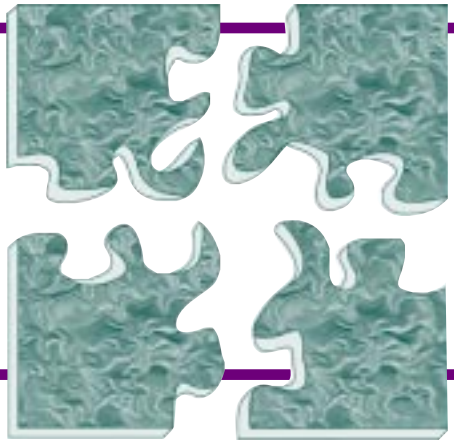
No. 23, 2002

BEST PRACTICE BRIEFS



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WHAT ARE "BEST PRACTICES"?

*The notion of **"Best Practices"** has taken root in human services as decision makers and managers place more emphasis on ensuring desired outcomes. Using "Best Practices" is also seen as a way of assuring funders that their largess is not being wasted. Presumably, if an agency replicates a "Best Practice," there is more certainty that change will occur, desired outcomes will be achieved, and investments will be validated.*

Because there is confusion about what is meant by a "Best Practice," this **BRIEF** *explores the concept of "Best Practices" and "Lessons Learned," discusses what service providers need to know in adopting a "Best Practice" model, and identifies ways in which policy makers can promote effective implementation. "Best Practice" models for the prevention of violence by youth are referenced.*

WHAT ARE "BEST PRACTICES"/ "LESSONS LEARNED"?

"Best Practices" is ordinarily used to refer to **models of service delivery** that have shown some effectiveness in accomplishing desired outcomes. "Best Practices" can also refer to processes and tools for service delivery and administration. **"Lessons Learned"** is often used interchangeably with "Best Practices." It can also refer to the **reasons for the effectiveness or ineffectiveness** of a model, a process, or a tool.

IDENTIFYING "BEST PRACTICES"/"LESSONS LEARNED"

A "Best Practice"/"Lesson Learned" is knowledge that informs action.[1]

It is *not* a

- belief or opinion; e.g., "Preaching abstinence is the answer to teen pregnancy."
- hypothesis or prediction; e.g., "Teaching children about the characteristics and impact of substances will reduce substance abuse."

There must be evidence for anticipated outcomes?

[1] This section is based on a presentation by Michael Patton at the Annual Conference of the Michigan Association of Evaluators, May 21, 1998, at the Kellogg Center, East Lansing, MI.

How Managers of Nonprofit Organizations Define "Best Practice"

- A variety of things, a rubbery term
- Responsiveness and due diligence
- Service-minded
- Quality customer service approach (responsiveness, addressing questions, offering information)
- More effective approaches; using what we learn to make ourselves more effective
- Learnings or innovative and effective approaches to addressing issues
- Analyzing successful examples
- Describing your own successes, failures, and learnings
- What others are doing
- Using other's ideas in your projects
- Street smarts; knowledge you don't get from books
- Leaders in the field describe the elements of how to operate more efficiently and effectively (e.g., on-line discussion forums and affinity groups)
- Models, standards, recommended guidelines; accepted or agreed upon
- Good examples
- Good professional practices

From survey in 2000 by Jerry Lindman, J.D., Director, Michigan Public Policy Initiative, Michigan Nonprofit Association.

Identifying "Best Practices"/ "Lessons Learned" *continued*

It is *not* a

- mission statement; e.g., "Because violence is preventable this organization will…."
- standard or ethical statement guiding practice; e.g., "Therapists should be respectful of family culture."
- definition or framework; e.g., "Problems can be approached by impacting the agent, the individual, or the context."

  These provide a way of thinking about the problem; a first step.

It is *not* a

- single observation or finding of effectiveness.

  Is the practice corroborated by other evidence? Can it be replicated?
- a service model widely assumed to be effective.

  There are many examples of one-shot solutions designed to prevent risky behavior, attractively presented skill-building packages, and politically-driven initiatives that have not been evaluated, that have been evaluated and found wanting, or that ignore the relationships between practice and outcomes.
- something that other agencies have decided is a good thing to do.[2]

[2] Increasingly, however, associations of human service agencies are encouraging the adoption of management practices; e.g., board organization and operation, fiscal functions, etc., that have been tested by experience.

It *is* a statement about practice that

- ***has significance*** for changing an agency's mode of operation to improve outcomes for the persons served, **and**
- ***is* substantiated by credible evidence:**
  - **Substantiation by evidence** usually means that the practice has been evaluated in a research project by a university or competent agency to show that the intervention has produced the desired outcomes.
  - **Credible evidence** in this context means that the substantiation comes from more than one source.

  A "Best Practice"/"Lessons Learned" substantiated by credible evidence is strongest when supported by information from
  - evaluation results from replication in **more than one site** or from **multiple projects** with similar components
  - findings from **longitudinal or descriptive research** (not involving interventions) or intervention research without a comparison or control group
  - **considered opinion and theoretical formulations of experts** in books and articles
    These are often the basis for initiating a process or model.
  - **practice wisdom,** reflecting the experience of practitioners
    Often documented in published case studies or conference presentations.
- ***is*** strongest when **validated by consistency in findings across disciplines.**

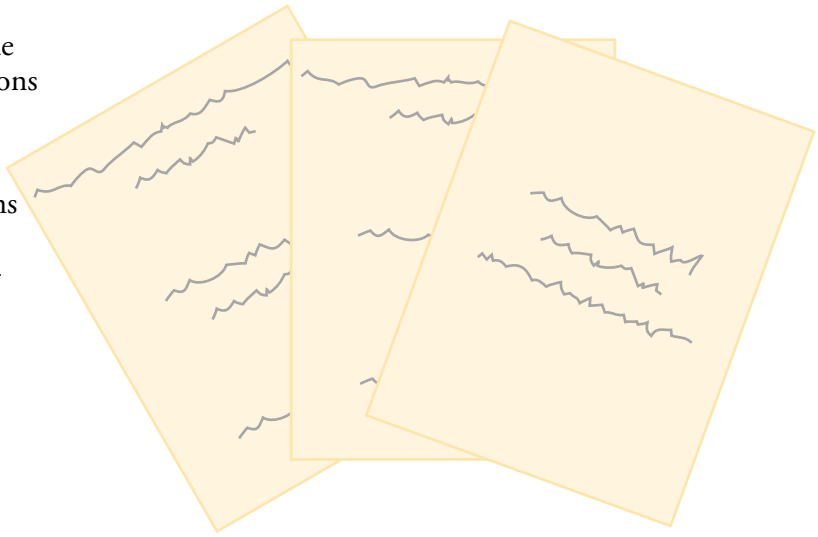
Organization and Service Delivery Characteristics of "Best Practices"

"Best Practice" models of service delivery combine

- **a theoretical approach to behavior change** (concepts or theory of change), and
- **techniques and logistics of service delivery** (processes).

A manual will document concepts and processes and include the instruments (tools) used to facilitate the various processes and to measure results (outcomes).

Evaluated programs across age groups that made a difference in positive outcomes for disadvantaged children are similar in their organization and service delivery, according to Lisbeth Schorr.[3] She identified the following characteristics of effective service models:



- **comprehensiveness:** providing or attending to a broad spectrum of services
- **flexibility:** crossing professional and bureaucratic boundaries to respond to children's needs; adapting or circumventing traditional bureaucratic limitations
- **ecological:** responding to children in the context of the family and to the family in the context of its surroundings
- **relationship-based:** families perceiving service providers as trustworthy people who care about and respect them; providing a continuity in relationship between service provider and family

Institutionalizing "Best Practices"

Evaluated models are beginning to be defined as "Best Practices" in accordance with specified criteria by resource centers that are funded by the federal government or a foundation. Technical assistance—training, consultation as issues arise, and some level of ongoing monitoring to assure that implementation is on track—may be available from a model's originator or a designated site.

This approach to "Best Practices" represents a quantum step forward in improving dissemination:

- Models meet **specified criteria.**
- There are **written materials** indicating how to proceed.
- **Training** is provided.
- **Implementation is monitored.**

[3] Lisbeth B. Schorr, (1989), *Within Our Reach: Breaking the Cycle of Disadvantage,* New York: Doubleday. See also **BEST PRACTICE BRIEF** No. 1.

"Best Practices" for the Prevention of Violence by Youth

The University of Colorado, Center for the Study and Prevention of Violence,[4] used the following criteria in selecting models of "Best Practice" for the prevention of violence by youth:

- **A strong research design** providing the greatest confidence in evaluation findings, including
  - **random assignment** of participants to service and control groups to assure that service and control groups were comparable
  - **low rates of attrition** resulting in a high proportion of enrolled individuals completing service and providing data at all collection points
  - **evaluation measures** that have been tested for reliability and validity plus careful, consistent administration to participants
- **Evidence of a significant prevention or deterrent effect**
  - **reductions in the onset** of violence, delinquency, or drug use in those receiving services compared to a group not receiving services
  - **reductions in offending rates** in those receiving services compared to a group not receiving services, for models serving an already delinquent population

    Demonstrated changes in targeted risk and protective factors alone were not considered sufficient evidence.
- **Evidence of sustained impact**
  - Short-term effects during service delivery were sustained **beyond the period of intervention.**

    The evaluation included collection of data indicating long-term outcomes.
- **Replication in multiple sites**
  - Results were sustained **beyond the initial site.**

    Adequate procedures were in place for monitoring the integrity of implementation.

4www. colorado.edu/cspv/blueprints/about/criteria/htm. University of Colorado, Center for the Study and Prevention of Violence. For a listing of these Blueprint models, see appendix on page 9.

How Policy Makers and Managers Can Increase the Effectiveness of Investments

Whether or not "Best Practice" models are adopted is initially a decision made by legislators, foundation staff, and administrators who specify the parameters that agencies receiving grants or other funding are expected to follow. Whether or not "Best Practice" models are identified and implemented is secondarily a function of the actions of program managers. This section describes (1) decisions by funders that impede the capacity of program managers to implement "Best Practices" and (2) issues that affect replication of positive outcomes from known "Best Practice" models.

While policy makers may desire to improve outcomes for children/families/adults, their decisions often are based on such relevant issues as containing costs, balancing competing interests, being perceived by the public and the media as doing something—the visible *now,* as opposed to the less evident ongoing effort over time —and getting re-elected or re-appointed. Selecting a model that is relevant for a low-risk population and expecting it to produce positive outcomes in a high-risk population is another impediment to effectiveness.

Logistical Issues

When policy makers specify or suggest the use of models that have been identified as evidence-based "Best Practices," the ability of agencies to implement the model may be constrained by language and requirements in statutes, specifications, or contracts. Specifications that promote success in replication may be omitted or contingencies that impair effectiveness may be included. Addressing these issues will promote the effective use of resources and the accomplishment of desired outcomes.

1. Length of Grants

Issue: It takes time to start up a service, and even more time before results are evident.

Concern: Definitive results can seldom be delivered in the first year of service because of the time required for planning and start-up and for the learning curve for staff to be effective.

Remedy: Provide multiple-year grants, with a reasonable time allowed for planning and start-up of implementation and evaluation.

2. Funding Capacity

Issue: Governments and foundations focus on funding services and hesitate to build capacity.

Concern: Capacity is what delivers the goods.

Remedy: In addition to funding services, provide adequate funds for

- training
- technical assistance
- state and local agency management and oversight

3. Funding Evaluation

Issue: Insufficient funds are available for evaluation.

Concern: A full-scale evaluation to document outcomes, utilizing control groups, is costly and beyond the fiscal and skill capacity of most community agencies.

Remedy: Require that *all* grant recipients undertake a minimal evaluation designed as a feedback mechanism to assure that the implementation is on target; provide sufficient funds for relevant technical assistance from a central agency.

Recognize that definitive evidence of outcomes requires an experimental design and provide sufficient funds to selected grantees to accomplish it.

4. Phased Replication

Issue: Wide dissemination of funds to as many sites as possible is politically attractive.

Concern: Unless there is a clearly defined model and replication strategy, initiating what is essentially a pilot in multiple sites can waste funds and undermine legislative support.

Remedy: Pilot initially in one or two sites with known competence; refrain from widespread dissemination until the results of the pilot are known. Recognize that a two-step process is programmatically more effective and less wasteful of public funds.

5. Support to Accomplish Collaboration

Issue: Funders mandate collaboration among community agencies.

Concern: True collaboration involves complex relationships among individuals and agencies; it requires the development of trust and the recognition of common interests to accomplish sharing of resources and service delivery. Collaboration takes time to develop. Grants consistently go to communities that have already developed a high level of collaboration. Communities that have not established collaborative relationships will benefit from provisions for planning time and staff.

Remedy: Include funds for staff assistance at the local level to facilitate collaborative relationships. Allow time for interagency planning.

6. Sustained Funding

Issue: Grants are time-limited with the expectation that community funds will be allocated to sustain effective services.

Concern: Competition for grant funds is a reasonable way to identify those communities most competent to start up services, but year-to-year competitive and time-limited funding creates instability:

- Job insecurity results in high staff turnover.
- Staff must spend time writing grants to maintain or to seek funding—a continual diversion of energy.

A repetitive cycle of start-up and close-down of needed community services, inevitable as short-term grants are awarded and terminated, is a wasteful use of resources.

Remedy: Commit funding for at least three years (contingent on reasonable performance). Implement state policies that support transfer from grants to sustained state and community funding sources once a project is reasonably developed.

Implementing "Best Practices": Review Questions

TOOLS

The more frequently a model or process is identified as a "Best Practice"/"Lesson Learned," the more likely it is to be uncritically replicated. In such situations, policy makers and administrators may make decisions without understanding or replicating the aspects of an evidence-based model that are related to effectiveness. In adopting a "Best Practice," the key question for both policy makers and managers must be "what exactly *is* the model?"

For Example: *Impressed by the evidence from the longitudinal evaluation of the High/Scope Perry Preschool Project, governors rushed to implement early childhood education programs during the 1980's. The desired outcomes in cost savings, however, were related to the planning-ahead teaching and parent involvement of High/Scope – essential components that were not specified in these "replications."*

Very often funders or program managers pull a well-documented and publicized "Best Practice" model off the shelf and assume that the results can be replicated in any situation, agency, or population. Any "Best Practice" requires a careful review before the decision is made to adopt or adapt. Such a review would include consideration of the following questions:

- Is the **conceptual approach** consistent with the agency's philosophy and way of operating? **Is the model congruent with the organizational culture?** A "Best Practices"/"Lesson Learned" that an agency implements without considering congruence with the organizational culture is likely to be headed for failure. Assessing the fit between an organization and the "Best Practice" under consideration is a necessary first step in deciding to move in a different direction.
  - *Are those in authority committed to the change? Will they provide the explicit direction and overall support?*
  - *Will individuals be willing and able to change longstanding practices? Will the "Best Practice"/"Lessons Learned" be actively or passively sabotaged by leaders or by staff?*

    Adopting a model that would result in extensive change in an agency's philosophy and way of operating will require an initial period of intensive preparation.

- Is the **cost** per individual or family served too expensive for a sustainable community service?

  Many carefully crafted university-based or foundation-funded projects cannot be reasonably replicated by a community agency operating in a cost-constrained environment.

- What **aspects of the model** as evaluated were related to its effectiveness?
  - recruitment criteria?
  - specific intervention strategies?
  - logistical components—e.g., small caseload, frequent contacts, period of service?
  - credentials and training of staff?

  Changing these components by implementing an "abbreviated" version changes the model and can be expected to dilute outcomes. Understanding the key characteristics of a model and carefully implementing them are essential to successful replication.

- Was the effectiveness of the model as evaluated related to **conditions of the implementation?**
  - a skilled, possibly charismatic, leader?
  - a carefully selected, highly trained, highly motivated staff?
  - initial and ongoing training?
  - careful ongoing supervision of staff involving service content as well as process?
  - ongoing monitoring of implementation?
  - other contextual policies and practices?

  Can these conditions be replicated?

"Best Practices"/"Lessons Learned" May be Context-Specific

Models may not be universally applicable.

- What works with a particular **population** may not be a "Best Practice"/"Lesson Learned" with other populations.

  Sensitivity to the culture of individuals and families is a condition for effectiveness.[5] Appropriate adaptation and accommodation to differing causalities and customs must be part of effective implementation of any service model.

  For Example: *In Elmyra's white population, focusing on reducing the high level of smoking by pregnant women was a "Best Practice" for reducing the number of low birth weight babies. For the African-American population in Memphis, smoking was not a cultural practice; low birth weight instead was related to the incidence of infections.*[6]

- **Agency economics** and **staff stability** may be different in replication sites, potentially compromising desired outcomes.

  For Example: *When the Nurse Home Visitation Model was replicated through a local public health department, the stable staffing at the evaluation site was replaced by a 50 percent turnover in staff as nurses in short supply were recruited to more lucrative positions. Management had to overcome this disruption in service.*[6]

- What works in the context of one service delivery system may no longer be replicable in the context of **system changes**—even though it may still be a "Best Practice."

  For Example: *Capitated managed care, emphasizing avoidance of financial risk and cost containment and with limitations on eligibility and benefits, has often compromised the ability of managers to install "Best Practices" with respect to access to services, optimum number of contacts, and comprehensive services.*

[5] Culture differences are "best practices" defined by a particular group; they are rooted in history, tradition, and experience in a particular geographic and social context. For ethnic and racial groups, these lessons of survival may be timeless—or they may become inappropriate in a different location, a different point in time, or from the vantage point of more complete knowledge based on observation, experimentation, and rigorous research.

[6] D. Olds, et. al, (1999), Prenatal and Infancy Home Visitation by Nurses: Recent Findings, *The Future of Children—Home Visiting: Recent Program Evaluations,* Vol. 9 (1), p. 44.

In Conclusion

Accomplishing desired outcomes is a complex undertaking requiring the best efforts of policy makers and managers. Understanding what constitutes a "Best Practice" and selecting only those models that meet rigorous criteria will avoid the wastage of public funds on interventions without evidence of effectiveness. Selecting an evidence-based "Best Practice" model, however, is only the first step. Effectiveness also requires adherence to the essential elements of the model, careful adaptation to local conditions, and funding specifications that provide managers with the best possible context for success.

APPENDIX
BLUEPRINTS FOR VIOLENCE PREVENTION

Models for Prevention of Violence

- **Prenatal and Postpartum Home Visiting**

  Nurse Home Visitation
  David Olds

- **School-based—Universal**

  Bullying Prevention
  Elementary, middle, and high school
  Dan Olweus

  Promoting Alternative Thinking Strategies
  Primary grades
  M. Greenberg and C. Kische

  Life Skills Training
  Grades 6 and 7.
  Drug use prevention: social skills and life skills training
  Gilbert Botvin

  Midwestern Prevention Project
  Grades 6 and 7, with parent, media, community components
  Drug use prevention
  Mary Anne Pentz

- **At-Risk Youth: Mentoring**

  Big Brothers, Big Sisters of America
  Ages 6-18
  Dagmar McGill

- **At Risk Youth: Educational Opportunities**
  Quantum Opportunities
  High school
  Ben Lattimore

Models for Reduction of Violence in Juvenile Delinquents

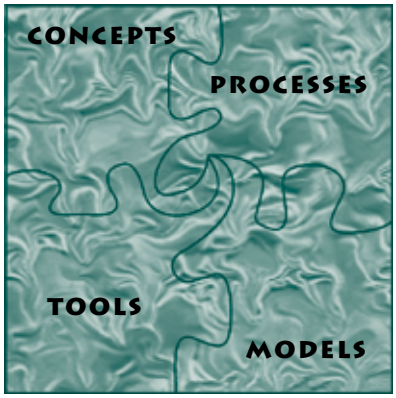
- **At Risk for Out-of-Home Placement**

  Functional Family Therapy
  James Alexander

- **Serious Delinquents**

  Multisystemic Therapy
  Scott Henggeler

  Multidimensional Treatment Foster Care
  Patricia Chamberlain



BEST PRACTICE BRIEFS are a product of **OUTREACH PARTNERSHIPS @ Michigan State University,** connecting university resources to the community. **BRIEFS** are reviewed by participating faculty, **OUTREACH PARTNERSHIPS** staff, and an Advisory Group of potential users. Responsibility is assumed by Betty Tableman, Editor, at 517-432-7138, or e-mail: tableman@msu.edu.

WRITE OUTREACH PARTNERSHIPS, MICHIGAN STATE UNIVERSITY, ROOM 6, KELLOGG CENTER, EAST LANSING 48824 OR CALL 517-432-2500 OR E-MAIL: ASSETS@MSU.EDU FOR INFORMATION ON ASSETS TRAINING, EVALUATION, OR TECHNICAL ASSISTANCE.

COMING—No. 24.
A Community Approach to the Prevention of Violence by Youth

BEST PRACTICE BRIEFS

For more than two years, Outreach Partnerships at Michigan State University has been issuing **BEST PRACTICE BRIEFS.** These **BRIEFS** have been based on

- experience with cutting edge values in human services, outlined in **BRIEF** No.1
- evaluations following generally accepted research guidelines
- applicable articles and books, outlining theory and practice
- field practice, based on values and experience

BRIEFS are intended to explore concepts, processes, models, and tools that might be useful to policy makers, funders, planners and managers. In practice, **BRIEFS** have primarily explored concepts and processes in human services that have been ostensibly simple on the surface but when examined closely turn out to be more complex and needing clarification.

The intent of **BRIEFS** is to demystify and articulate these concepts and processes—and less frequently, models and tools—so that they can be understood and applied appropriately.

The following criteria have been used in selecting topics:

- The topic is one that needs clarification.
- The topic can be assessed against value statements outlined in the first **BRIEF** No. 1.
- Information is available from analyses, evaluations, and research.
- Implications for practice can be identified.

Each **BRIEF** in draft form receives a critical reading by MSU faculty and engagement specialists and by knowledgeable human service professionals for accuracy, clarity, and completeness.

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