Good Practice Produces Good Outcomes:
Good Shepherd Services' Commitment to Evidence-Based Practice

At Good Shepherd Services (GSS), our commitment to evidence-based practice ensures that our work with youth and families is informed by the most current thinking and research on effective practices, while maintaining mission-driven coherence across our services and programs. During regular reviews of our programs, we consider incorporating new practices in light of their fit within our overarching youth and family development approach, the rigorousness of external evidence, practitioner feedback, and insights from our internal data analysis. Based on a transdisciplinary evidence-based practice model developed by Satterfield and colleagues, this agency-wide process enables Good Shepherd to provide a coordinated network of innovative and impactful programs that all work to help youth and families achieve self-sufficiency.[1, 2]

We seek to incorporate into our new and existing services and programs, the most appropriate approaches, models, and tools with the highest level of empirical support.[3] As a result, all of our programs include research-supported practices. For example:

- Out-of-Home Care: In 2007, GSS introduced *The Sanctuary Model®* across its Residential, Family Foster Care, and Chelsea Foyer programs. This evidence-supported model is a comprehensive approach to developing a trauma sensitive culture in which psychological and social trauma can be addressed and resolved (Bloom, 2003).[4] Components of its implementation include professional development, case management tools, community activities, and psycho- educational group work. In addition to this overarching clinical model, our out-of-home care programs incorporate interventions targeted for the achievement of specific outcomes such as the *Ansell Casey Life Skills Assessments* and *Young Adults Work Opportunities for Rewarding Careers (WORC)*, developed by the Workplace Center at Columbia University. These programs also use a set of validated clinical assessment tools which include the *UCLA PTSD Index* and Achenbach's *Child Behavior Checklist*.

- Prevention: The Prevention program combines two evidence-supported models - *Solution-Focused Brief Therapy* and *The Parenting Journey®* curriculum - as part of its effort to help families achieve priority case planning goals as quickly as possible and prevent foster care placement. With regard to the Parenting Journey®, GSS has partnered closely with its developer, The Family Center, in collecting pre- and post-

intervention data to help build an evidence base for this curriculum. Our analysis of data from GSS groups held in 2011 indicates statistically significant increases in parents' ability to identify personal goals, feelings of self-efficacy, and ability to nurture themselves while caring for others.

- Afterschools: GSS Afterschools employ research-informed youth development practices to promote personal skills, social skills, and school engagement in children and adolescents. In accordance with the research of Durlak, Weisberg, and Pachan, programs emphasize SAFE (sequenced, active, focused, and explicit) practices which have repeatedly been shown to be associated with significantly better participant outcomes.[5] This approach is further enhanced at many of our program sites by their use of evidence-supported educational curricula designed to strengthen literacy and numeracy skills such as Classroom, Inc., KidzLit, Robotics, and Tribes (Barker & Ansorge, 2007; Cheswass, 2004; Harvard Family Research Project, n.d.; Metis Associates, 2011). Surveys administered by GSS' Program Evaluation and Planning (PEP) Department indicate that these curricula have a positive impact. Using a validated survey developed by The Afterschool Corporation (TASC), we found that participation in Classroom, Inc. and Robotics increases our middle school participants' leadership skills and valuing of education.

- Transfer High Schools: When a program area does not have a strong evidence base, GSS works to develop one. We are currently helping to build the evidence base for innovative school-based models targeting over-age and under-credited youth. An evaluation by the Parthenon Group (2005) documented the positive impact of the GSS Transfer School model on participant academic outcomes including graduation rate. With funding from the Bill & Melinda Gates Foundation, GSS produced a codification manual in 2006 to assist other organizations with replicating our model. The manual includes detail on core principles, essential components, planning, staffing, assessment, and accountability. In 2011, Metis Associates began a multi-year implementation and impact evaluation of GSS Transfer Schools which will expand, and extend beyond, the prior external evaluation. It will use New York City (NYC) Department of Education (DOE) data to compare the experiences and outcomes of GSS Transfer School participants with closely matched students at other NYC high schools.[6] Contextual and qualitative data from surveys, focus groups, and systematic observations will also be included in the analysis.

In our experience working with new and existing programs, we have learned that agency-wide investment in implementation and performance management is an essential part of evidence-based practice.[7] Each program at GSS has a logic model that provides a clear map for all stakeholders, specifying the program's target population, intended impact, resource investment, inputs, activities and outcomes. These logic models are developed as a partnership effort by program staff and the PEP Department. They reflect the integration of research-based and practice-based knowledge. The logic model guides the specification of outcome indicators and targets, as well as reporting cycles and processes. To ensure the

collection of the highest quality data, GSS implements a variety of standardized assessments and utilizes program-tailored data collection systems, including web-based applications such as Efforts to Outcomes (ETO).

With logic models and requisite data collection systems in place, we use findings from quarterly data analysis to strengthen program practices.[8] We identify practices that are working well and decide whether they should be replicated at other sites or in other program areas. We also consider practices that are not meeting our standards and identify potential modifications in service delivery. Any change in our practice entails a careful consideration of the research literature and external evidence regarding effective practices.[9] In this way, our approach to implementation and performance management is very much in accordance with the four-part performance lifecycle (Define, Measure, Learn, and Improve) described by Eckert-Queenan and Fort in their 2011 Bridgespan Group report, *Measurement as Learning.*

As a learning organization, GSS works continuously to strengthen its services and its overall organizational capacity to achieve its mission. Across our network of youth and family development services, we are fully engaged in implementing programs that integrate our organizational expertise and the best available external evidence. Our agency-wide commitment to evidence-based practice has led to concrete and measurable improvements in our programming and outcomes and helps us sustain our reputation for excellence.

To learn more about Good Shepherd Services, visit our website at goodshepherds.org. This report was written by Miranda Yates, Ph.D. from the Program Evaluation and Planning Department at Good Shepherd Services.

Endnotes

[1]We apply a transdisciplinary evidence-based practice model developed by Satterfield and colleagues (Satterfield, Spring, Brownson, Mullen, Newhouse, Walker, & Whitlock, 2009). This model is rooted in the "three circles" model conceptualized to promote evidence-based medicine (Haynes, Sackett, Gray, Cook, & Guyatt, 1996). In Haynes and colleagues' practitioner-level model, decision making occurs at the point of overlap between the three circles of clinical expertise, research evidence, and patient's preferences. Satterfield and colleagues expanded this model for use at the level of organizational decision making and planning. They redefined the circles as consisting of best available research evidence; population's characteristics, needs, values, and preferences; and resources including practitioner expertise. In this expanded model, the three circles are also depicted as existing within an encompassing circle of environmental and organizational context. Hill and Romich (2007) provide a flow chart for implementing the "three circle" model which details the steps of the process.

[2] We evaluate the capacity of each of our programs to contribute toward our agency mission. For all GSS programs, positive impact is assessed by focusing on three core outcome areas – safety, belonging, and skill building. Our focus on these outcome areas is grounded in the large body of research indicating that these strength-based outcomes are fundamental building blocks toward achieving self-sufficiency (Durlak, Weissberg, & Pachan, 2010; Gambone, Klem, & Connell, 2002; McLaughlin, 2000).

[3] Different disciplines and professional groups utilize different classification systems of research evidence. All preference work tested with multiple randomized control trials. The California Evidence-Based Clearinghouse for Child Welfare delineates five levels of evidence: (1) Effective, (2) Promising, (3) Emerging, (4) Evidence Fails to Demonstrate Effect, and (5) Concerning. The Institute of Medicine of The National Academy of Sciences (2001) outlines the following evidence categories: (1) Evidence based, (2) Evidence supported, (3) Evidence informed, and (4) Evidence suggested. Several experts in the field have pointed to a dearth of models with the highest levels of evidentiary support in critical social service areas such as child welfare (see also Usher & Wildfire, 2003). Our practices, therefore, typically fall under "evidence-supported" and "evidence-informed." Also of note, Smyth and Schorr (2009) lay out some of the key reasons why certain types of potentially effective programs are not appropriate for randomized control trials and, thus, are ineligible for the highest evidentiary tier, as it is currently defined.

[4] Models meeting the standard of "evidence-supported" have demonstrated effectiveness via quasi-experimental studies. This is the second tier of evidentiary support as determined by the Institute of Medicine at the National Academy of Sciences (2001).

[5] A meta-analysis by Durlak, Weisberg, and Pachan (2010) provides an excellent overview of afterschool practices that promote personal and social skills. Based on a review of 68 studies, they found that SAFE: (sequenced, active, focused, and explicit) practices were associated with significantly increased positive feelings toward self and school and positive social behaviors and improved academic performance.

[6] As random assignment is not possible for the model under evaluation, Metis plans to analyze DOE data utilizing multilevel propensity score matching, a sophisticated statistical technique that generates the strongest possible comparison group and best approximation of a randomized control group design.

[7] Durlak and DuPre (2008) provide a helpful review of community and organizational factors that impact the success of implementation. Their review highlights the complexity of factors affecting implementation and the importance of collecting implementation data.

[8] To support GSS staff in these efforts, GSS maintains a centralized Program Evaluation and Planning (PEP) Department. This department was established in 2008 with funding and support from the Edna McConnell Clark Foundation. The 11-person PEP team is comprised of a multidisciplinary staff experienced in program planning and evaluation as well as direct service provision. The team includes doctoral level staff in developmental psychology and social work and masters level staff in public administration, public health, and social work.

[9] To keep current on new research, PEP maintains a specialist position which conducts regular scans of the literature and maintains an internal, web-based library. GSS also has an interdepartmental Shared Resources group that convenes monthly to discuss a priority topic, such as out-of-school-time, juvenile justice, or job readiness, and to add resources to our library. We have found that these meetings leverage our strength as a multiservice organization and deepen staff understanding of program operations and challenges, emerging evidence, and policy, demographic and funding trends.

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