GUIDELINES FOR CBCAP LEAD AGENCIES ON EVIDENCE-BASED AND EVIDENCE INFORMED PROGRAMS AND PRACTICES: *LEARNING ALONG THE WAY*

(REVISED 11/13/07)

ACKNOWLEDGEMENTS

This initiative would not be possible without the significant input, feedback, and support from the CBCAP & PART Outcomes Workgroup and the FRIENDS National Resource Center. Over the last year, we have learned a great deal from trying to implement the Guidelines that were released last year. This revised document incorporates 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.

We greatly appreciate the contributions of all the members of CBCAP & Outcomes Workgroup especially: Donna Norris (and others) (TX); Maria Gehl & Joan Sharp (WA); Jackie Counts and Jim Redmon (KS); Nancie Brown (IL); Annette Jacoby (and others) OK; Karen Carpenter & Katie Brandt (NH); Anna Shetka & Mark Wong (CA); Marina Chatoo, Sue Bell, & Michelle Hughes (NC); Madhuri Rodriguez (NJ); Toby Hyman (NV); Liz Kuhlman (UT); Sarah Davis (MI); Mary Anne Snyder, Teressa Pellet & Cailin O'Connor (WI); Renda Dione (Cahuilla Band of Indians, CA); Jan Clarkin (ME); Judy Richards (NY); Kinaya Sokoya (DC); and Ying-Ying Yuan (Walter R. MacDonald and Associates). We also thank all the other States that have provided input and feedback throughout the entire process.

Special appreciation goes to FRIENDS staff and their partners for all their support: Linda Baker, Casandra Firman, Alicia Luckie, Edi Winkle, Ray Kirk (FRIENDS Staff); and Karen Blase, Sandra Naoom, Melissa Van Dyke (National Implementation Research Network). Finally, we want to offer a special thanks to Corrine Graffunder, Janet Saul, Sandra Alexander, and Rich Puddy from the Centers for Disease Control and Prevention for their partnership with the Children's Bureau and their willingness to share the work from their BECAUSE Kids Count! Joint Priority Initiative for this document.

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. For updates regarding this effort, please visit the FRIENDS National Resource Website at:
http://www.friendsnrc.org/CBCAP/PART/efficiencymeasure.htm

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This document provides information regarding the background, vision and guidelines for the reporting requirements 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

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.

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

[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

The Children's Bureau has been working with the CBCAP and PART Outcomes Workgroup and FRIENDS on a number of related efforts to assist in working towards these long-term outcomes.

For more information about the OMB PART process, visit:
http://www.whitehouse.gov/omb/part/

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 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."**[2] Child abuse prevention programs need more rigorous research to demonstrative 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.

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:

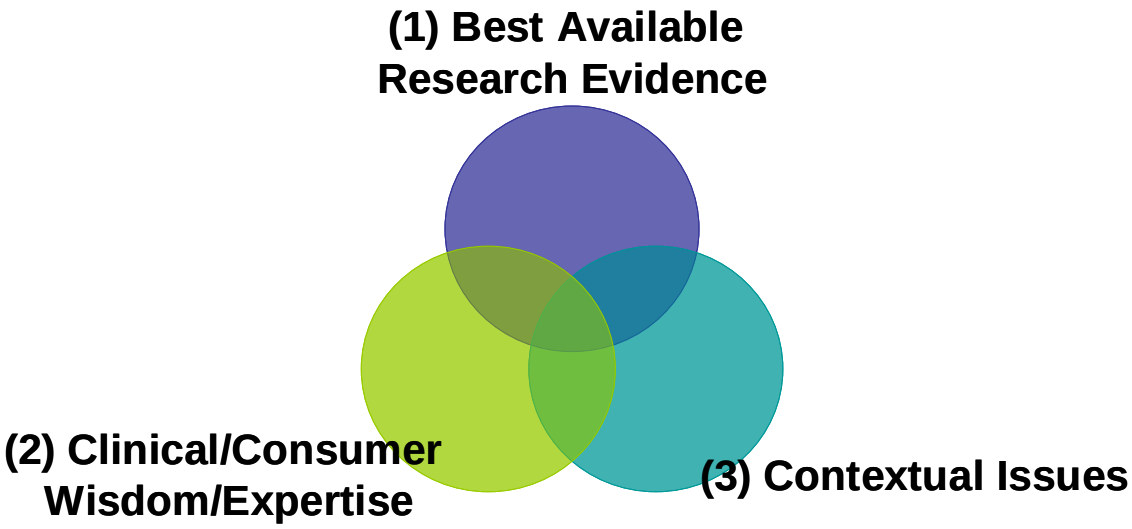
Evidence-based programs and practices (EBP) is the INTEGRATION of the best available research with child abuse prevention program expertise within the context of the child, family and community characteristics, culture and preferences.

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[3].

[2] Rust, G. & Cooper, L. (2007). How Can Practice-based Research Contribute to the Elimination of Health Disparities? *The Journal of the American Board of Family Medicine* 20 (2): 105-114

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

Framework for Thinking About Evidence[4]



Additional terms defined[5]:
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.

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."

[4] This Draft of a Framework for Thinking About Evidence is in the process of being developed by CDC's BECAUSE Kids Count! Joint Priority initiative.
[5] Definitions adapted from material developed by the National Implementation Research Network.

VI. THE CONTINUUM OF EVIDENCE FOR EBP/ EIP

We conceptualize these definitions along a continuum of specific categories of evidence-based and evidence-informed programs and practices based on the overall weight of the available evidence[6].

DRAFT

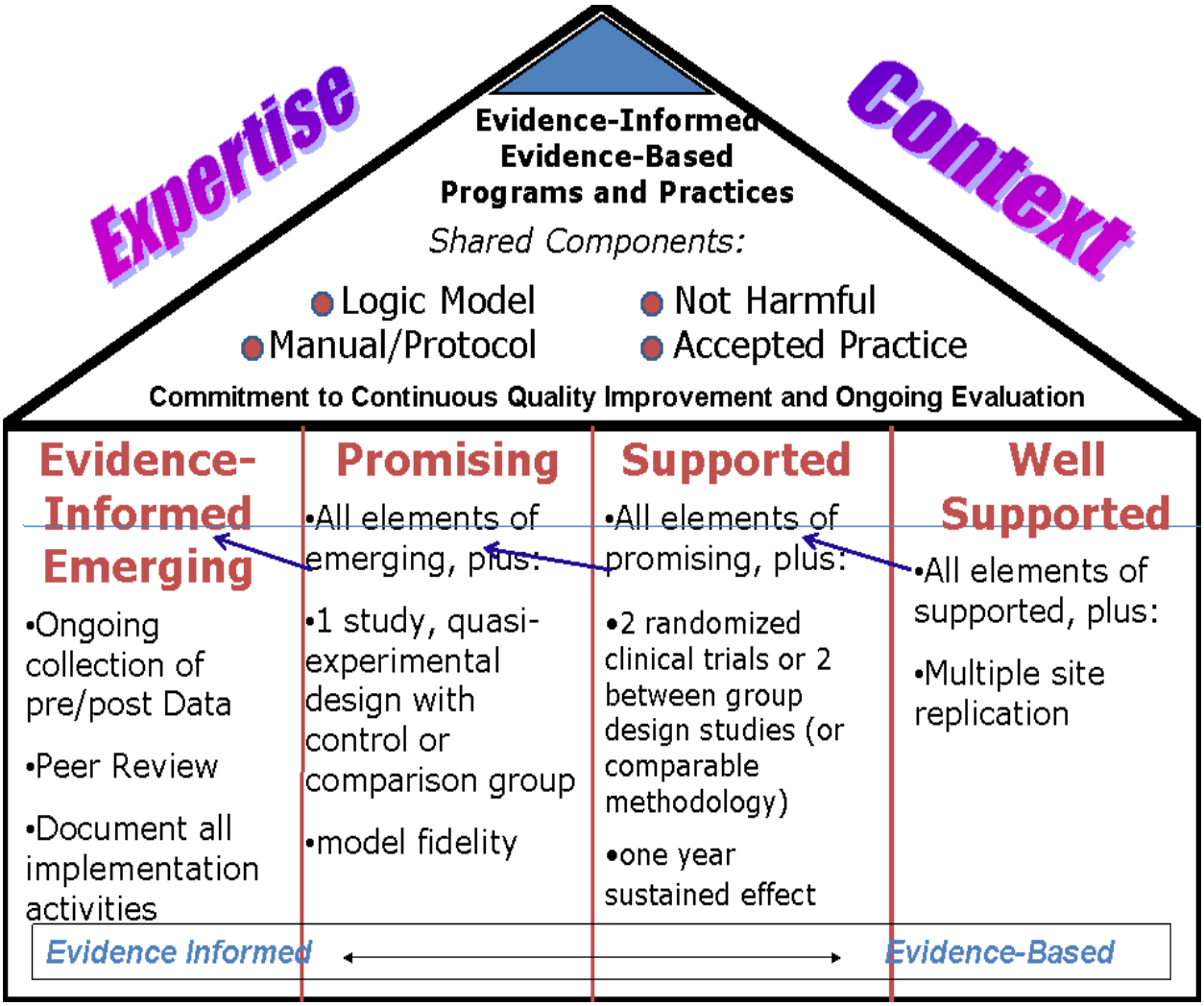
A Continuum of Evidence of Effectiveness							
	Well Supported	**Supported**	**Promising**	**Emerging / Evidence Informed**	**Undetermined**	**Unsupported / Fails to Demonstrate Effect**	**Concerning / Harmful**
Effect	Found to be effective	Found to be effective	Some evidence of effectiveness	Effect is in the expected direction	Effect is undetermined	Ineffective	Practice constitutes risk of harm
Internal Validity	True Experimental Design; 2 Studies; Some form of Control or multiple measurement points; Randomization	Quasi-Experimental Design; 2 Studies; Some form of Control or multiple measurement points; No Randomization	Non-Experimental Design; No comparison group; No multiple measurement points; No Randomization	Sound theory; Modifies known risk and protective factors	Has not been evaluated or does not lend itself to evaluation	Well conducted research does not support efficacy /effectiveness	Demonstrated negative effect
Type of Evidence/ Ways of Knowing	Randomized Control Trials (RCT); Systematic review (Meta-analysis)	(Matched wait list, Untreated group, Placebo group)	(Single case study; Pre/Post Design)	Scientific expert opinion	Observations, Needs assessment, Windshield survey	RCT, Matched wait List, Untreated or Placebo group	RCT, Matched wait List, Untreated or Placebo group
Independent Replication	Program Replication with Evaluation Replication	Program Replication with Evaluation Replication	Program Replication without Evaluation Replication	Possible Replication without Evaluation Replication	Possible Program Replication without Evaluation Replication	Program Replication with Evaluation Replication	Possible Program Replication with Evaluation Replication
Manual	Manual, book, writings	Manual, book, writings	Manual, book, writings	No manual, book, writing	Not Relevant	Manual, book, writings	Some manual, book, writings

[6] This Draft of A Continuum of Evidence of Effectiveness is in the process of being developed by CDC's BECAUSE Kids Count! Joint Priority initiative.

The Continuum of Evidence of Effectiveness chart includes three additional categories which reflect programs that either fails to demonstrate positive effects, undetermined, or have evidence of harmful effects.

An analogy that helps to bring these concepts together is the "House of Evidence-informed and Evidence-based programs and practices"[7]:

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.



[7] 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.

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[8].

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.

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

[8] 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 & 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 & 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 (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 & 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[9]

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.[10] 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.

[9] This section is adapted from SAMHSA's Services Grant Announcement general template.
[10] The CBCAP Discussion Tree for selecting EBP/EIPs is currently being developed and tested by FRIENDS.

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:[11]

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.
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 is currently working on a number of related resources and tools (i.e. Discussion Tool and Cross-Walk & Program Classification Matrix) to help with this process and will be available soon.

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 a number of resources available in the Attachments F and G 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,

[11] Adapted from material developed by the National Implementation Research Network.

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.

For more information, see *Selecting and Identifying Evidence-Based Interventions* (2007) from the Substance Abuse Mental Health Services Administration:
http://download.ncadi.samhsa.gov/csap/spfsig/Final_SPFGuidance_Jan04_2007.pdf

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 the OMB PART Efficiency measure.
- 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

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

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 due on December 31st of each year.

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 Melissa Lim Brodowski at Melissa.brodowski@acf.hhs.gov or the FRIENDS National Resource Center for technical assistance.

Attachment A:

CBCAP Efficiency Measure Glossary[12]

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

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

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

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

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

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

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

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

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

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

[12] This Glossary was developed by staff with the Administration for Children and Families, Office of Planning, Research and Evaluation for this Guidelines document.

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

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

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

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

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

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

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

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

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

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

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

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

- **Posttest:** A test or measurement taken after services or activities have ended. It is compared with the results of a pretest to show change in outcomes during the time period in which the services or activities occurred.

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

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

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

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

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

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

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

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

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

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

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

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

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

References:

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

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

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

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

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

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

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

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

Attachment B:
Sample data collection forms
(attached as separate documents)

Attachment C:
Sample EBP EIP Checklists
(attached as separate documents)

Attachment D:
Proposed CBCAP Infrastructure Costs to Support EBP/EIPs[13]

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.[14] 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.

[13] This document was developed by the Infrastructure Costs Ad-hoc Subcommittee of the CBCAP and PART Outcomes Workgroup.
[14] 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.

Option 1: One overall infrastructure cost across all EBP/EIPs funded

State A	Emerging/ Evidence-informed	Promising	Supported	Well Supported	Total CBCAP funding
Program funding	$75,000	$75,000	$25,000	$25,000	$200,000
Infrastructure costs	$10,000	$10,000	$10,000	$10,000	$40,000
TOTAL supporting the EIP/EBP to report for OMB PART	$85,000	$85,000	$35,000	$35,000	$240,000

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	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.

Appendix E: Crosswalk of National Registries of Effectiveness[15]

DRAFT	Well Supported	Supported	Promising	Emerging / Evidence Informed	Undetermined	Unsupported / Fails to Demonstrate Effect	Concerning / Harmful
Community-Based Child Abuse Prevention (CBCAP)	L 4 – Well Supported - Effective	L 3 – Supported - Efficacious	L 2 – Promising Programs and Practices L1 - Emerging and Evidence Informed		L 0 - Unknown		
Kauffman Best Practices Project	L 1 – Well-Supported Effective Practice	L 2 – Supported and probably efficacious treatment L 3 – Supported and acceptable treatment	L 4 – Promising and acceptable treatment L 5 – Innovative and novel				6. Experimental or concerning treatment
Handbook of Injury and Violence Prevention	Rating 5 - Effective		Rating 4 - Promising		Rating 3 – Insufficient Evidence	Rating 2 – Not Effective	Rating 1 – Harmful
Guide to Community Preventive Services	5 – Strong	4 – Sufficient		3 – Insufficient Empirical Information Supplemented by Expert Opinion	2 – Insufficient	1 – Sufficient or Strong Evidence of Ineffectiveness or Harm	1 – Sufficient or Strong Evidence of Ineffectiveness or Harm
California Evidence-Based Clearinghouse	L 1 – Well-Supported Effective Practice	L 2 – Supported – Efficacious Practice	L3 – Promising Practice		L 4 – Acceptable / Emerging Practice – Effectiveness is Unknown	L 5 – Evidence Fails to Demonstrate Effect	L 6 – Concerning Practice
Blueprints for Violence Prevention	Model		Promising				

[15] This Draft of a Crosswalk of National Registries of Effectiveness is in the process of being developed by CDC's BECAUSE Kids Count! Joint Priority initiative.

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

California
California Clearinghouse on Evidence-Based Practice in Child Welfare
http://www.cachildwelfareclearinghouse.org/

New Jersey
Standards for Prevention Programs
http://www.preventchildabusenj.org/documents/index/Standards%20for%20Prevention.pdf

North Carolina
New Directions for North Carolina: A Report of the North Carolina Institute of Medicine Task Force on Child Abuse Prevention
http://www.preventchildabusenc.org/taskforce/report

Washington
List of programs available

Other States?

Add NIRN Crosswalk of child abuse prevention programs from 5 national registries when available.

Attachment G:
Selected Websites with listings of Evidence-Based Programs and Practices
Annotated List

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

Child Welfare Information Gateway – Preventing Child Abuse and Neglect
"Improving Practices" section of the website (www.childwelfare.gov/systemwide/service/improving_practices/) Provides information on:

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

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

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

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

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

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide
The Guide is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers the first and only database of scientifically-proven programs across the spectrum of youth services.
http://www.dsgonline.com/mpg2.5/mpg_index.htm

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

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

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

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

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

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

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

The International Campbell Collaboration

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

Attachment G:
Selected resources on evidence-based programs

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

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

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

Selecting and Identifying Evidence-Based Interventions
This was developed by the Substance Abuse Mental Health Services Administration as a guidance document for their State Incentive Grant Program but the concepts are still relevant for child maltreatment prevention.
http://download.ncadi.samhsa.gov/csap/spfsig/Final_SPFGuidance_Jan04_2007.pdf

Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide
This Guide seeks to provide educational practitioners with user-friendly tools to distinguish practices supported by rigorous evidence from those that are not
http://www.ed.gov/rschstat/research/pubs/rigorousevid/index.html

Benefits and Costs of Early Intervention Programs for Children and Youth
Does prevention pay? Can an ounce of prevention avoid (at least) an ounce of cure? More specifically for public policy purposes, is there credible scientific evidence that for each dollar a legislature spends on "research-based" prevention or early intervention programs for youth, more than a dollar's worth of benefits will be generated? If so, what are the policy options that offer taxpayers the best return on their dollar? These are among the ambitious questions the 2003

Washington State Legislature assigned the Washington State Institute for Public Policy. This report describes findings from this study and provides an overview of how the analysis was conducted.
http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901

Report of the 2005 Presidential Task for on Evidence-Based Practice, American Psychological Association
http://www.apa.org/practice/ebpreport.pdf

Final Report of the President's New Freedom Commission on Mental Health
The President directed the Commission to identify policies that could be implemented by Federal, State and local governments to maximize the utility of existing resources, improve coordination of treatments and services, and promote successful community integration for adults with a serious mental illness and children with a serious emotional disturbance.
http://www.mentalhealthcommission.gov