

TouchPoint - Blank TouchPoint



TouchPoint Name: Evidence Practices Checklist (SUB)

Date: ____/____/____

Name:

Completed by:

Completed on behalf of:

Identifier:

Evidence Practices Checklist Touchpoint

Is this an Evidence Based Practice or an Evidence Informed Practice?

Indicate the Status of County's Logic Model

Logic model exists

Logic model will be developed

Logic model not applicable

Indicate the Status of County's Parent Involvement Activities

Evaluation

Implementation

Planning

Evidence-Based and Evidence Informed (EBP/EIP) Programs and Practices Checklist

Report Prompts:

TouchPoint: Evidence Practices Checklist (SUB)

Printed on: 7/14/16

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The Federal Office of Management & Budget requires that all programs and practices supported by CBCAP funds be rated for their effectiveness. Please follow the steps below to rate your funded programs/practice.

Instructions:

1. Categorize each of your funded programs/practices. Expectation: the corresponding evidence of your program/practices level is available for review in the event of an audit. It is recommended that counties and funded partners keep a completed checklist for each CBCAP-funded program/practice for audit purposes.
2. Review the two definitions below to determine if the program/practice can be considered Evidence-Based or Emerging and Evidence-Informed:
 - a. Program: Consists of a collection of practices that are done within specific known parameters (philosophy, values, service delivery, structure, and treatment components). This refers to a specific set of activities that forms the entire program.
 - b. Practice: Consist of a skill, technique, and strategy that can be used by a practitioner. General strategies such as a "therapy" or "parenting classes" would not qualify as an EBP/EIP alone. The practice would need to be implementing a specific technique or components of a curriculum with positive evidence such as Parent-Child Interaction Therapy (PCIT).
3. Begin with Level 1 and assess a "yes" or "no" for each program feature. If all answers in a Level are "yes", you will be automatically asked the next set of questions.
4. Program/practices must receive a "yes" response for every item in a Level in order to meet the criteria for that Level.
5. Future intentions or partially-completed work should be recorded as a "No".
6. Continue through the self-assessment until ETO has determined the appropriate EB/EIP level for your program.
7. Record the program/practice information for each funded CBCAP program as applicable.
8. CBCAP funded activities such as public awareness and brief information and referral activities are not required to be rated for effectiveness at this time.

Programmatic Characteristics

Report Prompts:



1. 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 a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

2. Level 1 or 2: 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.

Level 3 or 4: 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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

3. 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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

4. There is no clinical 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"/> Yes
<input type="checkbox"/> No

Report Prompts:



5. The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

6. Programs and practices have been evaluated using less rigorous evaluation designs that have no comparison group, including "pre-post" designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to and "untreated" group OR an evaluation is in process with the results not yet available.

<input type="checkbox"/> No
<input type="checkbox"/> Yes

7. 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.

<input type="checkbox"/> No
<input type="checkbox"/> Yes

8. The program is able to provide formal or informal support and guidance regarding program model.

<input type="checkbox"/> No
<input type="checkbox"/> Yes

Report Prompts:



9. Programs continually examine long-term outcomes and participated in research that would help solidify the outcome findings.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

10. The local program can demonstrate adherence to model fidelity in program or practice implementation.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

11. The practice has been shown to have 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"/> Yes
<input type="checkbox"/> No

12. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



13. If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice. (If screening for Level 3 and not applicable you may skip this question).

<input type="checkbox"/> Yes
<input type="checkbox"/> No

14. The detailed logic model or conceptual framework depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

15. 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:

A. 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

B. 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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



16. Multiple Site Replication is Usual Practice Settings: At least two rigorous randomized controlled trials (RCTs) or comparable methodology in different usual case 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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

YOUR SERVICE LEVEL IS

<input type="checkbox"/> Level Zero
<input type="checkbox"/> Level 01- Emerging
<input type="checkbox"/> Level 02 - Promising
<input type="checkbox"/> Level 03 - Supported
<input type="checkbox"/> Level 04 - Well Supported

If you have a logic model, please upload here or email to OCAP-PND@dss.ca.gov.

Report Prompts: