

APPENDIX C

Evidence-based Programs Instructions

I. Summary

The Administration is committed to using taxpayer dollars effectively and efficiently. Central to that commitment is a culture where agencies constantly (1) ask and answer questions that help them find, implement, spread, and sustain effective programs and practices, (2) identify and fix or eliminate ineffective programs and practices, (3) test promising programs and practices to see if they are effective and can be replicated, and (4) find lower cost ways to achieve positive impacts.

As an agency, CNCS is making a commitment to supporting organizations that use evidence-based programs or establish that their program design has an evidence basis. Senior Corps is embracing this approach by considering funding programs that incorporate evidence-based programs into their programs at higher levels than they would qualify for otherwise. This higher level of funding may be provided in order to help organizations cover some of the costs associated with purchasing and running a packaged program.

The term “evidence-based program”, in general, means that a program is designed based on a specific set of assumptions or theory of change and undergoes scientific evaluation. The evaluation tests those assumptions, and the results establish a causal relationship between the service delivered and the expected outcome.

Programs may choose to replicate a proven model listed on a federal evidence repository (see table below under Registry/Clearinghouse/Report) or they may choose to create, test, and prove their own model using evaluations and data that form an evidence basis for their program. Evaluation designs must meet a level of rigor that is on par with requirements for program models listed in the federal repositories below.

Applicants that choose to replicate a program found in one of the clearinghouses may not be required to report on outcome measures using National Performance Measures for those work plans, particularly if selecting a health education program.

For the purposes of this Notice, “replicate” means that the essential components or key elements of the program are implemented as the program model describes, and adaptations to the program are relatively minor. For example, an applicant implementing a program using teachers to administer an intervention would not be considered replicating that program with fidelity if it replaces teachers with senior volunteers that are not teachers, because the program clearly relies on the specialized experience of teachers.

II. Applicant Instructions

In the “Other” section of the Narrative field, the applicant should provide the following:

- The name of the proposed evidence-based program and the name of the federal repository or clearinghouse on which it is listed
- A description of the proposed evidence-based program that details how the applicant plans to replicate it and maintain fidelity to the program model. The applicant should explain any planned modifications to the program design, the ways in which those modifications may impact results, and how changes made to the model will influence its ability to maintain its ranking

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corresponding to the requirements listed below (Table 1).

- A description of the context and population of the evaluations that support the evidence-based program and how the results of those evaluations are applicable to the applicant’s proposed geographic service area and target population

Applicants that are requesting an annual level of federal funding of up to \$500,000 must provide evidence that they are implementing an evidenced-based program with a moderate level or higher of evidence (or the equivalent terminology as listed below).

Applicants should fully describe how they meet or plan to meet the level of evidence required below, using results from studies and evaluations. In addition to the implementation of the program, reviewers will also consider the context and population of the studies supporting the evidence-based program, and how they align with the context and population of the applicant’s proposed replication.

Table 1. List of Federal Evidence-based Programs Registries/Clearinghouses/Reports

Agency	Registry/Clearinghouse /Report	Site	Requirements
Corporation for National and Community Service (CNCS)	Evidence Exchange	http://www.nationalservice.gov/impact-our-nation/research-and-reports/evidence-exchange	Program must be present on list
U.S. Department of Health and Human Services, Administration on Aging (ACL)	Aging and Disability Evidence-Based Programs and Practices	http://www.acl.gov/Programs/CPE/OPE/ADEPP.aspx	Program must be present on list
US Department of Education	What Works Clearinghouse	http://ies.ed.gov/ncee/wwc/	Program must be rated “Potentially Positive” (+) or “Positive” (++)
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMSA)	National Registry of Evidence Based Programs	http://www.nrepp.samhsa.gov	Program must be rated at least a 3 on an outcome related to the applicant’s target outcome
US Health and Human Services, Centers for Disease Control (CDC)	CDC Compendium of Effective Fall Interventions	http://www.cdc.gov/homeandrecationalsafety/Falls/compendium.html	Program must be present on list
US Health and Human Services, National Institutes of Health, National Cancer Institute (NIH/NCI)	Research-tested Intervention Programs (RTIPs)	http://rtips.cancer.gov/rtips/index.do	Program must be rated 4 or higher in Intervention Impact and Dissemination Capability
US Department of Justice, Office of Juvenile Justice and	Model Programs Guide	http://www.ojjdp.gov/mpg/	Program must be rated “Promising”

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Delinquency Prevention			
National Institute of Justice	CrimeSolutions.gov	http://www.crimesolutions.gov/	Program must be rated "Promising"
U.S. Department of Health and Human Services, Administration for Children and Families (ACF)	Strengthening Families Evidence Review	http://familyreview.acf.hhs.gov/	Program must be rated "Moderate"
US Department of Labor	Clearinghouse for Labor Evaluation and Research	http://clear.dol.gov/	Program must be rated "Moderate"
US Health and Human Services, US Centers for Medicare and Medicaid Services (CMS)	Report to Congress: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act	http://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf	Matter of Balance (MOB) and Chronic Disease Self-Management Program are listed as evidence-based program options, along with other programs listed in the ACL Registry/ Clearinghouse listed above