day or all-day kindergarten, and an all-day service in the primary grades. The program is highlighted as an “Effective Program” on the OJJDP Model Program Guide website. For more information, visit: http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=52
- ***Creating Lasting Family Connections*** (CLFC) is a comprehensive family strengthening and substance abuse and violence prevention curriculum designed to help youths and families in high-risk environments become strong, healthy, and supportive. CLFC serves African-

American, white, Native American, Asian, Pacific Islander, and Hispanic youths ages 9 to 17 and their families living in rural, suburban, or urban settings. Its curriculum is designed for use in a community system (churches, schools, recreation centers, court-referred settings) that provides significant contact with parents and youths, has existing social outreach programs, and is linked with other human service providers. The program is highlighted as an “Effective Program” on the OJJDP Model Program Guide website. For more information, visit: http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=318

Level IV - Well Supported Programs and Practices*

PROGRAMMATIC CHARACTERISTICS

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Examples of Well Supported Programs and Practices:

- ***Nurse-Family Partnership*** provides first-time, low-income mothers of any age with home visitation services from public health nurses. The program is highlighted as an “Exemplary Program” on OJJDP’s Model Programs Guide website and is a SAMHSA Model Program. For more information, visit:
http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=368
- ***The Incredible Years*** series features three comprehensive, multi-faceted, and developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children (2 to 8 years old). This program is highlighted as a SAMHSA Model Program. For more information, visit:
http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=29
- ***Strengthening Families Program*** is a parenting and family skills training program that consists of 14 consecutive weekly skill-building sessions. Parents and children work separately in training sessions and then participate together in a session practicing the skills they learned earlier. The program is highlighted as an “Exemplary Program” on OJJDP Model Programs Guide website. For more information, visit:
http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=429
- ***Healthy Families New York (HFNY)*** is a community-based prevention program that seeks to improve the health and well-being of children at risk for abuse and neglect by providing intensive home visitation services. The target population consists of expectant parents and parents with an infant less than three months of age who are considered to be at high risk for child abuse and neglect. The program is highlighted as a “Proven Program” on the RAND Promising Practices Network website. For more information, visit:
<http://www.promisingpractices.net/program.asp?programid=147>

** Please note that for purposes of OMB PART reporting, programs and practices at Levels III Supported Program and Practices and Level IV Well Supported Programs and Practices will be given the same weight.*

We also plan to collect data on the category listed below to reflect all other programs that do not meet the criteria for Evidence-Based or Evidence-Informed Programs and Practices.

Programs and Practices Lacking Support or Positive Evidence

PROGRAMMATIC CHARACTERISTICS

- The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.
- The program does not have a book, manual, other available writings, training materials that describe the components of the program.

RESEARCH & EVALUATION CHARACTERISTICS

- Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care.

OR

- If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice.

OR

- No evaluation has been conducted. The program may or may not have plans to implement an evaluation.

VI. DOCUMENTING THE EVIDENCE-BASED AND EVIDENCE-INFORMED PROGRAMS AND PRACTICES⁵

We recognize that it is not possible or even desirable for CBCAP Lead Agencies to only fund programs that meet the highest level of evidence (i.e. Well-Supported – Effective or Supported – Efficacious). At a minimum, we expect that all CBCAP lead Agencies should help their programs at least meet the criteria for “Emerging and Evidence-Informed Programs and Practices.” The purpose of this efficiency measure is to promote the movement along this continuum and to ultimately increase the overall quality and effectiveness of all programs funded by CBCAP.

There a number of resources available in the Attachment that lists various lists and websites which have identified evidence-based programs and practices. CBCAP Lead Agencies that are funding programs/practices that are not included in these resources must insure that their funded program provides them with a narrative justification that summarizes the evidence for effectiveness and acceptability of the proposed service/practice using the definitions outlined in the previous section.

In areas where little or no research has been published in the peer-reviewed scientific literature, the Lead Agencies may request that their funded programs present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a “recognized expert” for this purpose.

Justifying Selection of the Service/Practice for the Target Population

CBCAP Lead Agencies should advise their funded programs that they must demonstrate that the proposed service/practice is appropriate for the proposed target population. Ideally, this evidence will include research findings on effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the applicant should

⁵ This section is adapted from SAMHSA’s Services Grant Announcement general template.

provide a justification for using the proposed service/practice with the target population. This justification might involve, for example, a description of adaptations to the proposed service/practice based on other research involving the target population.

Justifying Adaptations/Modifications of the Proposed Service/Practice

Research has found that a high degree of faithfulness or “fidelity” (see Glossary) to the original model for an evidence-based service/practice increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore, we strongly encourage CBCAP Lead Agencies monitor the fidelity to the original evidence-based service/practice to be implemented. It is important to note that adaptations or modifications to the original model may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently
- To adjust for specific needs of the client population
- To address unique characteristics of the local community where the service/practice will be implemented

CBCAP Lead Agencies are encouraged to ask their funded programs to describe and justify any adaptations or modifications to the proposed service/practice that will be made.

VI. ROLE OF THE LEAD AGENCY

As the leader of the prevention network and the entity implementing the CBCAP program, the Lead Agency will be responsible for:

- Educating the community about evidence-informed and evidenced based programs and practices for child abuse prevention
- Educating the community about benefits, challenges and factors that must be considered when attempting to implement these types of programs and practices.
- Promoting the use of data, research and relevant practice and contextual information to guide program planning and funding decisions in the State.
- Providing technical assistance to grantees, community-based prevention program administrators, practitioners and consumers in how to make more informed decisions about effective resource allocation in the State.
- Assisting grantees with making the feasibility determination regarding which evidence-based and evidence-informed programs and practices are appropriate for the community and populations being served.
- Assisting grantees in developing systems to assess the fidelity of their funded programs with the original model. Also, to work with their grantees to document the rationale for, and impact of, adaptations that were needed based on the population being served.
- Assisting their funded programs with translating research findings into meaningful program practice.
- Collecting data regarding the types of programs being funded to meet the reporting requirements for the OMB PART Efficiency measure.
- Providing feedback to the Children’s Bureau regarding the lessons learned and areas for improvement throughout this process.

- Participating in a learning community with other CBCAP Lead Agencies so that lessons learned and knowledge can be shared about implementing and tracking evidence-based and evidence-informed programs and practices.

VII. ROLE OF THE CHILDREN'S BUREAU AND FRIENDS

- Provide technical assistance to the Lead Agencies on the requirements for the PART reporting through its FRIENDS National Resource Center for CBCAP and other resources available.
- Continue to facilitate and work with the CBCAP and PART Outcomes Workgroup to solicit input on this process.
- Use the lessons learned from the States' experience to guide future guidance and data collection for this effort.
- Provide information on relevant Federal efforts and other initiatives regarding evidence-based practices that may impact this work.
- Continue to keep all the States informed about the process and any other requirements or changes on a timely basis.

VIII. ROLE OF THE CBCAP PROGRAMS FUNDED BY THE LEAD AGENCY

- Determine whether it will be implementing an evidence-based or evidence-informed program or practice. This may be done in consultation with the Lead Agency.
- If yes, work with staff to implement the program or practice with fidelity to the original model. If this is not possible, work with the Lead Agency to assess the training or technical assistance needed.
- If the program is not implementing an evidence-based or evidence-informed program or practice as defined in this document, work with the Lead Agency to identify what training or technical assistance may be needed to meet the minimum threshold for the efficiency measure.

IX. REPORTING REQUIREMENTS

CBCAP Lead Agencies must identify for each of their funded programs, the category under the level of evidence the program should be included. This information should be reported in the attached spreadsheet [see sample in Attachment] on a yearly basis. The report will be due as part of the Annual Report due on December 31st of each year.

The following identifies the key steps in this process. States may adapt these steps to better align with their existing procedures.

Step 1:

Develop an inventory of all the CBCAP funded programs. The primary focus should be on the programs funded by CBCAP (including any State match funds reflected in the CBCAP application). However, this inventory may also include other programs that are partially supported by CBCAP. Programs should be providing a direct service to families. Typical programs include the core programs for CBCAP such as: voluntary home visiting, parenting

programs, parent mutual support, respite care, family resource centers, or other family support programs. [NOTE: Do not include public awareness or brief information and referral activities. We may include this later, but not for the first data collection.] At a minimum, the inventory should include the name of the program, the level of funding, and type of program.

Step 2:

Identify for each program whether they are replicating another existing program or practice model or not. This information should be available directly from the Lead Agency or the grantee. If yes, collect the name of the program. If no, ask for additional information from the grantee about the program model.

Step 3:

Conduct a brief review of the information about the program and whether there is research to support its effectiveness.

If the program is replicating an existing model, conduct a brief review of research on its effectiveness. This information should be available from the grantee since they selected the program to implement. Review the research and information provided and make the determination regarding the strength of the evidence. [You may use the EBP EIP Checklist to help with making the determination.]

If the program is not implementing a specific model, probe deeper with the program to ascertain whether they have developed a program USING evidence from research from other programs. This program may be implementing an “evidence-informed” program or practice.” [You may use the EBP EIP Checklist to help with making the determination.]

Step 4:

Make a determination which level the program should be assigned to, based on the information provided by each of the grantees and other resources available. Enter the program information, including funding level in the spreadsheet [or form]

Step 5:

Submit the report with the Annual Report for CBCAP.

Attachment A:

CBCAP Efficiency Measure Glossary

Comparison group: A group of individuals whose characteristics are similar to those of a program's participants. These individuals may not receive any services, or they may receive a different set of services, activities, or products; in no instance do they receive the same services as those being evaluated. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group may be assessed to determine which types of services, activities, or products provided by the program produced the expected changes.

Conceptual framework: A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to a system analysis project. The framework is built from a set of concepts linked to a planned or existing system of methods, behaviors, functions, relationships, and objects.

Control group: A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program services, products, or activities being evaluated. Typically, participants are randomly assigned – as if by lottery – to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of the program on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group.

Controlled setting: A controlled setting implies a setting in which the practice or program can be implemented with the greatest fidelity, in other words, as close to the way it was intended as possible. For instance, a program or practice might be implemented in a laboratory or in a university-based setting, in which the individuals implementing the practice or program have complete control over the hiring of staff, the development of staff evaluations, pay scales, and other factors relative to how the program or practice is implemented. This is in contrast to a “usual practice” setting, in which many different factors might affect the implementation of the intervention.

Efficacy: Efficacy focuses on whether an intervention can work under ideal circumstances (e.g., controlled settings, like university laboratories, as described above) and whether the intervention has an effect in that setting.

Effectiveness: Effectiveness focuses on whether a treatment works when used in the real world (e.g., practice settings). An effectiveness trial may be done after the intervention has been shown to have a positive effect in an efficacy trial.

Empirical evidence: Empirical evidence consists of research conducted “in the field,” where data are gathered first-hand and/or through observation. Case studies and surveys are examples of empirical research.

Experimental design: In an experimental design, also called a randomized control trial, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Experimental group/Treatment group: A group of individuals participating in the program activities or receiving the program services being evaluated or studied. Experimental groups (also known as treatment groups) are usually compared to a control or comparison group.

Fidelity: Fidelity refers to the extent to which an intervention is implemented as intended by the designers of the intervention. Fidelity refers not only to whether or not all the intervention components and activities were actually implemented, but whether they were implemented in the proper manner.

Inputs: The resources (products, services, information) that support and produce program activities. For example, the number of program staff, the programs' infrastructure (building, land, etc.), and the program's annual budget.

Logic model: A systematic and visual way to describe how a program should work, present the planned activities for the program, and articulate anticipated outcomes. Logic models present a theory about the expected program outcome, however they do not demonstrate whether the program caused the observed outcome. Diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements are often used when presenting logic models.

Matched comparison group (including matched wait list): A comparison group in which individuals, or another unit such as a classroom, is matched to those in the treatment group based on characteristics felt to be relevant to program outcomes. This can include a matched waiting list, in which children from a waiting list are matched to children in the program based on key characteristics.

Methodology: The way in which information is found or something is done. Research methodology includes the methods, procedures, and techniques used to collect and analyze information.

Multiple Site Replication: Replication is an important element in establishing program effectiveness and understanding what works best, in what situations, and with whom. Some programs are successful because of unique characteristics in the original site that may be difficult to duplicate in another site (e.g., having a charismatic leader or extensive community support and involvement). Replication in other settings establishes the strength of a program and its prevention effects and demonstrates that it can be successfully implemented in other sites. Programs that have demonstrated success in diverse settings (e.g., urban, suburban, and rural areas) and with diverse populations (e.g., different socioeconomic, racial, and cultural groups) create greater confidence that such programs can be transferred to new settings.

Outcomes: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, or altered behavior. One example of an outcome is reduced incidence of child maltreatment (measured by the number of substantiated reports). Outcomes, are often expressed in terms of: knowledge and skills (these are typically considered to be short-term outcomes); behaviors (these are typically considered to be intermediate-term outcomes); and values, conditions and status (these are typically considered to be long-term outcomes).

Outputs: The direct products of program activities; immediate measures of what the program did. For example, the number of children served, the length of time treatment was provided, or the types of services provided.

Peer-review: An assessment of a product conducted by a person or persons of similar expertise to the author. The peer-review process aims to provide a wider check on the quality and interpretation of a report. For example, an article submitted for publication in a peer-reviewed journal is reviewed by other experts in the field.

Placebo group: A placebo is something that does not directly affect the behavior or symptoms under study in any specific way, but is given to a control or comparison group as a way of keeping them unaware of the fact that they are in the control or comparison group. A researcher must be able to separate placebo effects from the actual effects of the intervention being studied. For example, in a drug study, subjects in the experimental and placebo groups may receive identical-looking medication, but those in the experimental group are receiving the study drug while those in the placebo group are receiving a sugar pill. Typically, subjects are not aware whether they are receiving the study drug or a placebo.

Practice: A practice is an accepted method or standardized activity.

Pre-post test design: A study design that includes both a pre-test and a post-test and examines change in the two.

- **Pretest:** A test or measurement taken before services or activities begin. It is compared with the results of a posttest to show change in outcomes during the time period in which the services or activities occurred. A pretest can be used to obtain baseline data.
- **Posttest:** A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show change in outcomes during the time period in which the services or activities occurred.

Program: A coherent assembly of plans, projects, project activities, and supporting resources contained within an administrative framework, whose purpose is directed at achieving a common goal.

Program Evaluation: Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation (1) assesses the effectiveness of an ongoing program or practice in achieving its objectives, (2) relies on the standards of evaluation design – such as whether it uses a randomized control or comparison group – to distinguish a program's effects from those of other forces, and (3) may be used to improve the program through modification of current practices/operations.

- **Outcome evaluation:** The systematic collection of information to assess the impact of a program on anticipated outcomes, present conclusions about the merit or worth of a program, and perhaps make recommendations about future program direction or improvement. For example, if a program aims to reduce smoking, an outcomes evaluation would examine the degree to which individuals in the program showed reduced smoking.
- **Process evaluation:** The systematic collection of information to document and assess how a program was implemented and operates.

Protective factors: Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome. For example, stable family relationships, parental employment, and access to health care and social services.

Quasi-experimental: A research design with some, but not all, of the characteristics of an experimental design (or randomized control trial, described below). While comparison groups are available and maximum controls are used to minimize threats to validity, random selection is typically not possible and/or practical.

Randomized Control Trial: In a randomized control trial or experimental design, participants are randomly assigned to receive either an intervention or control treatment (often usual care services). This allows the effect of the intervention to be studied in groups of people who are: (1) the same at the outset and (2) treated the same way, except for the intervention(s) being studied. Any differences seen in the groups at the end can be attributed to the difference in treatment alone, and not to bias or chance.

Regression Discontinuity: An evaluation design in which the program or practice's eligibility criteria are used as a mechanism to evaluate the outcomes of the program. For instance, a regression discontinuity design might evaluate the effectiveness of a pre-Kindergarten program by comparing outcomes for children who are age-eligible for pre-K to those who are just below the age cutoff. At its essence, this comparison would examine the degree to which outcomes for the two different groups of children differ more than would be expected given their differences in birth date.

Reliability: A characteristic of a measure indicating the extent to which the same result would be achieved when repeating the same measure study again. For example, a scale is unreliable if a child is weighed three times in three minutes and the scale produces significantly different weights each time.

Risk factors: Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome. Both the potency and clustering of risk and protection factors can vary over time and developmental periods. Thus, successful, developmentally appropriate prevention and interventions take this variation into account. Examples of risk factors include parental substance abuse, parental stress or mental health issues, and community violence.

Theory of change: Often used in association with program evaluation, a theory of change refers to the causal processes through which change comes about as a result of a program's strategies and actions. It relates to how practitioners believe individual, group, and social/ systemic change happens and how, specifically, their actions will produce positive results.

Untreated group: This group serves as a control or comparison with the treatment or intervention group. This group receives no treatment at all during the study.

Validity: Validity refers to the degree to which a result is likely to be true and free of bias. There are two types of validity:

- **External validity:** External validity is the extent to which the results of a study apply (or can be generalized to) people other than the ones that were in the study.
- **Internal validity:** Internal validity is the extent to which a study accurately measures what it is supposed to measure. This also includes the extent to which measures in a study are measuring what they purport to measure, as well as whether the study is appropriately assessing the “cause” and “effect” of interest (in other words, can the conclusions drawn be said to represent the causal effect of one thing on another).

References:

These glossary definitions were based on information from the following sources:

Bureau of Justice Assistance (OJP/DOJ) (www.ojp.usdoj.gov/BJA/evaluation/glossary/index.htm)

The California Evidence Based Clearinghouse for Child Welfare (www.cachildwelfareclearinghouse.org/glossary)

Centers for Disease Control (HHS) -- Introduction to Program Evaluation for Public Health Programs (www.cdc.gov/drugresistance/community/files/program_planner/Glossary_EvaluationResources.pdf)

Evidence Based Practice & Policy Online Resource Training Center -- Willma & Albert Musher Program at Columbia University School of Social Work (http://www.columbia.edu/cu/musher/Website/Website/EBP_Resources_EBPGlossary.htm)

National Center for Children Exposed to Violence (www.ncccev.org/resources/terms.html)

Office of Juvenile Justice and Delinquency Prevention (OJP/DOJ) (<http://ojjdp.ncjrs.org/grantees/pm/glossary.html>)

Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center (CDC/HHS) (<http://mentalhealth.samhsa.gov/resources/dictionary.aspx>)

**Attachment B:
Sample data collection forms**

**Attachment C:
Sample EBP EIP Checklists**

**Attachment D:
Matrix of EBP Rating Criteria**

**Attachment E:
Listing of selected Evidence-Based Programs and Practices
from other CBCAP Lead Agencies**

California

California Clearinghouse on Evidence-Based Practice in Child Welfare

<http://www.cachildwelfareclearinghouse.org/>

New Jersey

Standards for Prevention Programs

<http://www.preventchildabusenj.org/documents/index/Standards%20for%20Prevention.pdf>

North Carolina

New Directions for North Carolina: A Report of the North Carolina Institute of Medicine Task Force on Child Abuse Prevention

<http://www.preventchildabusenc.org/taskforce/report>

Washington

List of programs available

Other States?

**Attachment F:
Other Websites with listings of Evidence-Based Programs and Practices
Annotated List**

California Clearinghouse on Evidence-based Practice.

The website is designed to: 1) Serve as an online connection for child welfare professionals, staff of public and private organizations, academic institutions, and others who are committed to serving children and families. 2) Provide up-to-date information on evidence-based child welfare practices. 3) Facilitate the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency and well-being for children and families involved in the California public child welfare system.

<http://www.cachildwelfareclearinghouse.org/>

Child Welfare Information Gateway – Preventing Child Abuse and Neglect

“Improving Practices” section of the website

(www.childwelfare.gov/systemwide/service/improving_practices/) Provides information on:

1. About evidence based practice – what it is and how to know if it is evidence based
2. Resources on evidence based practices –
 - a. search the entire Clearinghouse library for literature related to all aspects of child welfare practice (including prevention) in which the author has identified the program as “evidence based”
 - b. links to other organizations/resources that have conducted an analysis to identify evidence based practices.

“What Works in Prevention” section of the website

(<http://www.childwelfare.gov/preventing/programs/whatworks/research.cfm>) Provides research on prevention programs and you can search for literature in the Information Gateway that evaluates the effectiveness of programs specifically related to child abuse prevention/family strengthening:

1. Search by types of program approaches
2. Search by programs that address specific issues.

The general Prevention website is at: <http://www.childwelfare.gov/preventing/>

SAMHSA Model Programs

The SAMHSA Model Programs featured on this site have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. Programs included have been reviewed by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). This Web site serves as a comprehensive resource for anyone interested in learning about and/or implementing these programs.

<http://www.modelprograms.samhsa.gov>

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide

The Guide is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and

communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers the first and only database of scientifically-proven programs across the spectrum of youth services.

http://www.dsgonline.com/mpg2.5/mpg_index.htm

Center for The Study of the Prevention of Violence

A CSPV objective is to build this body of knowledge about implementation by accumulating data on the Blueprints replication sites regarding problems encountered, attempted solutions, which worked or didn't work and why. Data was also collected for screening potential replicators such as organizational capacity needed, funding stability, commitment, resources, etc., required for a high probability of success. Blueprints has evolved into a large-scale prevention initiative, both identifying model programs and providing [training and technical assistance](#) to help sites choose and implement a set of demonstrated effective programs with a high degree of integrity.

<http://www.colorado.edu/cspv/blueprints/>

Department of Education What Works Clearinghouse

The What Works Clearinghouse (WWC) collects, screens, and identifies studies of effectiveness of educational interventions (programs, products, practices, and policies). The WWC regularly updates the WWC Technical Standards and their application to take account of new considerations brought forth by experts and users. Such changes may result in re-appraisals of studies and/or interventions previously reviewed and rated. The current WWC Standards offer guidance for those planning or carrying out studies, not only in the design considerations but the analysis and reporting stages as well. The WWC Standards, however, may not pertain to every situation, context, or purpose of a study and will evolve.

<http://www.whatworks.ed.gov/>

Strengthening America's Families (funded by OJJDP)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) in collaboration with the Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention (CSAP) is pleased to provide the results of the 1999 search for "best practice" family strengthening programs. In the following pages you will find two page summaries of family-focused programs which have been proven to be effective. Additional information as well as direct links to individual program websites can be found on the Strengthening America's Families website. The programs listed are divided into categories based upon the degree, quality and outcomes of research associated with them.

<http://www.strengtheningfamilies.org/>

The Promising Practices Network

The Promising Practices Network (PPN) is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families. The PPN site features summaries of programs and practices that are proven to improve outcomes for children. All of the information on the site has been carefully screened for scientific rigor, relevance, and clarity. The PPN is operated by RAND. <http://www.promisingpractices.net/>

Social Programs that Work

The central problem that the [Coalition for Evidence-Based Policy](#) seeks to address is that U.S. social programs are often implemented with little regard to rigorous evidence, costing billions of dollars yet failing to address critical needs of our society -- in areas such as education, crime and substance abuse, and poverty reduction. A key piece of the solution, we believe, is to provide policymakers and practitioners with clear, actionable information on what works, as demonstrated in scientifically-valid studies, that they can use to improve the lives of the people they serve. To address this need, this site summarizes the findings from well-designed randomized controlled trials that, in our view, have particularly important policy implications -- because they show, for example, that a social intervention has a major effect, or that a widely-used intervention has little or no effect. We limit this discussion to well-designed randomized controlled trials based on persuasive evidence that they are superior to other study designs in measuring an intervention's true effect (hence their role as the "gold standard" in fields such as medicine, welfare policy, and [education](#)).

<http://www.evidencebasedprograms.org/>

Helping America's Youth Program Tool

Helping America's Youth is a nationwide effort, initiated by President George W. Bush and led by First Lady Laura Bush, to benefit children and teenagers by encouraging action in three key areas: family, school, and community. The *Community Guide to Helping America's Youth* helps communities [build partnerships](#), [assess their needs and resources](#), and [select from program designs that could be replicated in their community](#). The Program Tool provides information about program designs that successfully deal with risky behaviors. The Program Tool database contains [risk factors](#), [protective factors](#), and programs that have been evaluated and found to work.

<http://guide.helpingamericasyouth.gov/programtool.cfm>

Evidence-Based Programs Searchable Database at Ohio State University

The **Evidence-Based Program Database** is a compilation of quality government, academic, and non-profit lists of evidence-based programs that appear on the World Wide Web and/or in print form. The website also provides resources to help programs determine assess the evidence and the feasibility of implementing evidence-based programs at the local level.

<http://altdmh.osu.edu/Database/ebdatabase.html>

The International Campbell Collaboration

The International Campbell Collaboration (C2) is a non-profit organization that aims to help people make well-informed decisions about the effects of interventions in the social, behavioral and educational arenas. C2's objectives are to prepare, maintain and disseminate systematic reviews of studies of interventions. C2's acquire and promote access to information about trials of interventions. C2 builds summaries and electronic brochures of reviews and reports of trials for policy makers, practitioners, researchers and the public.

<http://www.campbellcollaboration.org/>

**Attachment G:
Other resources on evidence-based programs**

Guide for Child Welfare Administrators on Evidence-Based Practice

The document was written as a collaborative effort between the Chadwick Center, which manages the California Clearinghouse on Evidence-based Practice in Child Welfare, funded by the California Department of Social Services, Office of Child Abuse Prevention and the National Public Child Welfare Administrators. The purpose is to provide guidelines to provide a common language and framework with which to understand the conditions, challenges and opportunities in evidence-based practice in child welfare.

<http://www.aphsa.org/home/doc/Guide-for-Evidence-Based-Practice.pdf>

The Findings from the Kauffman Best Practices Project

In the past five years, a significant body of empirical research has emerged supporting the efficacy of certain treatment protocols with abused children and their families. Despite the emerging evidence regarding effective treatments, there is a strong perception by many leaders in the field that use of this evidence in a reliable way is still rare in the child abuse field. In this context, the Ewing Marion Kauffman Foundation in Kansas City agreed to support the systematic identification of best practices on helping children heal from the impact of child abuse, and spread those effective interventions. This effort was conducted under the broad overview of the National Call To Action: A Movement to End Child Abuse and Neglect (NCTA). <http://www.chadwickcenter.org/kauffman.htm>

National Implementation Research Network

The mission of the National Implementation Research Network (NIRN) is to close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices. http://nirn.fmhi.usf.edu/aboutus/01_whatisnirn.cfm

Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide

This Guide seeks to provide educational practitioners with user-friendly tools to distinguish practices supported by rigorous evidence from those that are not

<http://www.ed.gov/rschstat/research/pubs/rigorousvid/index.html>

Benefits and Costs of Early Intervention Programs for Children and Youth

Does prevention pay? Can an ounce of prevention avoid (at least) an ounce of cure? More specifically for public policy purposes, is there credible scientific evidence that for each dollar a legislature spends on “research-based” prevention or early intervention programs for youth, more than a dollar’s worth of benefits will be generated? If so, what are the policy options that offer taxpayers the best return on their dollar? These are among the ambitious questions the 2003 Washington State Legislature assigned the Washington State Institute for Public Policy. This report describes findings from this study and provides an overview of how the analysis was conducted.

<http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901>

Report of the 2005 Presidential Task for on Evidence-Based Practice, American Psychological Association

<http://www.apa.org/practice/ebpreport.pdf>

Final Report of the President's New Freedom Commission on Mental Health

The President directed the Commission to identify policies that could be implemented by Federal, State and local governments to maximize the utility of existing resources, improve coordination of treatments and services, and promote successful community integration for adults with a serious mental illness and children with a serious emotional disturbance.

<http://www.mentalhealthcommission.gov/>