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## Evidence-Based Practices

Because of the importance of quality and effectiveness in program service delivery, this Special Edition Newsletter provides an overview to show the importance of Data and Evidence-Based Practice. It also describes some of the many organizations that promote evidence-based practices in social/human services.

Evidence-Based Practice was described in the 2011 and 2012 Community Needs Evaluation, and several examples were provided. This overview provides additional information about how the use of Data and Evidence-Based Practices has been recognized as an effective way to improve the delivery of social work and other services. This document lists an array of various entities that promote evidence-based practices.

According to *What is an Evidence-Based Practice?* from the Promising Practices Network, there is a growing emphasis on accountability for achieving results in program services. It explains that funders, service providers and other decision makers increasingly make program decisions based on the best available research evidence.

Evidence-based practice was established in the medical field which uses rigorous standards. Standards in other fields are sometimes more flexible, but databases are available with information about the effectiveness of specific interventions.

[http://www.promisingpractices.net/briefs/briefs\\_evidence\\_based\\_practices.asp](http://www.promisingpractices.net/briefs/briefs_evidence_based_practices.asp)

In terms of behavioral health, according to the University of Washington Department of Psychiatry and Behavioral Sciences, "Evidence Based Practice is the use of systematic decision-making process" based on available evidence in order to improve measurable outcomes for clients. "Instead of tradition, gut reaction or single observations as the basis of making decisions, Evidence Based Practices relies on data," including that collected through research that identifies promising practices.

<http://depts.washington.edu/ebpi/>

# Data: The Universal Language

By Oscar Miller

Professor of Sociology and Department Head, Sociology, Social Work and Urban Professions – Tennessee State University

As social services providers and advocates, we often communicate our challenges, achievements, and recommendations to colleagues and decision-makers who are not privy to the complexities of life in the trenches of “our world”. While we are confident that we adequately describe these challenges, achievements, and recommendations to stakeholders, their lack of fervor in embracing our cause suggests that something is lost in communicating our experiences and ideas. Who among us hasn’t wondered: Why didn’t they hear my message?

In many cases, these presentations end with some clarifying questions and statements of appreciation as the participants disperse to their various domains to continue their work. As social services providers and advocates, we must ensure that we effectively communicate our challenges, achievements, and recommendations to our many stakeholders. We are passionate about our mission to serve, help others help themselves, raise standards of living, create stable families, and deliver basic services and life necessities. As advocates for improving the human condition, we simply cannot fail.

The situation reminds me of the Star Trek: The Next Generation “Darmok” episode about two worlds trying to open diplomatic relations repeatedly foiled by their significant language differences. During the latest attempt, the Tamarian captain, Dathan, transports himself and the Federation captain, Picard, to a planet where they face challenges that require cooperation, including the ultimate challenge presented by a deadly entity intent on killing both captains. The captains’ dire situation provided the impetus for them to overcome their communication barrier and succeed in their mission.

Similarly, as social services providers and advocates operating in an environment of economic scarcity and adverse political and public opinion, we often face cutbacks, program cancelations, and resource allocation decisions that threaten our clients’ life chances and the vitality of our society. To successfully pursue our mission, we must overcome the challenge of communicating our challenges, achievements, and recommendations to stakeholders.

Perhaps, as is the case in the Star Trek example, the stakeholders do not initially comprehend the words, concepts, and rules used to communicate the challenges, experiences, and recommendations. Today more than ever, administrators, clients, colleagues, community partners, sponsors and other stakeholders communicate in an increasingly universal language that I will refer to as the “language of data”. Data is a common reference that bridges individual and group experiences, attitudes, values, and beliefs. This common reference makes data an indispensable tool for sharing challenges, achievements, and recommendations with stakeholders.

I recently shared my thoughts on the importance of using data with a group of social services providers and community advocates during a Metropolitan Social Services report on **Poverty In Nashville**. I provided an example from my



experience as a program evaluator and community researcher working with a team of researchers on a 2003 Immigrant Community Needs Assessment.

One of the goals of the project was to identify gaps in services available to immigrants in Davidson County. The Assessment included a survey of social services agency directors. Agency directors identified service barriers such as transportation, language, and a lack of knowledge of available services, but 70% of agency directors believed that the amount of services available to immigrants was about right.

Upon closer examination of our data, we found that perhaps the biggest gap was not in the availability of services, but in access to the available services. That is, while services were available, they were not readily accessible to immigrants. Most of the services were physically located in the central city (downtown) and in the southwest quadrant of the city while immigrants tended to reside in the southeast quadrant.

It should be obvious how data from this study could be used by administrators, colleagues, clients, community partners, and funders to make better decisions about operations, programs, and resource allocations to better serve the immigrant community.

For a final illustration of the value of using data, consider the different potency of the following statements:

Statement A: I have been working on anti-poverty initiatives for 10 years, and my experience tells me that we can effectively address poverty in Nashville, TN by [input strategy here].

Statement B: **ACCORDING TO THE 2011 COMMUNITY NEEDS EVALUATION, POVERTY LOOKS LIKE [INSERT RELEVANT DATA HERE]. THEREFORE, WE CAN EFFECTIVELY ADDRESS POVERTY IN NASHVILLE, TN BY [INSERT STRATEGIES HERE].**

Statement A utilizes conventional language to inform about poverty and appears bland compared to Statement B. It represents the type of presentation that might generate clarifying questions and statements of appreciation, but limited action among stakeholders. Statement B is more forceful, meaningful to a wider range of stakeholders, and more likely to unite and mobilize stakeholders to the cause of alleviating poverty in Nashville, TN. The sole difference in the two statements is the use of data in Statement B.

Data is increasing the “universal language” spoken by human and social services stakeholders. Social services providers and advocates who are fluent in this language can increase their ability to effectively pursue their mission and that is the real value of data.

*Note: Dr. Oscar Miller, along with Dr. Dan Cornfield of Vanderbilt University, served as Research Advisors for each of the annual Community Needs Evaluations. Metropolitan Social Services-Planning & Coordination appreciates their valuable contribution to these evaluations.*

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### **Evidence Based Programs: Tools to Make Health and Human Services More Effective**

Significant resources have been spent on social and human services programs to address poverty in which people are unable to meet their needs without assistance. These include after-school programs to remedy the educational gap, youth development, housing and related needs, food and nutrition, substance abuse and treatment, employment assistance and financial empowerment.

When considering community indicators (unemployment, high rates of poverty, teenage pregnancy, incarceration, etc.), despite the magnitude of resources allocated in many low-income neighborhoods, the indicators suggest that quality of life measures have gotten worse in many of these communities. In other words, it appears that little meaningful change has been documented for the program participants who were the target population. The conditions in these communities would lead to question about whether the interventions used were effective and whether interventions used are capable of producing any long-term benefits. While the interventions may have provided short-term relief, long-term improvements have not been observed.

At a time when both public and private resources to fund these programs are shrinking, and taxpayers and philanthropy are questioning the existence of these programs, there is an opportunity for many organizations to re-evaluate their missions and purposes, establish priorities, identify measurable outcomes, collect and analyze data to determine the effectiveness of the interventions.

There are challenges in being able to differentiate between outputs and outcomes, although there are situations in which each is useful. As explained in the U. S. Office of Management and Budget's *Primer on Performance Measurement*, "Outcome measurement cannot be done until the results expected from a program or activity have first been defined . . . cannot be done until a program (of fixed duration) is completed, or until a program (which is continuing indefinitely) has reached a point of maturity or steady state operations." It also noted that even though outcomes are the preferred measure, they are less conducive to annual measurement. Instead, outputs are often used instead of outcomes.

**Outcome Measure** = An assessment of the results of a program compared to its intended purpose.

**Output Measure** = A tabulation, calculation or recording of an activity or effort that can be expressed in a quantitative or qualitative manner.

<http://govinfo.library.unt.edu/npr/library/resource/gprapmr.html>

It is necessary for an outcome measure to clearly state that the measurement is about the result of program activities and services for the participants. Program activities and services are outputs that should result in positive program outcomes for participants. The outcome measure should demonstrate specifically how service recipients are better/improved than at the time of their initially assessed condition, as well as how the interventions are linked to a difference in the lives of participants.

**Example of outputs and outcomes:** One example that shows the difference between outputs and outcomes could be the provision of English as a Second Language (ESL) classes to immigrant adults. The number of student participants and classes would be outputs, but the act of only attending classes does not represent an outcome. Outcome measures of the interventions could include the degree to which reading levels were increased, reduction in the need for interpreter services, as well as possibly passing standardized tests such as the GED or U. S. citizenship examinations. Programs need to continually measure outcomes and update interventions as needed. This can provide an opportunity for social and human service organizations to adopt evidence-based practices and interventions that have proven to be effective, and to eliminate activities that do not achieve the identified outcome measures.

*Evidence-based programs: An Overview from What Works* – Research to Practice Series (October 2007), University of Wisconsin, describes common confusion about what constitutes evidence-based programming. It discusses how to compare the quality level of evidence-based programs and advantages/disadvantages of implementing these models. The overview describes evidence-based programs as certain strategies and approaches for working with participants of a program can positively affect important social problems. The programs are targeting outcomes specific to individuals,

families, and communities, and are called evidence-based after rigorous evaluations. According to the review, a program is evidence-based if:

1. Evaluation research shows that the program produces the expected positive results;
2. The results can be attributed to the program itself, rather than to other extraneous factors or events; and
3. The evaluation is peer-reviewed by experts in the field; and
4. The program is “endorsed” by a federal agency or respected research organization and included in their list of effective programs.

The review sheds light that the financial cost of adopting the evidence-based programs and lack of fitting the target population and local community settings are some of its disadvantages. Despite these limitations, most of these approaches and strategies have been found to be effective.

[http://www.uwex.edu/ces/flp/families/whatworks\\_06.pdf](http://www.uwex.edu/ces/flp/families/whatworks_06.pdf)



The Center for Evidence-Based Practices is an initiative of the Orelena Hawks Puckett Institute (a nonprofit organization engaging in activities that enhance and promote healthy child, parent and family functioning. They support use of evidence-based practices “that build on the capacities and strengths of children, parents and families, communities, and public and private organizations.” This can be done by various approaches and strategies that emphasize positive aspects of behavior that support and strengthen child, parent and family development.

<http://evidencebasedpractices.org/index.php>

<http://www.puckett.org/>

The Center encourages researchers and practitioners to work together and promote practices informed by research, including primary and secondary data analysis, applied research studies, etc. They have developed a Research and Training Center on Early Childhood Development to improve interventions based on applied research on knowledge and practice.

<http://www.researchtopractice.info/>



The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with 145,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. NASW promotes professional development as essential to quality social work services and encourages social workers to assume responsibility for their own professional knowledge base. They indicate that social workers are ethically required to keep informed of current research, theory, and techniques to guide social work practice and provide better services. NASW promotes practice and professional development.

<http://www.socialworkers.org/pdev/default.asp>

<http://www.socialworkers.org/>



The *Social Work Policy Institute* is a think tank established within the National Association of Social Workers:

- To strengthen social work’s voice in public policy deliberations.
- To inform policy-makers through the collection and dissemination of information on social work effectiveness.
- To create a forum to examine current and future issues in health care and social service delivery.

It examines issues related to the work of social workers, including how to serve people with multiple or complex needs, as well as how public agencies and other structures deliver health and human services. The web site includes publications about social work in health and behavioral care, children at risk, needed workforce investments, caseloads, comparative effectiveness, etc.

<http://www.socialworkpolicy.org/publications>

The *Social Work Policy Institute* notes that social work research informs professional practice through:

- Assessing the needs and resources of people in their environments
- Evaluating the effectiveness of social work services in meeting needs
- Demonstrating relative costs and benefits of social work services
- Advancing professional education in light of changing contexts for practice
- Understanding the impact of legislation and social policy on the clients and communities served



Promising Practices Network (PPN) is operated by the RAND Corporation, a nonprofit research organization that provides objective analysis and effective solutions to address challenges faced by public and private sectors. Their web site was founded by social service practitioners and policymakers who identified a need for information about finding interventions that work. Much of their focus is on services designed for children, including family issues. PPN promotes and provides:

- Objective, evidence-based information
- Comprehensiveness
- Accessibility
- Impartiality

Issue Briefs with promising practices are available on Preventing Child Abuse and Neglect, Understanding Evidence-Based Practices, Head Start, Promoting High School Graduation and Preventing Low Birth Weight.

<http://www.promisingpractices.net/issuebriefs.asp>

PPN features summaries of programs and practices that improve outcomes for children. All programs described have been reviewed for quality and to ensure evidence of positive effects. Programs are in three evidence level categories (Proven, Promising, or Other Reviewed Programs) according to evidence criteria.

<http://www.promisingpractices.net/programs.asp>



The Coalition for Evidence-Based Policy is a nonprofit, nonpartisan organization that promotes government effectiveness through rigorous evidence about “what works.” Much of their work is related to the federal government but also applies to state, local and nonprofit organizations.

The Coalition identifies the “Top Tier” Standard for Research-Proven Social Programs, which includes elements of well-designed and implemented randomized controlled trials of interventions “to produce sizeable, sustained benefits to participants and/or society.” “Near Top Tier” interventions meet most if not all of the requirements.

The Coalition identifies examples of top tier and near top tier interventions for services in early childhood, K-12 education, postsecondary education, youth development, crime/violence prevention, health care financing/delivery, substance abuse prevention/treatment, housing/homelessness, and international development.

<http://dev.evidencebasedprograms.org/about/full-list-of-programs>

In the Coalition's *Social Programs That Work* web site, some programs are identified as promising interventions, although they have not been tested sufficiently to be in the top or near top tier category. One that is particularly related to promoting self-sufficiency is about Employment and Welfare. These interventions are generally connected with federal programs, which could be enhanced and facilitated by supportive services from state, local and nonprofit organizations.

<http://evidencebasedprograms.org/about/employment-and-welfare>



Various agencies in the U. S. Government have encouraged and promoted the use of evidence/best practices, such as:

- U. S. Department of Housing and Urban Development publishes best practice examples based on federal, state and local strategies that increase affordable housing opportunities, apply sustainable features and practices, and increase access to public transportation. <http://www.huduser.org/portal/bestpractices/home.html>
- U.S. Departments of Labor and Health and Human Services worked together to identify effective practices for U. S. Workplace Wellness. <http://www.dol.gov/ebsa/pdf/workplacewellnessmarketreview2012.pdf>
- U.S. Department of Justice-Office of Juvenile Justice and Delinquency Prevention created a model programs guide to assist practitioners and communities in implementing evidence-based prevention and interventions that can make a difference in the lives of children and communities. <http://www.ojjdp.gov/mpg/>
- U.S. Government Accountability Office identified best practice reviews, benchmarking products, best practice methodology, etc. While many are related to accounting and technology, others include successful improvement initiatives, results-oriented cultures, strategic use of human capital, etc. [http://www.gao.gov/docsearch/featured/bp\\_reviews.html](http://www.gao.gov/docsearch/featured/bp_reviews.html)
- U.S. Department Education has identified a number of models using evidence-based practices such as:
  - Research-Based Best Practices (Doing What Works, What Works Clearinghouse) <http://www2.ed.gov/rschstat/best-practices.html>
  - Reentry Education Model-Supporting Education and Career Advancement for Low-Skill Individuals in Corrections <http://www2.ed.gov/about/offices/list/ovae/pi/AdultEd/reentry-model.pdf>
  - Evaluation of Evidence-Based Practices in Online Learning <http://www2.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.pdf>
- U.S. Department of Health and Human Services
  - SAMHSA developed a National Registry of Evidence-Based Programs and Practices <http://www.nrepp.samhsa.gov/AboutNREPP.aspx>
  - Assistant Secretary for Planning and Evaluation reported on Human Services and Housing Supports to Address Family Homelessness: Promising Practices in the Field <http://aspe.hhs.gov/hsp/11/familyhomelessness/rb.shtml>
  - CDC identified best practices for Comprehensive Tobacco Control [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/)

- Usability Guide on best practices for developing web sites and how to find resources across the government <http://www.usability.gov/>
- Administration for Children and Families studied evidence of effectiveness of Home Visiting for services to families with pregnant women and children from birth to age 5 <http://homvee.acf.hhs.gov/>



The U. S. Department of Health and Human Services-Administration for Children and Families/Office of Planning, Research and Evaluation (OPRE) established the Self-Sufficiency Research Clearinghouse. OPRE provides synthesis and dissemination of research and demonstration findings. It

provides researchers, policymakers and practitioners access to high-quality research focusing on self-sufficiency, employment and family and child well-being.

<https://www.opressrc.org/>

OPRE describes effective program evaluation in *The Program Manager's Guide to Evaluation* designed to increase effectiveness and efficiency of programs to improve the economic and social well-being of children and families. It explains that monitoring asks whether a program meets the operating standards set by the funder, State or licensing agency and that evaluation asks whether the program has been successful in achieving its objectives for program implementation and participant outcomes. Effective evaluations are often conducted by outside evaluators or use outside evaluator (individual, research institute or consulting firm).

[http://www.acf.hhs.gov/sites/default/files/opre/program\\_managers\\_guide\\_to\\_eval2010.pdf](http://www.acf.hhs.gov/sites/default/files/opre/program_managers_guide_to_eval2010.pdf)

The Self-Sufficiency Research Clearinghouse has hundreds of documents with information about a variety of topics, including employment, education and training, health, community development and housing, family formation and family structure, asset-building, tax policies and subsidies, food assistance, transportation, etc.

<https://www.opressrc.org/content/publications>

The Clearinghouse also provides information about data available from various sources, with relevant content and methodology. It identifies dozens of data sources, including the U. S. Census Bureau (the most frequently used source) and the General Social Survey with demographics and attitudes (the second most frequently used source, conducted every other year with a cross-sectional sample of 1,500).

[https://www.opressrc.org/sites/default/files/Compendium%20of%20Family%20Self-Sufficiency%20Surveys%20and%20Databases\\_v5%20March%202013\\_LK-nh--55\\_CorrectionLK.pdf](https://www.opressrc.org/sites/default/files/Compendium%20of%20Family%20Self-Sufficiency%20Surveys%20and%20Databases_v5%20March%202013_LK-nh--55_CorrectionLK.pdf)

Established in 1979 by the University of Chicago, the Center for the Study of Social Policy (CSSP) was created to influence public policy affecting poor children, families, and people who are elderly or disabled. Beginning with an initial emphasis on federal policy, the focus of CSSP expanded to include state and local governments as they assumed greater responsibility for social programs. CSSP works to “secure equal opportunities and better futures for all children and families, especially those most often left behind.”



*Ideas Into Action*

<http://www.cssp.org/>

CSSP is affiliated with the federal *Promise Neighborhoods* initiative, of which the Martha O’Bryan Center is a part. One of the documents developed by the Promise Neighborhoods Initiative is *Evidence-Based Practice: A Primer for Promise Neighborhoods*. Although designed for Promise Neighborhoods, it also applies to programs which serve persons in need, particularly those with a community approach.

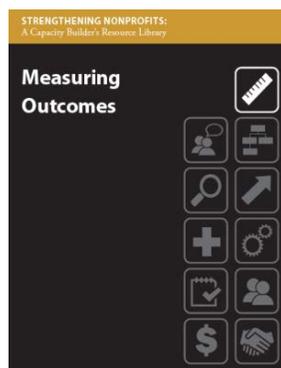
*Evidence-Based Practice* provides a brief description for these topics:

- What Kind of Evidence Makes a Program “Evidence-Based”?

- Continuum of Evidence-Based Practice
- Is an Evidence-Based Program Appropriate for Your Community?
  - Fit and Adaptability
  - Fidelity and Capacity
  - Scalability and Sustainability
- Example: Harlem Children’s Zone Model
- How to Frame the Evidence For Your Proposed Programs

At the end of the document, there is a *Directory of Evidence-Based Practices Databases* that lists databases for educational programs, child welfare programs, community health, violence/drug/crime prevention, social/emotional learning for children, substance abuse, delinquency, teen pregnancy, school drop-out, teen pregnancy prevention, employment programs, mental health and others (some described elsewhere above).

<http://www.cssp.org/community/neighborhood-investment/promise-neighborhoods>



Outcome measurement has become one of the most important activities that social service organizations undertake, according to *Measuring Outcomes-Strengthening Nonprofits: A Capacity Builder’s Resource Library*. *Measuring Outcomes* was developed by the Compassionate Capital Fund’s National Resource (administered by the U. S. Department of Health and Human Services), updated in 2010.

Although it was originally developed for nonprofit organizations, *Measuring Outcomes* “will be helpful to any organization in learning more about implementing or improving its procedures for measuring outcomes.” It is relevant not only to nonprofit organizations but also to local government agencies that provide similar services. The document is fairly lengthy at 55 pages and covers a variety of relevant topics to help identify outcomes, develop performance

indicators, create/implement a data collection plan, analyze the data, how to communicate the results and how to follow through by reflecting, learning and doing it again. There are other models for measuring outcomes, although many of them share common concepts and may differ primarily in level of complexity.

[http://www.acf.hhs.gov/sites/default/files/ocs/measuring\\_outcomes.pdf](http://www.acf.hhs.gov/sites/default/files/ocs/measuring_outcomes.pdf)

## AchieveIt

Organizational success depends on both execution management and strategy development, built on a foundation of accountability, according to [www.achieveit.com](http://www.achieveit.com). In 2012, a white paper on *Three Strategies That Will Elevate Organizational Accountability Immediately* described the following.

Because accountability is the heart of execution, it is important to create a culture of individual accountability:

1. Measure everything. No matter how subjective something is, there are ways to measure it. After all, you get what you inspect, not what you expect.
2. Assign everything with firm due dates and measurable deliverables. Never let people share assignments.
3. Create transparency. Post results for all to see; not just organizational results, but also individual results.

*Three Strategies* explains that it is easy to measure tangible items (such as the number of items), but that some things do not have an exact measurement. Measurement instruments should be free from bias and often random sampling and extrapolations can be used.

It describes how whatever is being measured should be assigned to specific individuals, which may often be more accountable than a team or group. Assignments should be clear and include the context need for mutual understanding. The paper indicates that most organizational failures result from no one being held accountable, including when assignments are made to groups of people.

It may be difficult to shift to a culture of individual accountability because members of the organization must not only work together toward a common mission but also measure progress along the way. Organizational transparency is important so that success and failure can be monitored. Instead of “getting things done,” the focus changes to “getting results.”

**The key difference between organizations that simply collaborate and those that have evolved to a culture of individual and organizational accountability is that the former generally rewards performance on the amount of work the team produces and the latter on the amount of results the team achieves. Companies that are collaborative oftentimes mistake “being busy” for “being strategic.” They are very active and are doing a lot of “things,” but the “things” aren’t tied to measureable results.**

*Three Strategies* emphasizes the importance of using technology to provide the tools, resources and automation required by high-performing organizations.

<http://www.achievet.com/downloads/organizational-accountability/>

## Metropolitan Social Services – Planning & Coordination

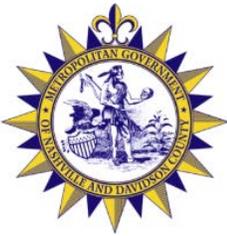
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