To: First Steps Board of Trustees
From: Jennifer McConnell, Chair, Program and Grants Committee
Date: August 11, 2017

RE: Evidence-Based Program Definition

The following recommendation, developed in consultation with the Executive Director Leadership Council, was presented by the Program and Grants Committee on June 16, 2017. Debate was subsequently adjourned until August 18, 2017.

COMMITTEE RECOMMENDATION:
Expand the Board's draft definition of evidence-based to include quasi-experimental research deigns. Doing so will limit this definition to comparative research designs, but not solely to experimental or randomized control trial designs as proposed by the University of South Carolina. This change was proposed for consideration by Save the Children USA and the University of Nebraska Lincoln, as both rigorous and consistent with the practices of the federal *What Works Clearinghouse*, the US Department of Health and Human Services' *Home Visiting Evidence of Effectiveness (HomVEE), SAMSHA's National Registry for Evidence based Programs and Practices,* and other reputable outlets.

Importantly, this change is recommended with consideration to both the unique needs of rural communities (see memo from Save the Children/University of Nebraska) and First Steps' ongoing program evaluation needs.

Proposed definition:

At a minimum, an evidence-based program should have the following 5 components:
1. RESEARCH STUDY: Findings of program effectiveness should be demonstrated through at least one well-conducted research study ***using random assignment or quasi-experimental design that*** has been published in a peer-reviewed journal for that particular program. ***The Board may also consider externally conducted research subjected to third-party peer review by SC First Steps.***
2. META-ANALYTIC STUDIES: Alternately, there may be findings of significant impact on school-readiness related outcomes from meta-analytic studies (where the results of multiple single studies are combined quantitatively and published in the peer-reviewed literature).
3. IMPLEMENTATION: The staff delivering an evidence-based program at the local level must be specifically trained and qualified to implement the program, and staff must monitor program delivery to ensure fidelity to the program model.
4. PROFESSIONAL DEVELOPMENT: Staff delivering the program must also have support of supervisors or consultants with opportunity for continual professional development activities.
5. COMMUNITY ENGAGEMENT: Finally, as no one program or service can meet all needs that a child and family may face, local providers must have the ability to make linkages to other community services, as needed and as appropriate, during the time of program delivery.