

## GUIDELINES FOR CBCAP LEAD AGENCIES ON EVIDENCE-BASED & EVIDENCE INFORMED PROGRAMS AND PRACTICES

In 2004, the Community Based Child Abuse Prevention (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 (National Resource Center for CBCAP) 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.

CBCAP Approved OMB Measures	Definition	Annual Target	Baseline
Outcome	<b><i>To reduce the rate of first time victims of child maltreatment per 1,000 children.<sup>1</sup></i></b>	0.20 annual reduction from previous FY	FY2003 = 7.08 FY2004 = 7.12 FY2005 = 7.25
Efficiency	<b><i>To increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.</i></b>	3 percentage points increase over previous FY	FY2006 = 27%

Currently, there is widespread acceptance among many social science fields that the use of Evidence-Based Practices (EBP) or Evidence-Informed Practices (EIP) 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 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.

Over time, this will increase the number of effective programs and practices that are implemented and promote the more efficient use of CBCAP funding by investing in programs and practices with evidence that produce positive outcomes for children and families. Thus, our efficiency measure captures the current challenges of the *field* and the direction towards increasing the number of appropriate evidence-based and

---

<sup>1</sup> 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).

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.

### **CBCAP Definitions:**

*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.<sup>2</sup>*

---

<sup>2</sup> These definitions were adapted from current definitions developed by the Institute of Medicine and the American Psychological Association.

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.

### **Emerging Programs and Practices**

#### PROGRAMMATIC CHARACTERISTICS

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

#### RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- Programs and practices may have been evaluated using less rigorous evaluation designs that have 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.

### **Program Examples**

*Parenteen Solutions*, Clark County Dept. of Family Services, Parenting Project  
*Parenting is a Gift of Love*, UMC Family to Family Connection Program

---

## **Promising Programs and Practices**

### PROGRAMMATIC CHARACTERISTICS

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

### RESEARCH & EVALUATION CHARACTERISTICS

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

### **Program Examples**

- *1-2-3 Magic: Effective Discipline for Children 2-12*
- *Nurturing Parenting Programs*
- *Parenting Wisely*
- *STEP: Systematic Training for Effective Parenting*
- *Becoming a Love and Logic Parent*

## **Supported Programs and Practices\***

### PROGRAMMATIC CHARACTERISTICS

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

### RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:
  - At least two rigorous randomized controlled trials (RCTs) (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

- 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 & EVALUATION CHARACTERISTICS

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCTs) 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.*

### Program Examples

- *The Incredible Years*
- *Triple P – Positive Parenting Program*

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 & 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.

**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.**