Dear CBCAP New State Lead,

Congratulations on your new position with your State’s Community-Based Child Abuse Prevention Program (CBCAP). FRIENDS is a National Resource Center, funded by the Office on Child Abuse and Neglect, the same office that funds your CBCAP program. FRIENDS is designed to support CBCAP lead agencies in carrying out their responsibilities under Title II of the Child Abuse Prevention and Treatment Act (CAPTA).

We look forward to supporting you by providing training and technical assistance (T/TA) and helping you identify successful practices in other states that might help your program implementation. Some examples of the types of T/TA that FRIENDS can provide include: developing a strategic state prevention plan; implementing evidence-based programs and practices; conducting outcome evaluations for prevention programs; promoting and supporting parent leadership; and becoming more active in statewide systems planning. On a quarterly basis at a minimum, we will contact you to update you on current developments and see how we might be of help. If you have not already been contacted by your FRIENDS Technical Assistance Coordinator, you will be shortly.

Several experienced CBCAP State Lead agency staff have volunteered to serve as a mentor to new State CBCAP leads. Please consider the benefits of having us assign one of them to be available as a peer resource to you. Let your FRIENDS T/TA Coordinator know if you would like us to arrange for that.

We are enclosing a variety of materials regarding FRIENDS and CBCAP. You may already have some of these resources in your files, but we’ve found it useful to provide a concise packet in order to give new CBCAP contacts an overview to better understand the legislation and resources available to you. We look forward to talking with you soon.

Sincerely,

Linda Baker
Director, FRIENDS NRC
Phone: 919-493-1584
Email: lbaker3@nc.rr.com

cc. Rosie Gomez
Federal Project Officer, Office on Child Abuse and Neglect
Phone: 202-205-7403
Email: rosie.gomez@acf.hhs.gov
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Community Based Child Abuse Prevention (CBCAP) Programs

Why were CBCAP programs created?

CBCAP programs were established by Title II of the Child Abuse Prevention and Treatment Act Amendments of 1996 and most recently reauthorized in December of 2010 by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). The purpose of the CBCAP program is:

1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and

2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

The Child Abuse Prevention and Treatment Act (CAPTA) legislation has a rich history, beginning with the Child Abuse Prevention Federal Challenge Grants Act in 1984 — the first law to direct Federal funds specifically to assist State efforts in preventing child abuse and neglect. Amendments to the law in 1992 and 1994 broadened the earlier legislation to include the provision of community-based child abuse prevention activities and family resource services. The 1996 amendments provided States with additional incentives to create Statewide networks for ensuring the safety of children in their families and neighborhoods, and to support activities designed to prevent the occurrence, as well as the reoccurrence, of child maltreatment.

The Community-Based Family Resource and Support (CBFRS) program legislation, Title II of the Child Abuse Prevention and Treatment Act (CAPTA), reauthorized on June 25, 2003, as part of the Keeping Children and Families Safe Act 2003, presented a unique opportunity to build upon the strong foundation of the program developed by the States over the last several years. During the reauthorization, the CBFRS program was renamed “Community-Based Grants for the Prevention of Child Abuse and Neglect.” For our administrative convenience, this Title II program is now referred to as the Community-Based Child Abuse Prevention (CBCAP) program.

The changes in 2003 placed an emphasis on supporting community-based efforts to develop, operate, expand, enhance, and where appropriate to network, initiatives aimed at the prevention of child abuse and neglect, and to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect. There was also a strong emphasis on demonstrating a meaningful commitment to parent leadership, including parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of other underrepresented or underserved groups. The legislation built upon many of the core provisions of the CBFRS program, while emphasizing some additional elements to strengthen and support the health and well-being of families and to build the capacity of the State lead agencies. The 2003 legislation included provisions requiring that lead agencies have the capacity to support community-based and prevention-focused programs and
activities that: (1) are based on State and community interagency partnerships; and (2) are implemented through an interdisciplinary, collaborative public-private structure that includes parents as full partners. Another prevailing theme of the 2003 legislation is that lead agencies were required to seek innovative approaches to coordinating funding streams and leveraging additional resources to augment the Federal funds.

The new updates in the CAPTA Reauthorization Act of 2010; Title II of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5116 et seq.), as amended by P.L. 111-320, enacted on December 20, 2010, include an emphasis on providing services to unaccompanied homeless youth and adult former victims of domestic violence or child abuse or neglect; involving parents in the planning and program implementation of the lead agency and entities carrying out local programs; and adding to the list of prevention programs that CBCAP leads fund, the opportunity to provide substance abuse treatment services and domestic violence services. The legislation continues to recognize that individual child abuse and neglect prevention programs cannot stand alone — they are part of a larger statewide and national system of care for families, of which prevention must be a key component.

**What changes in CBCAP programs have been initiated with recent program instruction to states?**

The program instruction placed a stronger emphasis on particular areas of programs for CBCAP grantees. These include:

- Partnering with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. We strongly encourage you to review this list of programs for potential collaboration.
- There is a stronger emphasis on involving parents in the planning and program implementation of the lead agency and entities carrying out local programs.
- CBCAP leads are required to provide services to:
  - unaccompanied homeless youth
  - adult former victims of domestic violence or child abuse or neglect
  - homeless families and those at risk of homelessness
- CBCAP leads have the opportunity to provide:
  - substance abuse treatment services
  - domestic violence services (domestic violence service programs that provide services and treatment to children and their non-abusing caregivers)
- CBCAP leads are not required to describe the results of a peer review process; however, state leads could use the peer review process to help fulfill the requirement to describe the results of an evaluation, or the outcomes of monitoring, conducted under the State program to demonstrate the effectiveness of activities conducted under this title in meeting the purposes or program.
- Evidence informed and evidence-based programs
What is the target population for CBCAP programs?

CBCAP Programs should target services to vulnerable families that are at risk of abuse or neglect. These families include:

- Parents (all, new, teens, etc.)
- Parents and/or children with disabilities
- Racial and ethnic minorities
- Members of underserved or underrepresented groups
- Fathers
- Homeless families and those at risk of homelessness
- Unaccompanied homeless youth
- Adult former victims of domestic violence or child abuse or neglect

CBCAP programs should have some activities available to the general population such as public awareness and education about preventing child abuse and neglect.

What activities are authorized under CBCAP?

CBCAP programs are authorized to fund child abuse prevention programs in their service area that provide a multitude of services and supports. These services and programs can include:

- Offer assistance to families
- Comprehensive support for parents
- Promote the development of parenting skills
- Increase family stability
- Improve family access to formal and informal resources; including access for unaccompanied homeless youth
- Support needs of families with children with disabilities through respite or other activities
- Provide referrals for early health and development services
- Demonstrate a commitment to parent involvement in the planning and program implementation of the lead agency and local programs funded under CBCAP

Programs can also:

- Fostering the development of a continuum of preventive services for children and families, including unaccompanied homeless youth, through State and community-based collaborations and partnerships, both public and private.
- Finance the start-up, maintenance, expansion or re-design of specific family resource and support community-based child abuse and neglect prevention program services identified by the inventory of unmet needs and integrated with the network of programs.
Maximize funding through the leveraging of funds for the financing, planning, community mobilization, collaboration, assessment, information and referral, start-up, training and technical assistance, information management and reporting, and evaluation costs for prevention focused programs and activities.

Finance public information activities that focus on healthy positive development of parents and children and promotion of child abuse prevention activities.

What legislation supports CBCAP?
The key Federal legislation addressing prevention in child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), which was originally enacted in 1974. This Act has been amended several times in the last 31 years and was most recently amended and reauthorized on December 10, 2010, by the CAPTA Reauthorization Act of 2010; Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by Public Law 111-320. [http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta/capta2010.pdf](http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta/capta2010.pdf)

What reporting requirements are present for CBCAP State Leads?
Each State’s annual program report is due with the following year’s application and should include: (1) the State’s activities conducted during the grant award in the previous year, and (2) specific information to demonstrate compliance with the requirements for these funds.

Once the reports are submitted, FRIENDS compiles the information and captures the current trends and areas of focused programming. To read these summaries, [http://friendsnrc.org/state-resources/state-reports](http://friendsnrc.org/state-resources/state-reports)

How much is the funding allotment for each state or program?
The appropriation for FY 2012 was $41.527 million. Of that allotment, 1% must be aside to fund Indian tribes and tribal organizations and migrant programs.

The remainder of the funds are distributed to states and territories under a formula grant. This process allows that:

- Seventy percent (70%) of the funds will be allotted proportionately among the states based on the number of children under age 18 residing in each state, except that no state shall receive less than $175,000. Given the increase in the FY 2005 appropriation, a decision was made to set the minimum grant for this 70% portion to $200,000 so that all States may benefit from the increase.

- Thirty percent (30%) of the funds will be allotted proportionately among the states based on the amount of private, State or other non-Federal funds leveraged and directed through the currently designated state lead agency in the preceding fiscal year.
The funding allotments are estimations each year based on the variables present in determining funding amounts. Each state must provide cash match of 20% in non-Federal funding of the total allotment. The match funds may come from state or private funding.

Estimated funding allotments for each fiscal year can be found in the Program Instruction.

**How do states apply for funding?**

The Governor in each state designates a lead entity to administer the funds for the implementation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. Once designated, State lead agencies must then submit an application for funding annually. The instructions for this application are included in a program instruction (PI) that is released in the spring of each year.

Program Instruction for the current fiscal year can be found at [http://www.friendsnrc.org/cbcap-program-instruction](http://www.friendsnrc.org/cbcap-program-instruction)
How to Request On-Site Training and Technical Assistance (T/TA)

Guidelines

To ensure fair distribution of limited resources, the following guidelines have been developed.
FRIENDS will make every effort to remain flexible and to respond to as many requests for T/TA as possible. Requests for on-site training and technical assistance must come from the CBCAP State Lead Agency.

1. One request from each State for an on-site training and technical assistance (T/TA) visit of up to three days will be considered during the first six months of each Federal fiscal year (October 1 - March 31).

2. If travel funds are still available, an additional request for on-site T/TA will be considered from each State during the second half of each federal fiscal year (April 1 - September 30).

Process

1. Requesting on-site training and technical assistance begins with a call to your FRIENDS T/TA Coordinator to discuss your request.

2. Your T/TA Coordinator will complete an on-site intake form and send it to the interested parties for review within one week.

3. Once the on-site form is reviewed and approved, FRIENDS staff will identify the provider best suited to performing the requested T/TA.

4. Once a provider is selected, the T/TA Coordinator will submit a copy of the on-site form to the CBCAP Federal Project Officer, Rosie Gomez, and the appropriate ACF regional contact for the receiving state.

5. Following the on-site T/TA visit, another letter or e-mail message describing the assistance received (including dates, location, participants and satisfaction regarding whether intended outcomes were met) should be sent by the state on-site contact to Linda Baker, FRIENDS Director, at lbaker@friendnrc.org with courtesy copies sent to your ACF regional office contact person and Rosie Gomez at rosie.gomez@acf.hhs.gov.

If you have any questions about the FRIENDS on-site T/TA request process, please feel free to contact your State T/TA Coordinator. To find out your State T/TA Coordinator, visit http://www.friendsnrc.org/friendsservices/state-assignments.
Guidelines for CBCAP Lead Agencies on Evidence-Based and Evidence Informed Programs and Practices: Learning Along the Way

In 2006, a PART Outcomes Workgroup made up of CBCAP grantees, FRIENDS NRC staff, and other federal prevention staff provided significant input, feedback, and support to incorporate the lessons we have learned to date as we try to navigate the complexities of promoting evidence-based and evidence-informed programs and practices for CBCAP.

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

Table of Contents
This document provides information regarding the background, vision and guidelines for the reporting for the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) efficiency measure for CBCAP. The following sections are included:

I. CBCAP and PART
II. Background and Rationale
III. Vision and Goals
IV. Philosophical Approach
V. Definitions of Evidence-Based and Evidence-Informed Programs and Practices for CBCAP programs
VI. The Continuum of Evidence for EBP/EIP
VII. Selecting the Best Fit Among EBP/EIPs
VIII. Role of the CBCAP Lead Agency
IX. Role of the Children’s Bureau and FRIENDS
X. Role of the funded community-based prevention programs
XI. Reporting Requirements

Attachments
A. Glossary
B. Sample Data Collection Templates
C. Sample EBP EIP Checklists
D. Proposed Infrastructure Costs to Support EBP/EIPs
I. CBCAP and PART

In 2004, the CBCAP program was initially reviewed through the President’s Office of Management and Budget (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. The PART process requires that programs collect baseline data and set ambitious annual targets for improvement. We recognize that the current CBCAP OMB PART measures (see table below) represent long-term distal outcomes that will require a variety of strategies targeting change at multiple levels.

<table>
<thead>
<tr>
<th>CBCAP Approved OMB Measures</th>
<th>Definition</th>
<th>Annual Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>*To reduce the rate of first time victims of child maltreatment per 1,000 children.*¹</td>
<td>0.20 annual reduction from previous FY</td>
</tr>
<tr>
<td></td>
<td><em>To increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.</em></td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.</td>
<td>3 percentage points increase over previous FY</td>
</tr>
</tbody>
</table>

The Children’s Bureau has been working with the CBCAP State Lead Agency and FRIENDS on a number of related efforts to assist in working towards these long-term outcomes.

¹ This outcome measure is based on child abuse reporting data submitted by the State child welfare agencies to the National Child Abuse and Neglect Data System (NCANDS). For more information, visit: [http://www.acf.hhs.gov/programs/cb/stats_research/index.htm](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm)
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 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 four categories described later in this document (i.e. Emerging and Evidence-informed, Promising, Support, Well Supported), 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. PHILOSOPHICAL APPROACH: THE MOVEMENT TOWARDS EBP/EIP AS A LONG-TERM PROCESS

- There are no easy answers. There are a number of complex factors and competing priorities that influence the Lead Agencies’ ability to do their work. We must acknowledge that there are no quick solutions or easy-fixes.

- The needs of the children and families must always be kept at the forefront. This effort is all about working to improve outcomes for children and families and preventing child maltreatment. We must also be sensitive to the local community context, needs and capacity to implement and support these efforts.

- We must have more informed and inclusive decision making. We need to provide CBCAP Lead Agencies with the tools they need to ask the right questions and make the most appropriate decisions. It is critical that parents, consumers, and community partners are also fully informed and involved in this decision making process.

- It is all about continuous quality improvement and learning from experiences. We must use information from our efforts to continually work to improve programs and the support needed by staff that are providing the direct services to families. We also need to be flexible and responsive to the issues that emerge as we try to implement EBP/EIPs in our communities. We need to have a continuous feedback loop between the researchers/evaluators and practitioners and program planners.

- Every program should articulate their theory of change/ logic model and be engaged in ongoing evaluation activities. All programs, even new and innovative programs, must be able to articulate the logical connections between their proposed activities and the outcomes they hope to achieve. Evaluation is simply part of best practice. Families and children deserve more and programs cannot afford to do less.
• **We need to “demand scientific rigor but redefine scientific rigor to include new methods for measuring impact in complex, dynamic systems.”** Child abuse prevention programs need more rigorous research to demonstrate effectiveness. However, this research also needs to be relevant and meaningful to the programs and communities and alternative methods, which include qualitative and quantitative approaches, will need to be explored to fully capture the complexity of the issues.

• **Take the next most informed step, analyze then go again!** We need to gather as much information and input on this effort as possible. We need to be planful, thoughtful and move forward with the best information we have available. This may occur even though we may not have all the information and resources that we need or want. In the spirit of continuous learning, we will need to just take the most informed step and try something—but insure that the lessons learned from the successes and failures are documented, analyzed, and shared with others.

• **This is a long-term process that needs to be integrated with existing planning and implementation efforts for CBCAP.** Over the long-term, this process may require the need to review and rethink existing funding priorities. This planning effort must be integrated with other CBCAP program components such as collaboration, peer review, evaluation, parent leadership, cultural competence, network assessment, leveraging funding, and other systems change efforts.

• **PART efficiency measure targets are for the national program and individual States are NOT being assessed on their performance.** The national targets are for the entire program and there is no current effort to assess individual state performance from year to year.

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V. DEFINITIONS 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 preferences.

Additional terms defined:

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 components of a curriculum with positive evidence such as Parent-Child Interaction Therapy. This is rated as “Well-Supported” 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.”

An analogy that helps to bring these concepts together is the “House of Evidence-informed and Evidence-based programs and practices”:

This graphic captures the idea that all the programs are part of the “house” which is CBCAP. The roof specifies all the shared components that all CBCAP programs should have. The four different rooms of evidence from Evidence-informed and Emerging, Promising, Supported, and Well Supported reflect various programs that may be funded but are located in different parts of the house. The line with arrows at the bottom of the picture reflects the continuum of the strength of the evidence. Finally, the house is surrounded by the prevention program expertise and the community context in which the programs are being considered and implemented.

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This graphic was originally developed during a FRIENDS technical assistance visit with the KY CBCAP lead agency with the assistance from staff from the National Implementation Research Network.

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Evidence-Informed
Can be a “home-grown” program. Must evaluate and document all activities

Promising
Program has been tested with at least 1 study, quasi-experimental design with control or comparison group, demonstrating positive effects
Program implemented with fidelity

Supported
At least two randomized controlled trials (RCTs) with 1-year sustained positive results. Must be implemented with fidelity

Well Supported
All elements of supported, plus the program must have been replicated at 2 sites with similar positive results & implemented with fidelity
The next few pages provide detailed information regarding the programmatic and research and evaluation characteristics for the various categories reflected in the Continuum of Evidence chart. Please refer to Attachment A: Glossary for definitions of the terms which are underlined in this section.

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 AND 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 no comparison group. This includes using “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.

For additional information on evaluation and developing logic models, visit the FRIENDS Evaluation Toolkit and Logic Model Builder at: [http://www.friendsnrc.org/outcome/toolkit/index.htm](http://www.friendsnrc.org/outcome/toolkit/index.htm)

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1 The detailed definitions for the categories (Emerging and Evidence-informed through Well Supported) 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.
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 AND 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 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.

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 AND 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:

  o At least two rigorous randomized controlled trials (RCTs) (or other comparable methodology) 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

  o 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.

**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 AND 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.

* Please note that for purposes of OMB PART reporting Supported and 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 Outcomes/Undetermined/Concerning/Harmful Effects

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 AND EVALUATION CHARACTERISTICS**

• Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, or has had harmful effects 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.

**VII. SELECTING THE BEST FIT AMONG EVIDENCE-BASED AND EVIDENCE-INFORMED PROGRAMS AND PRACTICES**

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 or Supported). In fact, there is NO requirement at this time to fund only Supported or Well-Supported programs. At a minimum, we expect that all CBCAP lead Agencies should be funding programs that meet the needs of their target populations, as well as, meet the criteria for “Emerging and Evidence-Informed Programs and Practices.”

The purpose of this efficiency measure is to promote more informed decision making and continuous quality improvement. There are a number of key discussion points that the Lead Agency will need to consider in this decision-making process. It is critical that CBCAP lead agencies consider the needs of the population and community to be served and review the fit between these needs and the available evidence-based or evidence-informed programs and practices to meet those needs. A comprehensive resource and needs assessment process can help with the assessment of the fit between the program and the needs of the families to be served. Over the long-term, we anticipate that these combined efforts will increase the overall quality and effectiveness of all programs funded by CBCAP.

In general, the identification and selection process includes four steps:

Step 1: Conduct a comprehensive needs assessment.

Step 2: Identify the evidence-based or evidence-informed program and practice.

2a. Review or search for programs on various EBP registries and resource documents.

2b. Identify the level of evidence to support the program or practice selected.

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7 This section is adapted from SAMHSA’s Services Grant Announcement general template.
8 The CBCAP Discussion Tree for selecting EBP/EIPs is currently being developed and tested by FRIENDS.
Step 3: Contact the program developer or program disseminator.

Step 4: Assess the fit of the identified or selected EBP with your organization or community that will be implementing the program.

At every step, there are a number of questions that need to be asked to help the Lead Agency or prospective applicant select the most appropriate program. The FRIENDS National Resource Center has a few related resources and tools (i.e., Discussion Tool and Program Classification Matrix) to help with this process, available on the FRIENDS website. The rest of this section highlights some of the key issues to consider in this selection and identification process.

**Justifying Selection of the Service/Practice for the Target Population**

CBCAP Lead Agencies should utilize their needs assessment process to identify the areas that need to be funded through their Request for Proposals or other funding mechanism. CBCAP Lead Agencies should advise prospective applicants and their existing 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 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.

There are a number of resources available on the FRIENDS website that lists various 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 work with their funded programs to document the 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 Adaptations/Modifications of the Proposed Service/Practice**

Research has found that a high degree of faithfulness or “fidelity” (see Attachment A: 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 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 strongly encouraged to require their funded programs to describe, justify, and document any adaptations or modifications to the proposed service/practice that will be made. The Lead Agency should also monitor the impact of the adaptations and work with their funded programs to evaluate the implementation of the program.

VIII. ROLE OF THE LEAD AGENCY

CBCAP Lead Agencies play an important role as the leader of the prevention network and the entity implementing the CBCAP program. There are a number of responsibilities that have been highlighted as best practices for the Lead Agency as they promote the movement towards evidence-based and evidence-informed programs and practices.

The following tasks are the best practice suggestions regarding the various activities that the Lead Agency can do (is doing) to support this effort:

- Educate the community about evidence-informed and evidenced based programs and practices for child abuse prevention.
- Educate the community about benefits, challenges and factors that must be considered when attempting to implement these types of programs and practices.
- Promote the use of data, research and relevant practice and contextual information to guide program planning and funding decisions in the State.
- Provide 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.
- Assist 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.
- Assist 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.
- Assist their funded programs with translating research findings into meaningful program practice.
In addition, below are the specific Lead Agency activities required by the Children’s Bureau as part of this effort:

- Collect data regarding the types of programs being funded, funding levels, and the infrastructure support needed to meet the reporting requirements for CBCAP.
- Provide feedback to the Children’s Bureau regarding the lessons learned and areas for improvement throughout this process.
- Participate 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.

IX. ROLE OF THE CHILDREN’S BUREAU AND FRIENDS

- Use the lessons learned from the States’ experience to inform future guidance and data collection.
- 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.

X. 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. This should include documenting any adaptations that are made. 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.

XI. REPORTING REQUIREMENTS

CBCAP Lead Agencies must identify the level of evidence for each of their funded programs. The lead agency will also need to identify and calculate the infrastructure costs needed to support the implementation of the EIP/EBP. This information should be reported [see sample forms in Attachment B] on a yearly basis as part of the Annual Report.
The following steps outline 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 few years of this 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 whether or not each program is replicating another existing program or practice model. 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. The State’s Request for Proposals may already include specific information about the EBP/EIPs that they want to fund.

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. Grantees should be prepared to provide this background research to support their program, as appropriate. 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. See Attachment C.]

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. See Attachment C.]

Step 4: Determine which level of evidence 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 reporting form.
Step 5:
**Determine and calculate the infrastructure costs associated with supporting the evidence-based or evidence informed program or practice.** States need to assess the level of support that needs to be provided or is being provided to support the implementation of the EIP/EBP programs. The infrastructure costs may include costs to support the specific program at the CBCAP Lead Agency level such as training and technical assistance, evaluation, replication, grant monitoring/ administration. These costs will vary for every State. These infrastructure costs are needed in order to accurately reflect the level of resources needed to implement and support EIP/EBPs. Please refer to Appendix D for more information about calculating infrastructure costs.

Step 6:
**Submit the report with the Annual Report for CBCAP.** Please contact Rosie Gomez at Rosie.Gomez@acf.hhs.gov or the FRIENDS National Resource Center for technical assistance.
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.

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10 This Glossary was developed by staff with the Administration for Children and Families, Office of Planning, Research and Evaluation for this Guidelines document.
**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](http://www.ojp.usdoj.gov/BJA/evaluation/glossary/index.htm))
- The California Evidence Based Clearinghouse for Child Welfare ([www.cachildwelfareclearinghouse.org/glossary](http://www.cachildwelfareclearinghouse.org/glossary))
- 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](http://www.columbia.edu/cu/musher/Website/Website/EBP_Resources_EBPGlossary.htm))
- National Center for Children Exposed to Violence ([www.nccev.org/resources/terms.html](http://www.nccev.org/resources/terms.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
(attached as separate documents)

Attachment C:
Sample EBP EIP Checklists
(attached as separate documents)
This attachment provides definitions of critical infrastructure (i.e. non-direct service activities) that the Lead Agencies conduct to support the implementation of evidence-based (EBP) and evidence-informed programs (EIP) and practices. The latter part of the attachment provides suggestions for calculating the infrastructure costs for the OMB PART reporting. It is important to understand the level of funding and staff resources needed to fully implement EBP/EIPs and include these costs in the OMB PART reporting.

Please note that this is not meant to be an exhaustive list, however, these activities do represent the major activities that CBCAP Lead Agencies conduct in support of their funded programs. At this time, public awareness activities should NOT be included in this list. Grantees are encouraged to include the costs associated with these activities in the PART Efficiency measure reporting requirement for the CBCAP Annual Report. It is estimated that a State’s infrastructure costs may range from 0-35% of the total CBCAP grant. In most cases, the infrastructure costs for the activities listed below refer to the costs for staff salaries and benefits for the time spent on the various activities.

1. **Training and Technical Assistance**
   These include activities and resources that provide information and training to the funded programs regarding evidence-based or evidence-informed practices. These may be provided by the lead agency staff directly or through consultants hired by the lead agency to support the funded programs. The types of assistance can include:
   - Providing prospective applicants with information about EBP/EIP and selecting most appropriate program to replicate and implement for the proposed target population.
   - Providing successful applicants with support and guidance regarding the implementation of the selected EBP/EIP. This may include more intensive coaching and supervision with the funded program. Key issues to address include implementation fidelity related to: staff selection, staff training, staff coaching.
   - Providing support by contracting with the national program developer/ purveyor for mentoring to support the replication of specific EBPs. These costs may also include replication fees for new programs.
   - Providing information and training related to issues of fidelity and adaptation of EBPs.
   - Providing ongoing positive support, motivation, and hope for programs implementing EBP/EIPs.
   - Providing other related programmatic support and training regarding implementation.

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11 This document was developed by the Infrastructure Costs Ad-hoc Subcommittee of the CBCAP and PART Outcomes Workgroup.

12 This estimate is based on the FY2006 CBCAP application proposed budgets.
2. **Evaluation and Data Collection**

These include activities to assist funded programs with evaluating the implementation process and outcomes of their funded programs. These may be provided by the lead agency staff directly or through consultants hired by the lead agency to support the funded programs. The types of assistance can include:

- Assisting programs with developing the most appropriate type of evaluation plan for their funded program. These plans may range from less formal to more formal and rigorous evaluation designs depending on the capacity of the local program.
- For programs new to evaluation, this includes assisting programs with developing their logic model or theoretical framework. For programs with existing evaluation plans, this includes helping the programs to monitor their progress and suggesting more rigorous evaluation designs, whenever possible.
- Assisting funded programs with developing the information systems need to track and collect program data for the evaluation.
- Assisting programs with developing ongoing quality assurance systems which may complement their existing evaluation plans.
- Assisting programs with using a continuum of evaluation approaches which include qualitative and quantitative data collection methods. Programs should incorporate self-assessment, peer review and outcome evaluations into their plans.
- Costs for an internal or external evaluator.
- Costs of purchasing relevant instruments or measures to be used for program evaluation.
- Providing other related support regarding evaluation and quality assurance.

3. **Network Development and Collaboration**

These include activities that the Lead Agency conducts in the States to promote more coordination and collaboration across various agencies to support the implementation and sustainability of EBP/EIPs. The types of activities include:

- Sponsoring community meetings and forums to support the use of EBP/EIPs.
- Facilitating a peer learning and information sharing network with other EBP/EIPs funded in the State.
- Meetings with various agencies to support funding and sustainability of effective programs.

4. **Grants Management and Monitoring**

These include other administrative activities conducted by Lead Agency staff to manage and monitor the funded programs. The types of activities include:

- Development of RFPs for EBP/EIPs. This would also include all the activities related to the grant review, selection and funding of programs.
- Review and approval of program progress reports.
- Site visits to grantees to monitor program and discuss issues related to EBP/EIP implementation.
- Planning and conducting grantees meeting sessions related to EBP/EIPs.
• Training or building the capacity of other Lead Agency or State staff regarding EBP/EIPs.
• Reviewing and analyzing the research on EBP/EIPs.
• Costs associated with accessing and purchasing the relevant journal articles, research reports, books, etc. on EBPs.
• Offering positive support and motivation for programs implementing EBP/EIPs.
• Conducting other related grants management, monitoring, and other activities related to meeting the federal CBCAP requirements.

Calculating Infrastructure Costs for OMB PART Reporting
There are two suggested options for calculating the infrastructure costs. Please note that these options are provided to help stimulate ideas about possible ways that this data can be collected. States will need to use the process that works best for their specific situation or propose their own methodology. States will need to document which method they are using in their Annual Report.

Option 1: One overall infrastructure cost across all EBP/EIPs funded
This option assumes that the time spent on infrastructure activities are conducted equally across all the programs funded. The State must review the relevant costs for training and technical assistance, evaluation and data collection, network development and collaboration, and grants management and monitoring for the reporting year. The costs should only be included if it supported the implementation of EBP/EIPs. Once this total amount is identified, the total costs should be divided equally across the various categories of programs being funded.

For example, State A is funding several programs that include Emerging and Evidence-informed, Promising, Supported and Well Supported. The total infrastructure costs for that reporting year is $40,000. In the reporting for the efficiency measure, the State will take the $40,000 and divide by four (the four types of programs being funded) which is $10,000. In the reporting for the total funds spent on the various programs, the State will add $10,000 to the total for each program category. See Table below.

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<th>Promising</th>
<th>Supported</th>
<th>Well Supported funding</th>
<th>Total CBCAP</th>
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<td>TOTAL supporting the EIP/EBP to report for OMB PART</td>
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</table>
**Option 2: Infrastructure costs vary across the different types of EBP/EIPs funded**

This option assumes that the time spent on infrastructure activities are different for each type of program funded. The State must review the relevant costs for training and technical assistance, evaluation and data collection, network development and collaboration, and grants management and monitoring for the reporting year. The costs should only be included if it supported the implementation of EBP/EIPs. Once this total amount is identified, the total costs should be divided proportionally across the various categories of programs being funded based on the time and effort spent on each category.

For example, State B is funding several programs that include Emerging and Evidence-informed, Promising, Supported and Well Supported. The total infrastructure costs for that reporting year is $40,000. Based on their staff reports, they learn that staff spends about 50% ($20,000) of the time providing training and information to the Emerging/ Evidence-Informed programs. Staff spends about 25% ($10,000) of their time with the Promising programs, and the final 25% of their time is spent equally divided between the Supported ($5,000) and Well Supported ($5,000) programs. In the reporting for the total funds spent on the various programs, the State will add the proportionate costs to the total for each program category. See Table below.

| Option 2: Infrastructure costs vary across the different types of EBP/EIPs funded |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| State B Event/ Evidence-Informed | Emerging/ Evidence-Informed | Promising | Supported | Well Supported | Total CBCAP funding |
| Program funding                  | $75,000         | $75,000         | $25,000        | $25,000         | $200,000         |
| Infrastructure costs              | $20,000         | $10,000         | $5,000         | $5,000          | $40,000          |
| TOTAL supporting the EIP/EBP to report for OMB PART | $95,000 | $85,000 | $30,000 | $30,000 | $240,000 |

States must specify whether the funds include only the CBCAP grant or whether the State match dollars are incorporated into the reporting for infrastructure and program costs. Wherever possible, States should distinguish between the CBCAP federal funding and the State match funding.

Please refer to Attachment B: Sample Data Collection Templates for a suggested form for reporting the data in the Annual Report. Please note that these are not required forms. States can choose to report the data in their own format. It is important that States provide clear explanations regarding the data being reported and its source.
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Chapel Hill Training Outreach Project, Inc. (CHTOP), lead agency for FRIENDS, provides a team of qualified staff and consultant experts in the field of child abuse and neglect prevention that offer T/TA to CBCAP grantees in order to build their capacity to meet the requirements of Title II of the Child Abuse Prevention and Treatment Act (CAPTA) as amended in 2010. CHTOP provides specialized training and assistance in:

- Designing and conducting needs assessments and strategic planning
- Program Planning and Implementation
- Program self assessment and Continuous Quality Improvement
- Outcome Accountability and Evaluation
- CBCAP applications and annual program performance reports
- Outreach to diverse populations

Child Welfare League of America (CWLA) will assist CBCAP Leads in building effective working relationships with the State Child Welfare Agencies with the goal of strengthening overall state efforts to enhance the capacity of families to provide for their children's needs. CWLA's assistance to states includes:

- On-site training and technical assistance opportunities for CBCAP SLAs, grantees and collaborators
- This training and technical assistance is for states wanting to learn more about having effective collaborations with their child welfare counterparts to improve outcomes for children and families around such aspects as the CFSP 5 Year plan and the APSR; working with diverse populations; cultural competence; and organizational and programmatic sustainability.
- This training and technical assistance is custom designed for the state and the target audience. Training and TA can be arranged for through your FRIENDS TA Coordinator.

Circle of Parents-National Training Team for the Parent Leadership Ambassador Training (PLAT) Program is committed to providing T/TA assistance to CBCAP Lead Agencies to enhance their understanding of the benefits and challenges of including parent leaders in child abuse prevention programs and policy development. State specific training on the ability to engage parents as participants and leaders in the design, implementation and evaluation of program initiatives, including parent leaders in the PIPs, CFSR's and the Child and Family Services Plan (CFSP) processes and parent leadership development for statewide and community-based child abuse prevention programs.

Additional training opportunities include:

- On-Site TA Visits: Circle of Parents, as a resource partner for FRIENDS, provides up to 5 on site visits regarding parent leadership to State Lead Agencies and their grantees, partners and parents per year.
- **TA Webinars/Teleconference Calls:** Technical assistance webinars or teleconference calls are scheduled 4 times per year on topics deemed to be of common interest among CBCAP state lead agencies and the programs, partners and parents they collaborate with. They may also be requested by individual State Lead Agencies as a cost-saving alternative to an on-site visit; that is, when the state is unable to support the costs of bringing practitioners and parents to a central location in the state for on-site training.

**Independent Living Resources, Inc.** serves as the external evaluator for the FRIENDS National Resource Center and will be conducting needs assessments for the project. ILR, Inc. staff will also be available to provide T/TA on program self assessment, evaluation, and needs assessments.
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Resources

I. FRIENDS National Resource Center Web Site – resources related to CBCAP are available on the FRIENDS Website at www.friendsnrc.org.

1) *Homeless Families and Homelessness*

   National Alliance to End Homelessness (NAEH): [www.endhomelessness.org](http://www.endhomelessness.org)
   The National Alliance analyzes policy and develops pragmatic, cost-effective policy solutions.

   National Center for Homeless Education (NCHE): [www.serve.org/nche](http://www.serve.org/nche)
   The Center provides research, resources, and information enabling communities to address the educational needs of children and youth experiencing homelessness.

   National Resource Center on Homelessness and Mental Illness: [www.nrchmi.samhsa.gov](http://www.nrchmi.samhsa.gov)
   The National Resource Center on Homelessness and Mental Illness is the only national center specifically focused on the effective organization and delivery of services for people who are homeless and have serious mental illnesses.

2) *Unaccompanied Homeless Youth*

   This Toolkit was developed by and for advocates in the runaway and homeless youth (RHY) and domestic and sexual assault (DV/SA) fields to help programs better address relationship violence with runaway and homeless youth. The Toolkit organizes information, resources, tips and tools drawn from the lessons.

   Runaway and Homeless Youth Training and Technical Assistance Centers: [http://www.rhyttac.ou.edu/](http://www.rhyttac.ou.edu/)
   The Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) serves a centralized national resource for FYSB funded Runaway and Homeless Youth grantees.

   Helping Americas Youth: [www.helpingamericasyouth.gov](http://www.helpingamericasyouth.gov)
   Helping America’s Youth is a nationwide effort to raise awareness about the challenges facing our youth, particularly at-risk boys, and to motivate caring adults to connect with youth in three key areas: family, school, and community.

   National Network for Youth (NN4Y) – [www.nn4youth.org](http://www.nn4youth.org) The National Network for Youth is a membership organization that provides advocacy, innovation and services.

3) *Substance Abuse*

   The National Center on Substance Abuse and Child Welfare (NCSACW) is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children’s Bureau’s Office on Child Abuse and Neglect (OCAN). Their mission is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State and tribal agencies.
Promising Practices Toolkit: Working With Drug Endangered Children and Their Families: 

This toolkit is a compilation of many of those practices for use separated into three categories:

- increasing DEC awareness (Awareness),
- fostering community collaboration (Collaboration) and
- creating a more effective response (Response). The intent of this toolkit is to provide guidance and resources to professionals in identifying, responding to, and serving drug endangered children.


The Substance Abuse and Mental Health Services Administration’s (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA has identified 8 Strategic Initiatives to focus the Agency’s work on improving lives and capitalizing on emerging opportunities.

**CSAP (Center for Substance Abuse Prevention): [www.samhsa.gov/about/csap](http://www.samhsa.gov/about/csap)**

CSAP provides national leadership in the effort to prevent alcohol, tobacco, and other drug problems.

**Children and Family Futures (CFF): [www.cffutures.org](http://www.cffutures.org)**

Children and Family Futures (CFF) is staffed by experts with specialized knowledge on improving collaborative practice and policy among the substance abuse, child welfare, Tribal child welfare and family judicial systems. Children and Family Futures staff members are available to address Federal, State, Tribal and local governments’ technical assistance needs and provide materials and other resources.

**4) Domestic Violence-**

**Family Violence Prevention and Services Program (FVPSP)**

Contact: Shawndell Dawson, Family and Youth Services Bureau  
Phone: (202) 205-1476 or Email: Shawndell.Dawson@acf.hhs.gov

The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children. The Family and Youth Services Bureau administers FVPSA formula grants to States, Territories, and Tribes, state domestic violence coalitions, and national and special-issue resource centers.

- Battered Women’s Justice Project: Criminal and Civil Justice Center – [www.bwjp.org](http://www.bwjp.org)
- Asian and Pacific Islander Institute on Domestic Violence – [www.apiahf.org/apidvinstitute](http://www.apiahf.org/apidvinstitute)
- Institute on Domestic Violence in the African American Community – [www.dvinstitute.org](http://www.dvinstitute.org)
- National Latina Network for Healthy Families and Communities - Casa de Esperanza [www.casadeesperanza.org](http://www.casadeesperanza.org)

**Futures Without Violence:** [http://www.futureswithoutviolence.org/](http://www.futureswithoutviolence.org/)

Futures Without Violence, formerly Family Violence Prevention Fund, works to prevent and end violence against women and children around the world. From domestic and dating violence, to child abuse and sexual assault, Futures Without Violence works to end some of the most pressing global issues of our time.

**National Coalition Against Domestic Violence:** [www.ncadv.org](http://www.ncadv.org)

Phone: (303) 839-1852 or TTY: (303) 839-1681

The Mission of the National Coalition Against Domestic Violence (NCADV) is to organize for collective power by advancing transformative work, thinking and leadership of communities and individuals working to end the violence in our lives.
National Resource Center on Domestic Violence

Pennsylvania Coalition Against Domestic Violence
www.pcdv.org ; www.nrcdv.org ; www.vanet.org

The National Resource Center on Domestic Violence (NRCDV) has been a comprehensive source of information for those wanting to educate themselves and help others on the many issues related to domestic violence.

National Council on Child Abuse and Family Violence: www.nccafv.org

NCCAFV provides prevention services by bringing together community and national stakeholders, volunteers and professionals to prevent intergenerational family violence: child abuse and neglect, spouse/partner abuse, and elder abuse and neglect.

The United State Dept. of Justice Office on Violence Against Women:
http://www.ovw.usdoj.gov/domviolence.html
http://www.ovw.usdoj.gov/tribal.html

The mission of the Office on Violence Against Women (OVW), a component of the U.S. Department of Justice, is to provide federal leadership in developing the nation’s capacity to reduce violence against women and administer justice for and strengthen services to victims of domestic violence, dating violence, sexual assault, and stalking.

II. Collaboration and Linkages - Below is a listing of the National Prevention Partners and Other Federal Programs. It provides you with information on how to link with these organizations and other Statewide Initiatives to build your state prevention partnerships and collaborations.

1) National Prevention Partners -

• Strengthening Families Initiative - www.strengtheningfamilies.net

• National Alliance of Children’s Trust and Prevention Funds – The Alliance is comprised of state children’s trust and prevention funds and individuals who are committed to preventing child abuse and neglect. www.ctfalliance.org

• Parents Anonymous – ensures meaningful Shared Leadership® that results in better outcomes for families and communities by advocating, implementing and evaluating across systems through evidence-based Parents Anonymous® Groups, National Parent Helpline®, Shared Leadership® in Action and National Certification of Parent Leaders and Staff. www.parentsanonymous.org

• Prevent Child Abuse America’s (PCAA) Chapters - a Network of Statewide Chapters www.preventchildabuse.org/chapters/index.cfm

• ARCH National Respite Network and Resource Center - Assists and promotes the development of quality respite and crisis care programs; to help families locate respite and crisis care services in their communities; and to serve as a strong voice for respite in all forums. It includes the National Respite Locator, a service to help caregivers and professionals locate respite services in their community, the
National Respite Coalition, a service that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels, and the Center for Lifespan Respite T/TA, which is funded by the Administration on Aging (AoA) in the US Department of Health and Human Services. [www.archrespite.org](http://www.archrespite.org/)

- **Child Welfare Information Gateway (CWIG)** - connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families. We feature the latest on topics from prevention to permanency, including child abuse and neglect, foster care, and adoption. [http://www.childwelfare.gov/](http://www.childwelfare.gov/)

2) **Federal Programs** – This is a list of programs for potential coordination and collaboration with CBCAP.

- National Data Archives on Child Abuse and Neglect (NCANDS) Data - [http://www.ndacan.cornell.edu/NDACAN/AboutNDACAN.html](http://www.ndacan.cornell.edu/NDACAN/AboutNDACAN.html)
- Project LAUNCH Grantees - [http://projectlaunch.promoteprevent.org/contacts-for-grantees](http://projectlaunch.promoteprevent.org/contacts-for-grantees)

III. **Trainings and Downloads** - Trainings and downloads are available on the FRIENDS website that address specific CBCAP topics at [http://www.friendsnrc.org/training-and-downloads](http://www.friendsnrc.org/training-and-downloads)

1. **Publications/Fact Sheets**

   Alternative Response Systems
   Board Development
   Child/Family Service Reviews
   Collaboration
   Cultural Competence
   Evidence-Based and Informed Practices
   Fatherhood
   Home Visitation
   Maximizing Resources
   Network Building
   Outcome Accountability and Evaluation
   Parent Leadership/Support
   Peer Review Public Awareness
   Respite and Crisis Care

   These can be accessed at: [http://www.friendsnrc.org/print-materials](http://www.friendsnrc.org/print-materials).
2. Archived Teleconference Calls/Webinars

Since 2006 FRIENDS National Resource Center has recorded relevant teleconference and webinar offerings and they are here for free download or listening. http://www.friendsnrc.org/teleconference-and-webinar-archive

3. CBCAP Annual Meeting News and Archives

The CBCAP State Lead is required to attend an annual grantees meeting. The agenda and materials are available on the FRIENDS web site at the following link.
http://www.friendsnrc.org/cbcap-annual-meeting-news-and-archive

Evaluation Tool Kit- The Evaluation Toolkit was developed to help program managers, administrators and interested others develop and implement evaluation processes that will be useful in day-to-day practice, and to help provide evidence that their programs make meaningful differences to children and families. The Toolkit is meant to be a resource for developing an individualized evaluation plan from the ground up. The toolkit is divided into four linked components. They are: Building Your Evaluation Plan, Logic Model Builder, Outcomes and Indicators, and Annotated Measurement Tools. http://www.friendsnrc.org/outcome-accountability

1) Building your evaluation plan - http://www.friendsnrc.org/evaluation-toolkit/evaluation-planning/outcome-accountability-process

2) Logic Model Builder -This component of the tool-kit was developed in collaboration with the Child Welfare Information Gateway. It guides users as they create their own logic model. Users select outcomes and indicators from the menu, which are exported to a template for their own logic model. The user can modify the outcomes and indicators to more accurately reflect the user’s intent and format. To access the logic model builder go to: http://www.friendsnrc.org/evaluation-toolkit/logic-model-builder


Qualitative Data - Using Qualitative Data in Program Evaluation: Telling the Story of a Prevention Program is a guide developed as a resource for program administrators, managers, direct service practitioners and others as they expand and enhance current and future evaluation efforts by understanding and using qualitative methods. http://www.friendsnrc.org/using-qualitative-in-program-evaluation

Protective Factors Survey - The PFS is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services. It is a self-administered survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. http://www.friendsnrc.org/protective-factors-survey

On-line Learning Center- The FRIENDS Online Learning Center is a resource designed to meet the demands of providing high quality, subject specific training in a cost effective manner for CBCAP State Lead Agencies and their grantees. The Online Learning Center is designed to offer accessible continuing education and
professional development opportunities that are available 24 hours a day, 7 days a week. The topics available are:

- Logic Models
- Data Management
- Continuous Quality Improvement
- Protective Factors
- Maximizing Financial Resources
- Parent Leadership and Engagement

The FRIENDS Online Learning Center is available to the prevention community by using the link to access the on-line learning center [http://friendsnrc.org/online-learning-center](http://friendsnrc.org/online-learning-center)

**CBCAP State Report Summaries**- provides information on each state’s accomplishments [http://www.friendsnrc.org/cbcap-annual-report-summaries](http://www.friendsnrc.org/cbcap-annual-report-summaries)

**State Resources**- State CBCAP Leads have their own page to post RFP/RFAs, Prevention Plans, Summaries and Applications and Reports. [http://www.friendsnrc.org/state-resources](http://www.friendsnrc.org/state-resources)

**State Lead Agency Contact List**- provides contact information on the designated lead agency in each State. [http://www.friendsnrc.org/state-lead-agency-contacts](http://www.friendsnrc.org/state-lead-agency-contacts)

**FRIENDS Listserv**- FRIENDS National Resource Center maintains a list serv for the CBCAP community as a whole. We provide useful information to the field and timely updates on funding and other events. To sign up for the list serve, [http://www.friendsnrc.org/list-serve](http://www.friendsnrc.org/list-serve)
THE 'S OF PARENT LEADERSHIP

On-site training/technical assistance opportunities for CBCAP networks, programs, parents, and their collaborators. Presented by The FRIENDS National Resource Center, these trainings are offered to states wanting to learn more about involving and sustaining parents in leadership roles for program and policy development. Each training is custom designed for the site and the target audience. CBCAP State Leads can arrange for the training with their FRIENDS TA Coordinator. A variety of topics are available, including:

Parent Leadership 101: Getting Started and Sustaining Parent Leadership:

Identifying, recruiting, engaging, and retaining parent leaders

Obstacles to engaging parents and creative solutions

Including parent leaders on advisory committees, peer review teams, grant review Panels, board of directors, etc. – what does this look like and How do you do it?

Funding for supporting parent leader involvement

Advanced parent leadership- Now that we’ve engaged them and involved them, what’s next?

Just for Parents:

Helping parents work in partnership with practitioners

Training for parents to strengthen leadership skills

Just for Practitioners:

Helping Practitioners work in partnership with parents

The Philosophy of Parent Leadership:

Evidence for the effectiveness of parent involvement

The value of parent leaders to programs

The value of parent leaders to designing and implementing evaluations

Many States have already taken advantage of this on-site training, here’s what they have to say:

- This training was powerful and will serve as a catalyst for me within my agency & our work with families.
- Very insightful; provided tools to engage families/parents in community resources, great subject matter; all of my expectations were met.
- Well organized and enlightening training
- Great information and knowledge. Thanks for the life experience examples.
- This will be a great resource/tool in order to get our Parent Leadership component to our program going. Thank you very much!
- I have enjoyed! Looking forward to being a parent leader!

Many more topics are available, and trainers will design the visit to meet your specific needs.

For more information, contact
Kristen Rector, Circle of Parents, at 615-383-0994, or Kristen.Rector@pcat.org

FRIENDS is a service of the Children’s Bureau and a member of the T/TA Network