

APPENDIX B**CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED¹
PROGRAMS AND PRACTICES
SELF-ASSESSMENT CHECKLIST****Name of Organization:** _____**Name of Program/Practice being evaluated:** _____**Completed by:** _____**Date:** _____

BACKGROUND: The New Hampshire Children’s Trust adheres to standards established by our federal funder for Community-Based Child Abuse Prevention (CBCAP). Our ultimate goal is that 100% of family support programs in New Hampshire will be implementing Evidence-Based (EB) and Evidence Informed (EI) programs and practices.

DIRECTIONS:

1. If you are using an established, “packaged” prevention or family support program, visit the FRIENDS website and review the comprehensive listing of EB/EIP at <http://www.friendsnrc.org/CBCAP/priority/ebdirect.htm>. Programs are rated by different organizations. Find your program in the list and then record the CBCAP EB/EI rating level for it (the CBCAP level will be identified in the far left column). (This is an excellent resource when selecting evidence-based programs and practices, or for simply looking up a program’s EB/EIP rating – please use it!) Record the rating on the application cover sheet.
2. If you are not using an established program, or if your program does not appear in the FRIENDS list of EB/EI programs and practices, please complete the Self-Assessment Checklist. (Appendix B.)
 - a. Begin with Level I and assess a Yes or No for each feature. Stop at the Level I checkpoint and follow directions to record current level or proceed to an assessment of the next level. **NOTE:** Programs/ practices must receive a YES answer for every item in a Level in order to be considered for that Level.
 - b. Documentation must be written. For example, if a program self-assesses “Yes” on a training manual, then a completed written training manual should be available to attach as evidence. (You don’t need to attach the evidence as part of the checklist, but you should have it available as a reference.) Future intentions or partially-completed work should be recorded as a “No”.
 - c. Continue through the self-assessment until you have determined the appropriate EB/EIP level for your program. Record the rating on the application cover sheet.
3. Need help? Please contact Becky Berk, Technical Assistance and Evaluation Director at NHCTF.

¹ These categories 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.
NHCTF 2010 EBP Worksheet

Level I - <u>EMERGING PROGRAMS AND PRACTICES</u>	
Feature	Yes/No
The program can articulate a <u>theory of change</u> which specifies clearly identified <u>outcomes</u> and describes the activities that are related to those <u>outcomes</u> . This is represented through a program <u>logic model</u> or <u>conceptual framework</u> that depicts the assumptions for the activities that will lead to the desired <u>outcomes</u> .	
The program may have a book, manual, other available writings, training materials, OR The program may be working on documents that specify 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.	
There is no clinical or <u>empirical</u> evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.	
The program is committed to and is actively working on building stronger evidence through ongoing <u>evaluation</u> and continuous quality improvement activities.	
STOP. If one or more answers above are “No”, the program is at EB/EI Level 0. If all the answers above are “Yes”, the program is at least Level I and should go on to assess Level II. Good work!	Checkpoint, Level I

Level II - <u>PROMISING PROGRAMS AND PRACTICES</u>	
Feature All Features of Level I Plus:	Yes/No
Written materials specify the components of the practice protocol and describe how to administer it. The program is able to provide formal or informal support and guidance regarding program model.	
Programs continually examine long-term <u>outcomes</u> and participate in research that would help solidify the outcome findings.	
The local program can demonstrate adherence to model <u>fidelity</u> in program or practice implementation.	
STOP. If one or more answers in Level II are “No”, the program is at EB/EI Level I. If all the answers in Level II are “Yes”, the program is at least level II and should go on to assess Level III. Excellent!	Checkpoint, Level II

Level III - <u>SUPPORTED PROGRAMS AND PRACTICES</u>	
Feature All Features of Levels I and II, Plus:	Yes/No
The detailed <u>logic model</u> or <u>conceptual framework</u> also depicts the <u>assumptions</u> for the <u>inputs</u> and <u>outputs</u> that lead to the <u>short, intermediate and long-term outcomes</u> .	
STOP. If the answer in Level III is “No”, the program is at EB/EI Level II. If the answer in Level III is “Yes”, the program is at least level III and should go on to assess Level IV. Fabulous!	Checkpoint, Level III

Level IV - <u>WELL SUPPORTED PROGRAMS AND PRACTICES</u>	
Feature All Features of Levels I, II and III, Plus:	Yes/No
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 <u>reliable</u> and <u>valid</u> , and administered consistently and accurately across all subjects.	
If multiple outcome studies have been conducted, the overall weight of the evidence supports the <u>effectiveness</u> of the practice.	
STOP. If one or more answers in Level IV are “No”, the program is at EB/EI Level III. If all the answers in Level IV are “Yes”, the program is at Level IV. Phenomenal!	Checkpoint, Level IV