Assessing Array of Prevention Programs
Data Descriptions

Column A. Name of prevention program/model, practice or intervention. Enter the full name of the program/model, practice, and intervention used. (Throughout form 'prevention program' is used). Please don't use acronyms. If one organization uses multiple prevention programs/models, practices or interventions, please list each one in a separate box.

Column B. Type of prevention program. In the drop-down menu, select whether this is a:
   a. Mental health prevention and treatment service for parents and families,
   b. Substance use prevention and treatment service for parents and families,
   c. In-home parent skill-based program, such as parenting skills training, parent education, and individual and family counseling, or
   d. Community- or agency-based parent skill-based program, such as parenting skills training, parent education.
   e. If none of these options are appropriate, please select other.

Column C. Level of evidence. Enter the level of evidence on the effectiveness of the program. This refers to general research on the program and is not limited to evaluation data that you have collected. For guidance on programs' level of evidence, refer to the California Evidence-Based Clearinghouse for Child Welfare (CEBC) http://www.cebc4cw.org/ Below are definitions for the levels of evidence that are aligned with the Title IV-E Prevention Services Clearinghouse and CEBC.
   a. Well-supported -- Two random control trials with at least one documenting effects for at least one year (*Scientific Rating 1 in CEBC*)
   a. Supported– A random control trial or quasi-experimental design with effects sustained for at least six months (*Scientific Rating 2 in CEBC*)
   b. Promising –A study with "some form of control" group (a placebo group, a waitlist or a group of untreated people) (*Scientific Rating 3 in CEBC*)
   c. Unsure of level of evidence
   d. No current level of evidence

Column D. Intended outcomes. Enter the identified outcomes, goals or results of the program. For guidance, consult the clearinghouses mentioned above or the program developers.

Column E. Primary population served. Choose the option from the drop-down menu (parents, children or families) that the majority of services are directed toward. For example, if the program is primarily a mental health treatment program for children, and parents are consulted and occasionally engaged in services, indicate children. If the program is a family therapy program where the family unit or the parent-child dyad is the focus of services, choose family**.**

Column F. Age of children served. *If children are the primary population served*, enter the age range that are served. If the program serves parents or families, enter N/A.

Column G. Number served. First identify what calendar or fiscal year for which data will be reported across all programs. For each program, enter the number of parents, children or families that were served in that timeframe. The number should represent the primary population served. For example, if families were selected as primary population, then 30 would represent 30 family units served.

Column H. Average duration of services. Enter the number of weeks, on average, that the service is provided. If you have data on average length of service, use the average length of time families were served in your reporting year. If you do not have data on average length of service, you can use the length of service recommended by the program model.

Column I. Waitlists. First select a date on which waitlists will be reported, such as the last day of the calendar or fiscal year selected in Column F. If a program has a waitlist, enter number of parents, families or children on waitlist as of that date. If the program keeps a waitlist but there is no one on it currently, enter 0. If the program does not keep a waitlist, enter N/A.

Column J. Geographic area served. Enter the geographic area that this program covers. It could be across a state, county or region, or in particular municipalities.

Column K. Funding Sources. Enter the funding stream or streams that supports the prevention program. Name the funding source(s) as specifically as possible (e.g., Medicaid, county block grant, county general revenue, etc.)

Column L. Mode/setting for program. Identify how the program is primarily delivered. Select inpatient, outpatient, day treatment or in home from the dropdown. If more than one setting is used, select the one most often used and explain further in notes column.

Column M. Child welfare-related populations served. If the program serves families that are involved in the child welfare system, please identify those populations. These could include children in foster care, teen parents in foster care, biological families with children in foster care. relative foster families (kin), adoptive families, and families with children at risk of entering foster care. If the program does not currently serve families involved with foster care system, please note.

Column N. Notes. Use this column to make additional notes related to the prevention program. For example, you may want to provide more information about "other" responses, or provide more details related to the program's level of evidence or the setting within which the program is delivered