

**CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED<sup>1</sup>**  
**PROGRAMS AND PRACTICES CHECKLIST**

**DIRECTIONS:**

1. Review the documentation and information regarding the program/practice being considered and place a check mark for each item under YES or NO beginning on page three.
2. After you have identified your Level, provide a reference to support that identification.

**NOTE:** Programs/ practices must receive a YES answer for every item in a Level in order to be categorized at that Level.

**Name of Program/Practice being evaluated:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Level of Program/Practice:** \_\_\_\_\_

**If Level 0:**

Provide a reason for Level 0 status:

**If Level I, II, III, or IV:**

Attach Logic Model to EBP Worksheet

Identify name of handbook or manual:

Identify outcome survey tool:

Provide reference to support Level II, III, or IV status:

*Example:* FAST Afterschool Program – 2002 SAMHSA Model Program [www.fastnational.org](http://www.fastnational.org)

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<sup>1</sup> 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.

**LEVEL 0 - PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE**

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, 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.

**Level I - EMERGING PROGRAMS AND PRACTICES***PROGRAMMATIC CHARACTERISTICS*

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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> . |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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*

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Programs and practices have been evaluated using less rigorous <u>evaluation</u> designs that have with no <u>comparison group</u> , including “ <u>pre-post</u> ” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an “ <u>untreated</u> ” <u>group</u><br><br>OR an <u>evaluation</u> is in process with the results not yet available. |
| <input type="checkbox"/> | <input type="checkbox"/> | The program is committed to and is actively working on building stronger evidence through ongoing <u>evaluation</u> and continuous quality improvement activities.   |

## **Level II - PROMISING PROGRAMS AND PRACTICES**

### *PROGRAMMATIC CHARACTERISTICS*

YES NO

- 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*

YES NO

- 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.

**Level III - SUPPORTED PROGRAMS AND PRACTICES***PROGRAMMATIC CHARACTERISTICS*

YES NO

- 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*

YES NO

- 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) 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.

**Level III - SUPPORTED PROGRAMS AND PRACTICES (continued)***RESEARCH & EVALUATION CHARACTERISTICS*

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                |
| <input type="checkbox"/> | <input type="checkbox"/> | Outcome measures must be <u>reliable</u> and <u>valid</u> , and administered consistently and accurately across all subjects.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If multiple outcome studies have been conducted, the overall weight of evidence supports the <u>efficacy</u> of the practice. [If not applicable, you may skip this question.] |
| <input type="checkbox"/> | <input type="checkbox"/> | The program is committed and is actively working on building stronger evidence through ongoing <u>evaluation</u> and continuous quality improvement activities.                |
| <input type="checkbox"/> | <input type="checkbox"/> | The local program can demonstrate adherence to model <u>fidelity</u> in program implementation.  |

**Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES***PROGRAMMATIC CHARACTERISTICS*

YES NO

- 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*

YES NO

- 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.

**Level IV - WELL SUPPORTED PROGRAMS AND PRACTICES (continued)**

*RESEARCH & EVALUATION CHARACTERISTICS*

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The program is committed and is actively working on building stronger evidence through ongoing <u>evaluation</u> and continuous quality improvement activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The local program can demonstrate adherence to model <u>fidelity</u> in program implementation.   |