Portfolio of Model Upstream Programs: INSTRUCTIONS

INTRODUCTION: *The Sonoma County Upstream Investments Policy Committee has created a portfolio of current and planned County and partner programs that reflect upstream principles. The Board invites County Departments and community partners to submit current and planned upstream programs to be included in this Portfolio of Model Upstream Programs.* ***This document provides specific INSTRUCTIONS about how to nominate an upstream program to be included in the Upstream Portfolio. To submit a program, complete and submit the APPLICATION FORMS available at www.SonomaUpstream.org or contact Upstream at 565.5800 or*** [***Info@SonomaUpstream.org***](mailto:Info@SonomaUpstream.org)***.***

TABLE OF CONTENTS

A. DEFINITIONS

UPSTREAM

Upstream is an emphasis on prevention-focused intervention and policies for children, families, individuals, and the community to increase equality and promote opportunities that reduce future monetary and societal costs.

PROGRAMS

Throughout the community, there are many categories of activities that may reflect upstream principles. In these documents, the term "programs" is broadly defined to include a variety of activities that may also be called strategies, practices, approaches or interventions. It is the intent of the Upstream Investments Policy Committee to be inclusive and include a wide variety of "programs."

CLIENTS

Similarly, throughout the community, County Departments and community partners provide services to community members. In these documents, the term "client" is broadly defined to include residents, participants, students, consumers, target populations, and communities served. Again, it is the intent of the Upstream Investments Policy Committee to be inclusive and to include a wide variety of "clients."

B. PURPOSE and BENEFITS of PORTFOLIO

There is no other existing, comprehensive and accurate portfolio of existing outcome-based upstream programs throughout Sonoma County. Having such a portfolio helps the County and community partners to individually and collaboratively do the following:

1. Increase capacity to apply for and receive funding for upstream programs.
2. Identify existing effective and cost beneficial upstream programs and target funding and resources to these programs.
3. Validate and acknowledge the effective work currently being done throughout the county.
4. Promote replication of successful and cost beneficial upstream programs.
5. Identify and understand the gaps in upstream investments throughout the community (including geographic gaps).
6. Identify duplicate programs (if any) and make adjustments (if necessary).
7. Plan to expand funding for and referrals to effective and cost beneficial upstream programs.
8. Understand what upstream programs work best for which clients (one size does not fit all).
9. Strengthen County/community partner collaborations and partnerships related to upstream programs.
10. Explain to the community, to funders, and to clients why some upstream programs are selected over others.
11. Demonstrate to taxpayers that the County makes wise, responsible and forward-thinking fiscal decisions.
12. Expand County and public recognition of the value of investing in upstream programs and the value of children.
13. Increase community commitment to upstream programs through volunteerism.
14. Help to populate the 2-1-1 referral list.

C. PORTFOLIO APPLICATION and REVIEW

1. Programs are invited to submit a completed APPLICATION FORM and requested documents to Info@SonomaUpstream.org. Technical assistance is available and encouraged.
2. Two independent raters will review the submission and recommend placement. Raters will recuse themselves from rating a program if they have a conflict of interest.
3. For more information, see "Application Review and Decision Process."
4. All programs must apply for renewal after 3 years from approval. Organizations will be notified 6 months in advance.

D. PORTFOLIO CONTENTS

When published, the portfolio will include the following information about the included programs. It is hoped that the list will be useful to a wide audience (Funders, Board of Supervisors, Department Heads, Program Managers, Clients, Volunteers, Taxpayers) for decision-making.

1. Program name
2. Evidence-Based Tier
3. Implementing Organization name
4. Program website (if applicable)
5. Funding source(s)

E. DISCLAIMER

a. Inclusion in the Portfolio of Upstream Programs indicates that the program meets the criteria set forth for the particular Tier; it does not constitute an endorsement of the program by the County of Sonoma.
b. All applications to the Portfolio are public documents pursuant to the Freedom of Information Act.

F. PROGRAM DESCRIPTION

Contact information is requested so the Portfolio reviewers can communicate with the Submitting organization. The Program Description will be used by the Portfolio reviewers to gain a basic understanding of the program. The Application Form requests the following.

1. Program name
2. Organization
3. Contact name
4. Contact phone number
5. Contact e-mail address
6. Program website (if one exists)
7. Program description
8. Program service location(s)
9. Implementer(s)
10. Clients
11. Funding source(s)/Budget

G. PREREQUISITES

All programs that are included in the Upstream Portfolio will meet the following four prerequisites.

1. <u>Prevention-Focused</u>: Upstream is an emphasis on prevention-focused intervention and policies for children, families, individuals, and the community to increase equality and promote opportunities that reduce future monetary and societal costs. To meet this prerequisite, a program will provide services in one or more of the following categories.

    a. Health promotion (for example: alcohol and drug prevention, mental health, pre-natal, family planning and teen pregnancy reduction)
    b. Education (for example: child care, preschool, K-12)
    c. Community development (for example: economic development, parks and recreation)
    d. Family support (for example: family interventions, parenting support, fatherhood)
    e. Financial literacy
    f. Health care and insurance
    g. Criminal diversion programs (including first-time juvenile and adult offenders)
    h. Life skills (for example: job skills, job readiness, civic involvement, volunteering)
    i. One stop centers (for example: Family Justice Center, Job Link)
    j. Geographically targeted (for example: Roseland Community Action Zone)
    k. Programs and strategies that mitigate or improve negative peer influences and/or improve resiliency (for example: mentoring, gang prevention)
    l. Violence prevention (for example: domestic violence, child abuse and neglect)
    m. Basic needs (for example: shelter, food)
    n. Programs that target early system entrants (for example: program that are designed for individuals who use any County service for the first time)
    o. Other (please describe)

2. <u>Factors Addressed</u>: The Upstream Investment Policy Committee has determined that nine upstream factors contribute to downstream need for services. These factors are well documented, consistent, and generally evident early in a child's life. These factors are fully described in *Upstream Investments* (January 11, 2010), pages 8-32. To meet this prerequisite, programs will provide services that address one or more of the following factors.

    a. Poverty
    b. Racial and ethnic disparities
    c. Community conditions
    d. Public opinion, public policy, and laws
    e. Family dysfunction
    f. Negative peer influences
    g. Early antisocial behavior
    h. Substance abuse
    i. Academic concerns

3. <u>Local Relevancy</u>: In Sonoma County, several community-wide collaborations have identified widely held and promoted values and indicators of success that reflect upstream investments. Programs and strategies included in the Upstream Portfolio will target priorities and indicators of success promoted by one or more community-wide collaborations. Including local relevancy in evidence-based practice is sometimes referred to as "value-driven evidence-based practice."[1] To meet this prerequisite, programs will provide services that fit with the values of one or more of the following community collaboratives:

   a. Upstream Investments
   b. Health Action
   c. Innovation Council
   d. First 5
   e. Measure O Mayor's Gang Prevention Task Force
   f. Child Care Planning Council
   g. Continuum of Care
   h. Cradle to Career
   i. Aiming High Consortium
   j. Community Health Needs Assessment
   k. County of Sonoma Strategic Plan
   l. Mental Health Services Act
   m. Partnership for Children
   n. Prevent Child Abuse Sonoma
   o. Sonoma County BEST
   p. Other

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[1]   California Institute for Mental Health (CIMH). www.cimh.org/Initiatives/Evidence-Based-Parctice.aspx.

4.   <u>Indicators Addressed</u>: The Upstream Investments Policy promotes a shared commitment to achieving community outcomes. Part of participating in Upstream is committing to implement programs that positively effect these outcomes.

a.   Child Maltreatment
b.   Youth Binge Drinking
c.   Youth Drug Use
d.   Youth Depression
e.   Youth Tobacco Use
f.   Teen Births
g.   Obesity
h.   Pre-School Attendance
i.   3rd Grade Reading
j.   3rd Grade Math
k.   High School Completion
l.   Higher Education
m.   Housing Affordability

n.   Homelessness
o.   Juvenile Arrests
p.   Adult Arrests
q.   Domestic Violence
r.   Gang Membership
s.   Youth Connectedness to School
t.   Poverty
u.   Unemployment
v.   Health Insurance
w.   Hip Fractures
x.   Fruit and Vegetable Consumption
y.   Dental Visits
z.   Physical Activity

H.   TIER 1: EVIDENCE BASED PRACTICE

Evidence-Based Practices are "gold standard" programs – those programs that have been empirically proven to produce positive outcomes and that are implemented in Sonoma County with fidelity to the model program.

1. Evidence-based Clearinghouse: A variety of evidence-based clearinghouses evaluate whether or not programs meet the criteria for being evidence-based. Generally, these clearinghouses use similar criteria: rigorous evaluation using experimental[2] design, publication in a peer-reviewed journal, sustained effect, replication and replicability. Often, these rigorous evaluations are completed by universities, government agencies, and privately funded research institutes. It is less common for a locality to have the necessary resources to complete this level of evaluation. In order to verify that Programs at Tier 1 have met the above criteria, the program submitted must be included in one or more of the evidence-based clearinghouses. Some programs listed on clearinghouses do not meet the criteria for Tier 1 placement, and may be placed on Tier 2 or Tier 3. See the "Upstream Clearinghouse Crosswalk" for a list of clearinghouses and the rating on each that meets the criteria for Tier 1. Evidence-based practices are popular with funders because there is a high likelihood that the initiative will work as intended. The following link provides a good discussion of evidence-based initiatives: http://www.uwex.edu/ces/flp/families/whatworks_06.pdf

2. Fidelity: Fidelity is the extent to which a program is implemented in a way that adheres to the protocol or model of the originally developed and evaluated program. Programs that are implemented with fidelity can demonstrate that they match the model program in the following dimensions.[3]
   a. **Adherence** - The extent to which the model's critical elements (core activities and methods necessary to achieve the outcomes desired) are implemented.
   b. **Dose/exposure** - The amount of program content received by participants.
   c. **Quality of program delivery** - The manner in which providers implement the program, relative to specifications in the model program.
   d. **Participant responsiveness** - The extent to which participants are engaged by and involved in the activities and content of the program.

   To demonstrate fidelity, submitters will complete the fidelity chart included in the application to describe activities meeting the above listed dimensions of fidelity.

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[2]   "The defining characteristic of experimental research designs is control (i.e., purposeful manipulation) of the independent variable(s). The strongest experimental designs also have random assignment of participants to treatment and control groups. In experiments, researchers do something to the research participants (they intervene, administer a treatment, or modify an environment), and they examine the results of this activity. They do not simply observe or ask questions. In a simple design, participants are randomly assigned to an experimental group or control group. Random assignment is crucial because it makes the groups equivalent (within the limits of probability) at the beginning of the experiment. It is also important that experimenters control the treatment so that they know its nature, size, and timing. The experimental group receives the treatment, and the control group does not; the researcher then determines if the groups differ on the dependent (outcome) variable." (2009) "The SAGE Glossary of the Social and Behavioral Sciences." SAGE Publications. Thousand Oaks, CA.

[3]   LFA Group: Learning for Action. (March, 2012 DRAFT). First 5 Sonoma County: Evaluation Plan for the Commission's 2011-15 Strategic Plan.

3. <u>Adaptations</u>: Although discouraged, programs may sometimes make adaptations from the model program manual. Examples of acceptable and risky or unacceptable adaptations are as follows.[4]

Acceptable Adaptations
   a. Changing language – Translating and/or modifying vocabulary
   b. Replacing images to show youth and families that look like the target audience
   c. Replacing cultural references
   d. Modifying some aspects of activities such as physical contact
   e. Adding relevant, evidence-based content to make the program more appealing to participants

Risky or Unacceptable Adaptations
   a. Reducing the number or length of sessions or how long participants are involved
   b. Lowering the level of participant engagement
   c. Eliminating key messages or skills learned
   d. Removing topics
   e. Changing the theoretical approach
   f. Using staff or volunteers who are not adequately trained or qualified
   g. Using fewer staff members than recommended

Any adaptation made to the model program will be explained.

The following link provides a good discussion of evidence-based initiatives.

http://whatworks.uwex.edu/attachment/whatworks_04.pdf

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[4] Acceptable and risky or unacceptable adaptations mirror those articulated by First 5 Sonoma County.

I. TIER 2: PROMISING PRACTICE

Promising Practices do not meet the rigorous Tier 1 criteria for evidence-based practice but they are designed based on sound theory and with clear expected outcomes. Tier 2 programs meet the criteria listed below. The intent of Tier 2 is that program implementers use the evidence reflected in the literature review to inform the design of the logic model, manual and evaluation. **To be considered a promising practice, it will be apparent that the logic model, manual and evaluation are all aligned and reflect the evidence cited in the literature review.**

1. Literature Review: A literature review is a summary and synthesis of current and credible literature on a specific topic, issue, or practice method. It is a survey of scholarly articles, books and other sources that are relevant to the subject. It should include a sufficient number of credible sources that support claims made in the logic model (see below for logic model definition/instructions). Many applicants find suitable literature reviews online. It may not be necessary to write your own. A credible literature review includes *all* of the following components.[5] [6]

   a. Clear statement of the subject of interest.
   b. Review of a credible number of studies about the topic. It should be clear that the most influential, most current, and most cited sources have been included.
   c. Summary of what is known or not known about the topic.
   d. Literature review was written within the past 15 years.

   The following two articles provide good discussions of how to conduct and write a literature review:

   http://www.york.cuny.edu/~washton/student/Org-Behavior/lit_rev_eg.pdf
   http://gsteinbe.intrasun.tcnj.edu/tcnj/rhetoric2/litreviews.htm

2. Logic Model: A logic model is a map or simple illustration of what a program does, what the program hopes to achieve, and how the program will measure achievement. A quality logic model reflects the findings from the literature review. Evaluation questions should be based on the outcomes identified in the logic model. A credible logic model will include most, if not all, of the following elements.[7] A template is available at: www.SonomaUpstream.org

   a. Problem Statement (a.k.a. Problems to be solved)
   b. Inputs (a.k.a. Resources)
   c. Outputs (a.k.a. Activities, Participation)
   d. Outcomes (a.k.a. Impacts, Results)
   e. Assumptions/Theories
   f. Environmental Factors

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[5] The Writing Center, University of North Carolina.
[6] Rubin & Perrish (2008).
[7] U.S. Department of Health and Human Services, Administration for Children &Families, as cited on www.childwelfare.gov/management/effectiveness/logic_model.cfm#whatis.

The following sites offer clear and easy to use assistance in developing a logic model.

http://www.childwelfare.gov/management/effectiveness/models.cfm
http://www.uwex.edu/ces/pdande/evaluation/evallogicbiblio.html
http://www.acf.hhs.gov/programs/cse/grants/resources/logic_model/

3. <u>Manual</u>: The program has a book, or other available writings that specify the components of the program and describe how to administer it. A program that has been standardized in this way can be reliably replicated elsewhere. A credible manual includes <u>most</u>, if not all, of the following components.

   a. Description of the program
       i.   History of the program
       ii.   Rationale
       iii. Core components of the program
       iv.   Definitions
       v.   Assumptions
   b. Staff
       i.   Background and Education
       ii.   Licensure
       iii. Background checks
       iv.   Job description
       v.   Responsibilities
       vi.   Training
       vii. Supervision
       viii. Performance evaluation
   c. Clients
       i.   Outreach methods
       ii.   Eligibility criteria (i.e.; age, income, location)
       iii. Enrollment process
       iv.   Client : Staff ratio
       v.   Rights and Responsibilities
       vi.   Complaints and Appeals
       vii. Crisis management
       viii. Termination process
   d. Curricula / Activities
       i.   Components / Content
       ii.   Number of sessions
       iii. Sequence
       iv.   Quality management
       v.   Fidelity requirements
   e. Records
       i.   Information to document
       ii.   Confidentiality
       iii. Records retention

  f. Evaluation
    i. Research question to be answered
    ii. Data to be collected
    iii. Analysis and reporting procedures
    iv. Audiences

The following links provide examples of a manual for an evidence-based practice.

http://www.schoolcounselor.org/files/Texas.pdf
http://www.ocfs.state.ny.us/main/b2h/manual/B2H%20Program%20Manual%2001-2012.pdf
http://www.ybhandbooks.org/files/tools/DOL-YB-ProgramManual.pdf

4. Evaluation: Good evaluations assess performance, measure impacts on families and communities, and document successes. With evaluation information, programs are able to direct limited resources to where they are most needed and most effective for their clients and communities. The evaluation should suggest positive outcomes and reflect the design of the program being submitted. A credible evaluation will result in a report that includes all of the following components.

 a. PURPOSE: Reason(s) that the evaluation was conducted.
 b. AUDIENCE: Intended audience and their information or decision making needs.
 c. QUESTIONS: Research questions that the evaluation answered. These questions should be linked to the outcomes identified in the logic model.
 d. LITERATURE REVIEW: A review of the literature that informed the development of the program and the evaluation.
 e. METHODS: Data collection methods (for example, surveys, interviews, document review, observation, focus groups) with an explanation of confidentiality, anonymity, consent, objectivity, sampling, pilot testing, and reliability/validity.
 f. ANALYSIS: Appropriate descriptive and inferential analysis.
 g. RECOMMENDATIONS: Discussion of the analysis, conclusions, and recommendations.

The following site is a program evaluation workbook focused on family centered services.

http://cfrc.illinois.edu/pubs/rp_20000614_ElementsOfBestPracticeInFamilyCenteredServices.pdf

Frequently cited authors who write about evaluation are Joseph Wholey, Michael Scriven, Emil Posovac, Raymond G. Carey, Carol H. Weiss, Egon Guba, and Michael Quinn Patton. Publications by any of these authors are useful.

5. Cohorts: To be considered a promising practice, a program will have been delivered to more than one cohort. In other words, the program is no longer considered a pilot test. A cohort is a group of clients that has received the same program services within a given period—usually the time frame selected for one evaluation (Clients within a cohort may have received services over time and not all at exactly the same time) Clients within a cohort may have different demographics.

J.   TIER 3: EMERGING PRACTICE

Emerging practices have the intent of being outcomes-based and meet the prerequisites for evidence-based practice. However, these programs have not yet conducted or completed an evaluation. Tier 3 programs must meet the criteria listed below. The intent of Tier 3 is that program implementers use the evidence reflected in the literature review to inform the design of the logic model, policy and procedures and evaluation plan. **To be considered an emerging practice, it will be apparent that the logic model, policy and procedures and evaluation plan are all aligned and reflect the evidence cited in the literature review.**

1. Literature Review: A literature review is a summary and synthesis of current and credible literature on a specific topic, issue, or practice method. It is a survey of scholarly articles, books and other sources that are relevant to the subject. It should include a sufficient number of credible sources that support claims made in the logic model (see below for logic model definition/instructions). Many applicants find suitable literature reviews online. It may not be necessary to write your own. A credible literature review includes *all* of the following components.[8] [9]

   a.   Clear statement of the subject of interest.
   b.   Review of a credible number of studies about the topic. It should be clear that the most influential, most current, and most cited sources have been included.
   c.   Summary of what is known or not known about the topic.
   d.   Literature review was written within the past 15 years.

   The following two articles provide good discussions of how to conduct and write a literature review:

   http://www.york.cuny.edu/~washton/student/Org-Behavior/lit_rev_eg.pdf
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   b.   Inputs (a.k.a. Resources)
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   d.   Outcomes (a.k.a. Impacts, Results)
   e.   Assumptions/Theories
   f.   Environmental Factors

   The following sites offer clear and easy to use assistance in developing a logic model.
   http://www.childwelfare.gov/management/effectiveness/models.cfm

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[8]   The Writing Center, University of North Carolina.
[9]   Rubin & Perrish (2008).
[10]   U.S. Department of Health and Human Services, Administration for Children &Families, as cited on
         www.childwelfare.gov/management/effectiveness/logic_model.cfm#whatis.

http://www.uwex.edu/ces/pdande/evaluation/evallogicbiblio.html
http://www.acf.hhs.gov/programs/cse/grants/resources/logic_model/

3. Policies and Procedures: The program may not have a fully developed manual but has made progress towards standardization through the development of policies and procedures. A policy states the expectations. A procedure describes the steps to meet the expectations. Policies and procedures also describe what not to do.

4. Evaluation Plan: Good program evaluations assess performance, measure impacts on families and communities, and document successes. With evaluation information, programs are able to direct limited resources to where they are most needed and most effective for their clients and communities. Tier 3 programs may not have a completed evaluation but are conducting or have a plan to conduct an evaluation. **Programs can remain on Tier 3 for up to three years after the development of an evaluation plan. After three years, if the evaluation has not been completed, the program will no longer qualify for Tier 3. So, it is essential to develop an evaluation plan that can realistically be implemented within three years.** A credible evaluation plan will include all of the following components.

   a.   PURPOSE: Reason(s) that the evaluation is being conducted.
   b.   AUDIENCE: Intended audience and their information or decision making needs.
   c.   QUESTIONS: Research questions that the evaluation will answer. These questions should be linked to the outcomes identified in the logic model.
   d.   RESOURCES: Resources needed and available for the evaluation, including timelines.
   e.   CHALLENGES: Anticipated challenges to completing the evaluation and how they will be managed.
   f.   LITERATURE REVIEW: A review of the literature that will inform the evaluation decision.
   g.   METHODS: Planned data collection methods (for example, surveys, interviews, document review, observation, focus groups) with attention to confidentiality, anonymity, consent, objectivity, sampling, pilot testing, reliability/validity, and timelines.
   h.   ANALYSIS: Plan for appropriate descriptive and inferential analysis.
   i.   RECOMMENDATIONS: Plan for the creation of conclusions and recommendations.
   j.   DISSEMINATION: Plan that identifies when and how to disseminate the report and to what audiences.

The following site is a program evaluation workbook focused on family centered services.

http://www.cfrc.illinois.edu/publications/rp_20000614_ElementsOfBestPracticeInFamilyCenteredServices.pdf

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