

Integrating Evidence-Based Practices into CBCAP Programs: A Tool for Critical Discussions



FRIENDS National Resource Center
for Community-Based Child Abuse Prevention



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Acknowledgements

FRIENDS would like to acknowledge the invaluable input of the Community-Based Child Abuse Prevention (CBCAP) community, and of the CBCAP research community, in the development of this resource. Specifically, the support and input from Linda Baker, Casandra Firman, Melissa Lim Brodowski, Sandra Naoom, Jackie Counts, Melissa Van Dyke, and Karen Blasé made significant contributions to this work. The document has been reviewed by many CBCAP State Leads and national organizations and has been presented at meetings, webinars, and conferences. We appreciate all those who asked questions, challenged our thinking, and contributed ideas and suggestions. In addition, the graphic talents of Yvette Layden translated this tool from spreadsheet to reality.

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Introduction

Integrating Evidence-Based Practices into CBCAP Programs: A Tool for Critical Discussions (Discussion Tool) is a training and technical assistance resource developed by FRIENDS National Resource Center for CBCAP (FRIENDS) with the help of state and national partners. This Discussion Tool has been designed to promote conversations and careful thought around the selection, implementation, and evaluation of child abuse and neglect prevention programs, services, and activities. This process is intended to help programs move toward evidence-informed and evidence-based programming to better support and serve families in their communities.

Background

The CBCAP effort to promote the adoption and use of evidence-based and evidence-informed programs and practices has generated a significant need for more discussion, clearer definitions, and practical resources to support efforts by State Lead Agencies in this area. To advance the successful implementation of evidence-based and evidence-informed practices, FRIENDS has been working in concert with state and national partners to fill the gaps in available resources. The Discussion Tool is designed to guide agencies through a thoughtful process for selecting and implementing an evidence-based program or developing an evidence-informed program. It is meant to be a guide, used alongside consultation and technical assistance, to build program development, implementation, and evaluation capacity. The most important word is **discussion**. Our hope is that the tool becomes a catalyst for learning in community-based agencies, State Lead Agencies, CBCAP programs, and the prevention field.

This resource was created to support the goals of the CBCAP evidence-based and evidence-informed programs and practices initiative. These goals are to

1. Promote efficient use of CBCAP funding by *investing in programs and practices with evidence of positive outcomes*;
2. Promote *critical thinking and analysis* across the CBCAP Lead Agencies and their funded programs;
3. Foster a *culture of continuous quality improvement* by promoting ongoing evaluation and quality assurance activities.

For more information on the initiative and its ties to the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) process and the related efficiency measure, please visit www.friendsnrc.org/cbcap/part/index.htm.

The Discussion Tool is designed to assist State Lead Agencies in their work with funded community-based programs. Specific tasks that can be supported through the use of the Discussion Tool include:

- Assisting grantees in making an informed shift toward implementing appropriate evidence-based and evidence-informed programs and practices in their communities, by discussing the intended interventions, what resources are available, the intended service population, the expected outcomes, and so on;
- Assisting grantees in documenting the rationale for, and impact of, adaptations they wish to implement to existing evidence-based programs;
- Educating the community about evidence-informed and evidenced-based programs and practices for child abuse and neglect prevention;
- Educating the community about benefits, challenges, and factors that must be considered when attempting to implement these types of programs and practices;
- Promoting the use of data, research, and relevant practice and contextual information to guide program planning and funding decisions in the state;
- Providing technical assistance to grantees and to community-based prevention program administrators, practitioners, and consumers on how to make more informed decisions about effectively allocating state resources;
- Assisting local programs in developing evaluation and implementation plans to ensure continuous quality improvement and effective service delivery.

FRIENDS is acutely aware of the challenges to implementing evidence-based and evidence-informed programs and practices. The role that CBCAP State Lead Agencies play with their funded programs is intricate. Many programs function in a broad array of settings, have varying levels of resources and capacity, and are at different stages of learning about implementing and evaluating evidence-based and evidence-informed programs and practices. With this in mind, State Lead Agencies can employ the Discussion Tool with programs at all levels to help them use existing strengths and understand their capacity to move forward. By using the Discussion Tool, State Lead Agencies also emphasize the need for programs to document, evaluate, and continually improve their efforts in offering services. This sharing of knowledge and healthy discussion will help states provide a higher quality of service for the limited dollars they provide.

Final Thoughts

One final, critical element of quality evidence-based and evidence-informed programs and practices is evaluation. To date, very few child abuse prevention programs have been rigorously evaluated, and few are able to demonstrate effectiveness through empirical evidence. There is significant need for more research and understanding regarding what works to prevent

child abuse and neglect. Program evaluation helps us begin to bridge that gap. Program evaluation is no longer just an option; it is a necessity. Using the Discussion Tool will encourage evaluation—both outcome and process—as a way to strengthen evidence and ensure that high-quality and effective programs are available to families. If a program can successfully complete all the tasks identified in the Discussion Tool, it will meet the overall goals of the CBCAP evidence-based and evidence-informed programs and practices initiative.

Perhaps the biggest challenge State Lead Agencies face is getting programs to embrace the process of learning that is stimulated by the Discussion Tool. Child abuse prevention is a relatively young and still rapidly growing field that requires broad discussion of ideas to move forward. This Discussion Tool is meant to stimulate learning, so we welcome feedback on all aspects.

Getting Started

As programs begin strengthening their practices through understanding the research base and applying innovation, evaluation, and continuous quality improvement in practical ways, they must take careful steps to ensure their journey is down the best path for their communities and available resources. In developing the Discussion Tool, FRIENDS identified steps to help programs begin this journey. Programs should undertake a number of these steps prior to using the Discussion Tool. By completing these early steps, they can maximize the face-to-face time in using the Discussion Tool.

Initial Steps

The following steps define the work that programs should complete prior to using the Discussion Tool. Work in this phase may involve training or technical assistance sessions but should be completed prior to initiating a technical assistance session on the Discussion Tool. In addition to the Discussion Tool, FRIENDS has developed or identified resources in many of these areas to help programs complete this preparation. Those resources are outlined under each step.

Step 1 Programs (or their affiliates) have completed a needs assessment to identify community needs, anticipated target population, and desired outcomes.

- Conducting a needs assessment is one of the requirements of CBCAP. It is important to understand the intended target population and the desired outcomes, both of which are key to effectively selecting a path on the Discussion Tool.
 - Community Toolbox, University of Kansas
http://ctb.ku.edu/en/tablecontents/chapter_1003.htm
 - North Dakota Department of Public Instruction
<http://www.dpi.state.nd.us/grants/needs.pdf>

Step 2 Programs have conducted a literature review and identified the theory of change for their intended services. This means program staff have a clear understanding of the underlying program theory, they can articulate why they believe this program will produce the expected outcomes, and they can cite research that supports this belief.

- Completing a review of the literature can be daunting. Programs can look to registries to help identify existing evidence-based programs, but it is important to understand the research that was used to establish that a given program is “evidence-based.” Please refer to Appendix A for a more detailed list, but the following is a quick list to get started on this road.
 - FRIENDS Community-Based Child Abuse Prevention Evidence-Based Program and Practice Matrix

www.friendsnrc.org

- o Child Welfare Information Gateway
<http://www.childwelfare.gov>
- o California Evidence-Based Clearinghouse for Child Welfare
<http://www.cachildwelfareclearinghouse.org/>
- o NREPP SAMHSA's National Registry of Evidence-Based Programs and Practices
<http://www.nrepp.samhsa.gov/>
- o Wisconsin Clearinghouse for Prevention Resources
<http://wch.uhs.wisc.edu>
- Existing well-supported evidence-based programs and practices will have a large body of research to support their effectiveness. A thorough comprehension of the research will help agencies implement with fidelity and better understand the adaptation process and its implications. For agencies that have or are in the process of developing an evidence-informed practices, the theory of change (see Key Definitions, beginning on page 3) is fundamental to the success and sustainability of the program. State Lead Agencies should be aware that for some programs, technical assistance may be required to articulate the theory of change before the Discussion Tool can be used successfully.

Step 3 Programs have an understanding of basic components of effective practice, including the creation of a logic model, how to identify outcomes and indicators, and how to ensure continuous quality improvement.

- FRIENDS has developed many tools in this area. Programs should visit <http://www.friendsnrc.org/outcome/toolkit/index.htm> for a comprehensive resource on developing evaluation plans and logic models and on identifying outcomes and indicators. This resource also includes an online logic model builder and links to various fact sheets about different components of logic model composition.
- Programs can also visit the FRIENDS Online Learning Center to complete courses in building logic models, data management, Continuous Quality Improvement (CQI), and other topics. This resource is at <http://www.cequick.com/myeln/FRIENDS/default.asp>
- CQI is a process that requires ongoing evaluation of outcomes and their impact on practice. Two resources that may be helpful as states and programs examine their CQI practice are listed here.
 - o FRIENDS has developed a resource in self-assessment of Continuous Quality Improvement activities as a part of our peer review assessment tools. This self-assessment can be found <http://www.friendsnrc.org/download/peerguidelines.pdf>.
 - o National Child Welfare Resource Center for Organizational Improvement has developed a resource on using CQI to improve practice. This resource can be found at <http://muskie.usm.maine.edu/helpkids/telefiles/6.09.05.pdf>.

As you move forward in your technical assistance to programs using the Discussion Tool, the FRIENDS staff is available to work with State Lead Agencies to ensure that the process is properly supported. State Lead Agencies can contact their FRIENDS Technical Assistance Coordinator at http://www.friendsnrc.org/aboutus/ta_coord_list.htm.

Key Definitions

Throughout this document certain terms are referred to that may be new or used in new ways. These terms, as we have used them, are defined here for your reference. We recommend you familiarize yourself with these terms before you move forward down your path.

1. **Activities (sometimes referred to as outputs, services, objectives)** This is the portion of your logic model where you describe the services your consumers will receive. What are the activities provided that are directly linked to the outcomes that you wish to achieve?

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/services.htm>

2. **Adaptation** This is the implementation of an evidence-based program with some changes to its original format. The basic function of the activities stays the same, but the form may be different to respond to the needs of the population being served or to the community context. These changes do not impact the core components of the program and should still be monitored for fidelity.

3. **Assumptions (sometimes referred to as underlying theory, rationale)** The services you offer should be based on what is known to be effective. What assumptions are you making that suggest your services will bring about the desired outcomes, with the population you serve? The assumptions are the product of your research and demonstrate your knowledge of what has worked in the past for similar programs serving similar populations.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/services.htm>

4. **Continuous Quality Improvement (CQI)** Continuous Quality Improvement activities ensure that programs are systematically and intentionally increasing positive outcomes for the families they serve. It is an ongoing process that involves

- Collecting data
 - formally, through outcome and implementation evaluation activities, focus groups, needs assessments, self-assessment, peer review, and study of research findings
 - informally, through self-reflections and direct or indirect feedback from participants, staff, funders, and other stakeholders

- Reviewing and analyzing data
 - formally, in the course of staff supervision, full staff meetings, board meetings
 - informally, through daily discussions with staff and participants and self-assessment of job performance
 - Case record reviews and document reviews
 - Adjusting practices based on findings
 - formally, at the agency level by adopting new practices, programs, policies, and procedures based on findings
 - informally, by making personal adjustments to improve job performance
5. **Core Components (sometimes referred to as *key elements* or *active ingredients*)** These are the key services or activities of an evidence-based program that have been demonstrated or are believed, based on program theory, to lead to the identified program outcomes. These components must remain intact during any implementation of that program.
 6. **Evidence-Based Practices** These are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This could be findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are valid as well. There are different types of evidence-based practices; these include “supported” or “well-supported,” based on the strength of the research design.
 7. **Evidence-Based Programs** Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, have been validated by some form of documented scientific evidence. Different types of evidence-based programs include “supported” or “well-supported,” based on the strength of the research design.
 8. **Evidence-Informed Practices** Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature.
 9. **Fidelity** This means implementation of an evidence-based program faithful to the core components of the original model and implemented as it was intended.

10. **Fidelity Measures** These evaluation measures specifically monitor the faithfulness of implementation to the core components of the model. This measure allows programs to understand if outcomes are based on the model or are attributed to other, possibly unknown, factors.
11. **Implementation Plan** This plan serves as the template for a program manual and documents key program components and specifies activities, resources, staff training, and evaluation components, among other things.
12. **Indicators (sometimes referred to as performance objectives, performance targets, objectives)** Indicators answer the question: What is it that tells someone that an outcome has been achieved? Indicators are concrete, specific descriptions of what will be measured to judge a program's success. An indicator can include the number or percentage of participants projected to achieve the outcome.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/indicators.htm>
13. **Logic Model** A logic model is a map of the program. It is a simple, logical illustration of what the program does, why the program does it, and how observers will know if the program is successful. There is a wide variety of logic model formats, but most have the same key components. The elements of a logic model will become clearer as you go through the logic model building process. Although the process is laid out step by step, you will need to make sure that decisions made in later steps still match choices you made earlier in the process.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/index.htm>, the FRIENDS Logic Model Builder at <http://www.childwelfare.gov/preventing/developing/toolkit/>, or the FRIENDS Online Learning Center at <http://www.friendsnrc.org/resources/onlinelearn.htm>, which has an online course in logic models and other topics.
14. **Outcomes (sometimes referred to as goals, objectives)** If the program is successful in providing services, what changes will program participants experience? Generally, outcomes describe *who... will do... what* as a result of program services. Outcomes can be short-term, usually changes in attitude, beliefs, and knowledge; intermediate, which can be developing and practicing new skills; or long-term, including permanent changes at an individual level or changes that create an impact on larger social structures.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/outcomes.htm>

15. **Program Developer** The program developer is the originating source of an evidence-based program or practice model. This may be an individual or an institution. Before considering implementing an existing program, access to this individual or institution should be explored. Program developers have a highly varying degree of ability to help implement further replications of their model. Their availability for consultation, willingness to provide technical assistance or on-site training, and ability to answer questions regarding possible adaptations to their model should be known and considered when identifying a possible program for implementation.
16. **Resources (sometimes referred to as *inputs or investments*)** Resources detail what the program needs to provide services. Is it food for a parent education group? A curriculum? Does the staff need any specialized training? Will child care, transportation, or a meeting space need to be provided? Think of this as a budget justification.
17. **Target Population (sometimes referred to as *participants, consumers, audience*)** This is a description of the population the program serves or plans to serve. As specifically as possible, identify the people who will receive the services.

For more information go to <http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/target.htm>
18. **Theory of Change** A theory of change is an articulation of the steps or outcomes needed to bring about a given long-term goal. This set of steps is based on research and practice outcomes already proven and is often solidified through the logic model for a program. The concrete articulation of the theory of change through a logic model helps programs describe the types of services that will bring about the intended changes they seek.
19. **Vision (sometimes referred to as *long-term impact or a long-term goal*)** This is a brief statement about your hope for the future. What do you want for the families and community that you serve? A vision statement does not necessarily need to be measurable. Your program is not necessarily responsible for single-handedly achieving it. Rather, your program should *contribute* to its achievement.