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"A Vital Christian Presence in Social Work"

LOOKING AT EVALUATION OF YOUR FAITH-BASED INTERVENTION/ PROGRAM: WHAT'S THE BIG DEAL?

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Introduction

Faith-based social service programs have existed long before the term "faith-based" was coined. The very history and nature of the social work profession was forged in the religious tradition (Cnaan & Boddie, 2002). At the beginning of the 19th century, "visitors" practiced a rudimentary form of social work that endeavored to lessen the burdens of the poor through direct relief and prayer. The urban missionary movement and other similar philanthropies relied heavily on the use of the visitor in their work. This early form of visiting was very sectarian, bearing more of a resemblance to missionary work than to social work. Conversion was a common goal, and prayer a typical treatment approach. At the beginning of the century, Americans possessed a world view that saw God and religion as both the purpose and cause of most life events.

Gradually this view changed, and by the end of the 19th century most Americans had a more secular and humanistic view of the world. Religion was still important, but the belief that society could be shaped and even improved through the new discoveries of science and technology was widely accepted. Nevertheless, the basis of working with the poor, the downtrodden, and the oppressed began through the hands of church-minded individuals. Since that time, churches have and continue to be a source of social service support for communities and cities throughout our nation. Before faith-based legislation ever came into being, churches were already at work helping and assisting their communities.

Legislative Background: The Bush administration's efforts and charitable choice.

On January 20, 2001, President George W. Bush made his first inaugural address to America, and within days of his inauguration he began to sign Executive Orders into

effect regarding faith-based programs. On January 29, 2001, the first order was executed, which established into being the White House Office of Faith-Based and Community Initiatives (OFBCI). A second order on that same date defined the OFBCI agency responsibilities with respect to faith-based and community initiatives. On July 19, 2001, the U.S. House of Representatives narrowly passed the Community Solutions Act of 2001 (H.R. 7) by a vote of 233 to 198. This bill sought to broaden the scope of charitable choice principles to a much more extensive list of government programs than had previously been attempted. Executive Order 13279 was signed on December 12, 2002. And on June 1, 2004, President Bush wrote an Executive Order regarding the responsibilities of the Department of Commerce, Veteran Affairs, and the Small Business Administration with respect to faith-based and community initiatives. Executive Order 13279 -- the order by President George Bush II, of Equal Protection of the Laws for Faith-Based and Community Organizations -- was adopted and written into effect on December 12, 2002. According to the order itself, its purpose is:

"...to guide Federal agencies in formulating and developing policies with implications for faith-based organizations and other community organizations, to ensure equal protection of the laws for faith-based and community organizations, to further the national effort to expand opportunities for, and strengthen the capacity of, faith-based and other community organizations so that they may better meet social needs in America's communities, and to ensure the economical and efficient administration and completion of Government contracts" (White House Office of the Press Secretary, 2002).

The intent of Executive Order 13279 is to influence how policies are formulated and implemented, when these policies affect faith-based and community organizations. The Order is aimed toward policy-makers, toward government officials, and toward agencies that administer social service programs.

Although President Bush has included the promotion and "equalization" of the process for faith-based and grass roots community agencies as a portion of his agenda, he was not the first one to promote faith-based legislation. In 1996, Charitable Choice became law as part of that year's welfare reform legislation. The Charitable Choice legislation stated that "State governments that opt to contract with independent-sector social service providers cannot legally exclude faith-based organizations from consideration simply because these organizations are religious in nature" (Bartkowski & Regis, 1999). The Charitable Choice bill aimed to ensure that state governments would not censor religious expression -- i.e. religious symbols or practices -- among faith-based organizations that are selected to provide state-funded social services.

Charitable Choice laws were met with much controversy and debate. Consequently, researchers and media reported that, years later, charitable choice had made a negligible impact on the way that faith-based organizations were handled in terms of obtaining funding, and the law had made little impact on faith-based program administration (Kennedy & Bielefeld, 2002).

Present national climate: The end of an era?

The Bush Administration has shown its determination to provide financial governmental assistance to faith-based social service organizations. Because of this, government assistance has been available to church social service programs in a greater degree

than ever before. Just this past month, on September 29, 2005, the United States Department of Health and Human Services announced that it awarded a total of 49 million dollars through the Compassion Capital Fund to help grass roots, faith-based and community organizations. Many organizations from all across the nation obtained awards ranging from 30,000 to 1.5 million (U.S. Dept. of Health and Human Services press release, 9/29/05). The Bush Administration has been very free in its allocation of government funds to faith-based and community organizations.

However, the Bush Administration has another few years of impact before a new regime may take its place. Will the next presidential regime view the effectiveness of faith-based organizations as a given, or will proof of effectiveness be needed in future years? For continued funding, how will church-based programs “prove” to the government that their programs are effective? Is it possible to continue to provide faith-based services without becoming “secularized” by the government evaluative process? How do we, as faith-based programs, show that our programs are just as effective, if not more effective, than the secular ones which we are competing for grants for? Some of these questions point to the need for churches and faith-based settings to think more seriously about what and how they provide service to the community, especially under grant funding.

Definitions - What is a faith-based agency/ organization/ program?

Given that churches have been providing social services for so long without government funds or assistance, what is the exact definition of a faith-based agency? The Rev. Joseph T. Robinson Jr., founder of New Jersey-based Pilgrimage Outreach Ministries, was quoted by the Non Profit Times when he asked a basic question minutes before a recent faith-based initiative event—“What is the definition of a faith-based group”? (The Non-Profit Times, 7/1/05)

It's a definition James Towe, director of the White House Office of Faith-Based and Community Initiatives, was careful not to spell out during an event at Seton Hall University in South Orange, NJ. (The Non-Profit Times, 7/1/05). The lack of conceptual and definitional consensus has been an on-going problem in the field of determining faith-based program effectiveness.

Although definitions themselves are elusive in the area of faith-based intervention research, there are some general assumptions of effectiveness that the federal government expects when they audit a faith-based program which obtains grant monies. According to faith-based legislation, some operational definitions included in OFBCI Executive Orders are summarized as follows:

(a) "Federal financial assistance" means assistance that non-Federal entities receive or administer in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, food commodities, direct appropriations, or other assistance, but does not include a tax credit, deduction, or exemption.

(b) "Social service program" means a program that is administered by the Federal Government, or by a State or local government using Federal financial assistance, and that provides services directed at reducing poverty, improving opportunities for low-income children, revitalizing low-income communities,

empowering low-income families and low-income individuals to become self-sufficient, or otherwise helping people in need.

(c) "Policies that have implications for faith-based and community organizations" refers to all policies, programs, and regulations, including official guidance and internal agency procedures, that have significant effects on faith-based organizations participating in or seeking to participate in social service programs supported with Federal financial assistance.

If there is controversy regarding the definition of a faith-based agency, then how can other issues be determined? For instance, by what criteria should faith-based interventions be evaluated? Which practices are most likely to yield desired results? What are the best frameworks to use to facilitate comparative analysis of faith-based interventions with their secular counterparts, or across denominations? Is there a way to standardize evaluation procedures at all?

Faith-based agencies are as diverse as the pastors, the congregations, the lay leaders and the denominations who create them. They are large and small, secularized and popularized, short-term and long-term, comprehensive and focused. They are run by small budgets like family businesses, and they are run by million-dollar budgets like corporations. How can one determine program effectiveness in the face of such diversity? How can you apply a framework, especially a man-made framework such as research (which is science-based) to a work of God? If someone was given a vision to do an altruistic work, why ever should it be tainted by rules, regulations, and judgements on effectiveness? How can a work of God be judged by secular methodologies and man-made procedures at all?

On the issue of conceptualization of a Christian faith-based program

The bible states in Hosea 4:6 that:

My people are destroyed from lack of knowledge.
"Because you have rejected knowledge,
I also reject you as my priests;
because you have ignored the law of your God,
I also will ignore your children. (NIV version)

As Christians, we have the responsibility of stewardship. If God gave us a vision to help others, it is our responsibility to obtain the knowledge needed to carry out the vision to fruition. God has spoken through His Word repetitively about the need to have a clear and concrete, tangible vision:

And the LORD answered me, and said, Write the vision, and make it plain upon tables, that he may run that readeth it. (Habakkuk 2:2, KJV)

Where there is no vision, the people perish: but he that keepeth the law, happy is he. (Proverbs 29:18, KJV)

Christians define their faith as one in which they trust in an omnipotent, omnipresent, omniscient, God. If God is all knowing, is it impossible for Him to give a specific plan in

minute detail for a social program, such that it is carried out? One need only turn to the example of Noah in the bible to understand that God is able to give not only a vision but detailed and intricate specifications regarding how to carry out the vision toward the desired result.

Those who are skeptical about utilizing secular evaluation principals to analyse God-given programs can find several biblical examples of the people of God proving their methods to be more effective in the midst of a "carnal" atmosphere. Daniel, Shadrack, Meshack, and Abidnego, as Hebrew boys in the midst of Egypt, proved themselves to be more effective than their peers -- they were more capable, more prepared, and more healthy than those who ate the King's meat. Esther, as one of the children of Israel in the midst of a foreign land, showed herself to be more excellent than all of the other women of that land. As salt of the earth, we are able to be in the world but not of the world. Is God able to prove His methods of helping the needy and oppressed (what we as social workers call social service programming) as effective? He does it time and time again. When you lay the world's non-profit programs side by side in comparison against truly God-inspired programs, there should be -- no, there must be -- evidence of fruitful results.

The term evidence-based practice is a structured decision-making framework or process that helps professionals and clients alike "choose the best available intervention for the outcomes they are seeking" (Myers, 2001). Can there be evidence-based effectiveness of faith-based programs? If effectiveness is unable to be shown via God's programs, then where can it be shown?

Current social work intervention and evaluation strategies

There have been several attempts to conceptualize and develop frameworks or models for planning and evaluating faith-based interventions that are tailored specifically for faith-based entities. For instance, Valerie Myers from the University of Michigan proposed a compass to guide faith-based intervention planning and evaluation that is based on the PRECEED-PROCEED Model of Health Promotion Planning (Myers, 2001). Rather than attempting to create or to present a model tailored to faith-based organizations, I will present simple elements of a select number of more general models used by evaluation researchers, in order to show that faith-based organizations can benefit by following empirically-based models. There are many models or types of program evaluation in research; a comprehensive discussion of the breadth and extent of the variety of models available would take many months rather than a few hours.

Evert Vedung is a professor of political science in Uppsala University's Institute for Housing Research in Sweden, and he is the author of a major textbook on program evaluation (Vedung, 2005). He identifies eight models of program evaluation. A model of program evaluation should be chosen by the evaluator in conjunction with agency officials, based upon what questions need to be answered about the agency, and based upon the nature or type of agency. The thing to remember is that an experienced researcher would be able to discuss the evaluation process with agency officials to determine the best model to be used in order to evaluate the program's effectiveness. To give an example:

Reverend John Doe's program is a substance-abuse program for adult men. The men participating live in Reverend Doe's transitional housing program for six months. At the end of the six months, the goal of the program (according to grant funders) is for the men to be able to retain their sobriety, and for them to obtain a job. There is a computer training center and an auto mechanic apprentice program on site.

In order to evaluate the effectiveness of Reverend Doe's program, researcher X decides to use a goal-attainment model to evaluate the program. In the goal attainment model, researcher X would ask what results did Reverend Doe's program produce. Are these results in accord with program results? If many of the men had renewed marriages as a result of the program, but they were unable to attain a job, then according to the goal-attainment model, Reverend Doe's program did not meet its objectives. This is important, because when faith-based organizations take government money, there is always a goal that the government expects will be met. If you have wonderful things like marriage renewals happening, but there is no movement toward the government's pre-established goals, then the program is still lacking.

There are other models that might be better to use for Reverend Doe's program. Researcher Z might talk with Reverend Doe and decide that a client-oriented model would be the best choice. In this case, Researcher Z doesn't look at goals. Instead, he would interview clients -- the residents of the drug program -- to see what they say about the program. Program effectiveness would be determined by the client's satisfaction or lack of satisfaction in aspects of the program. As you can see, depending on the model used, one can get a very different answer about what "effectiveness" means for a given agency.

Count the Cost: an objective self-assessment

The point is that pastors, church leaders, and social workers in faith-based settings must get to a place where they are willing to objectively critique themselves and their programs. Such a critique requires the ability to examine and embrace one's own faith, and yet be objective in terms of evaluating the effectiveness of the program under one's care. Often, a truly objective self-assessment can only be done by someone outside of the agency, one who is experienced in engaging in agency assessment.

Many faith-based agencies never think about evaluating themselves until they are about to be audited by their funding agency. Some look at evaluation as equal to "auditing", and see evaluators as unsympathetic visitors to their facilities who don't see the true picture of the vision of the program and instead are just looking for mistakes.

However, the best and most effective way to self-assess an agency is to realize that the assessment process should begin at the time the agency is first conceptualized, and the process should continue throughout the lifespan of the agency. The most effective agencies are those who seriously "counted the cost" of accepting government funds, "counted the cost" of opening their doors, and "counted the cost", or the price to be paid in order to truly be effective in helping those that they serve.

For which of you, intending to build a tower, sitteth not down first, and counteth the cost, whether he have sufficient to finish it? (Luke 14:28, KJV)

Jack Rothman, PhD, is a professor in the School of Social Welfare at UCLA, and is nationally and internationally known for his seminal work in systems intervention and social research and development. In his book, Intervention Research: Design and Development for Human Service, Dr. Rothman discusses six important phases and operations of intervention research that can be applied when creating any effective intervention (Rothman & Thomas, 1994):

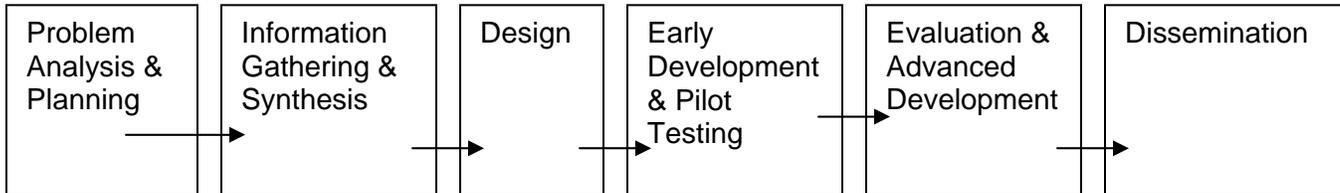


FIGURE 1. Phases and operations of intervention research (Jack Rothman).

To explain how these steps can assist faith-based organizations in designing and evaluating their programs from the point of inception, I will use one of my own examples:

Step 1: Problem Analysis and Planning

With the D and D model, the first step is to identify a problem out there in the community that needs solving. As a therapist working with low income populations in South Central Los Angeles, I personally ran into an increasing number of adolescents who, when asked, have no clue about what they want to be at age 18, where they plan to live, how they plan to support themselves, or even how to successfully graduate from school. When asked, they have no positive role models, no one in the neighborhood who they “look up to”, no goals for their lives, and no vision. But they are numb, and they don’t care whether they live or die, and they don’t see any value or worth in their lives. Some have been part of “systems” all of their lives – either DCFS or probation or DPSS – and they have no understanding of how to avoid or get out of the system. Some have never seen a successful adult in their lives and don’t know what success is. Some have to defend themselves daily in a hostile environment where shootings normally occur and kids are jumped for not wearing the right colors. They are desensitized and numb. Some repeat negative family patterns because that is all they know. For many, the only social worker they have seen is in a negative connotation – a welfare worker, or a DCFS worker, so they distrust the mental health system, and they don’t understand it (Mays, 1985). They fall in the category of those experiencing learned helplessness, self-sabotage, academic and emotional disengagement. There is disinterest, a lack of internal motivation or drive.

Step 2: Information Gathering and Synthesis

In the D and D model, the second step is to gather as much information as you can about the problem by doing a thorough literature review. In doing this, you can begin to define the problem, and operationalize it. After researching the problem, I noted that this problem in adolescents has been called a number of things in the literature – learned helplessness, a lack of resiliency, “at risk youth”, limited life skills, lack of self-efficacy, lack of feelings of competence, and anomie, for example. I studied in detail learned

helplessness theory, which is a learned non-contingency between behavior and important outcomes, resulting in reduced persistence and depressive-type affect (Burhans & Dweck, 1995). Youth with learned helplessness under this definition respond to failure with a characteristic helpless pattern. This achievement-based helplessness is associated with a tendency to attribute failure to ability rather than to effort, based upon attribution theory. I also looked at many other theories and models that may explain the behavior, such as Dweck and Leggett's motivational model. In this hypothesis, the degree to which a young person possesses contingent self worth (evaluates themselves as intrinsically good) can affect motivations to learn. I also explored resilience theory, where **Resilience** can be operationally defined as a dynamic process wherein youth display positive adaptation despite experiences of significant adversity or trauma. It is a two-dimensional construct that implies:

- a. Exposure to adversity and
- b. The manifestation of positive adjustment outcomes.

The main point is that it is wise to do a detailed literature review on the problem of interest before attempting to solve it.

Step 3: My Research Design

After the literature review, I designed an intervention model for African-American adolescents experiencing learned helplessness, based on resiliency theory. I chose aspects of this design due to several factors:

- a. This intervention design integrates resiliency theory ideas with a culturally sensitive approach.
- b. As one means of addressing cultural relevance, this intervention incorporates faith-based settings into its approach.
- c. This intervention combines structured mentoring with therapeutic services provided by social work professionals.
- d. This intervention utilizes a mentoring program component.

Dr. Diane DeAnda from UCLA has stated, "Mentoring programs pairing adult volunteers and youth are not new... However, mentoring has become viewed as a specific preventative intervention method for at-risk youth" (DeAnda, 2001). The ability to develop a strong bond via a mentor/mentoree relationship has been noted to enable youth to make positive developmental changes in their lives, both emotionally and socially. Since 1982, mentoring has become a "social movement" of increased popularity, particularly in working with at-risk youth.

Step 4: Early Development and Pilot Testing of the P.O.O.F. Program

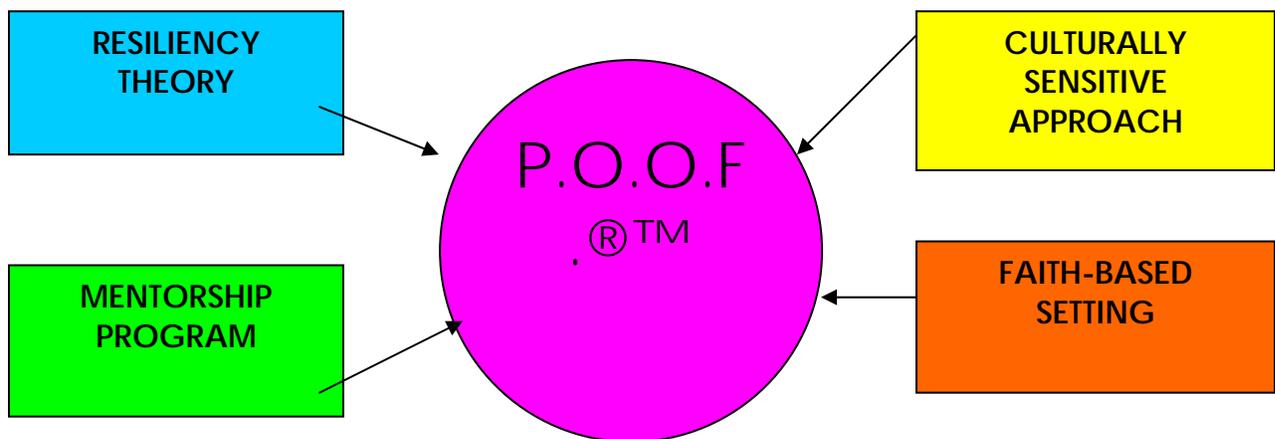
Taking the specific needs of African-American teens experiencing learned helplessness into account, I conceptualized a faith-based program called P.O.O.F., which stands for "Pulling Out Of (the) Fire".

As discussed previously, one key problem identified has been the issue of learned helplessness and apathy in some African-American youth. To obtain more information regarding this dynamic, I talked with a number of youth experiencing apathy during individual therapy sessions, asking them about their concerns. Although this information was gathered informally, many youth described "not knowing what to do next" or not knowing how to develop and accomplish goals as one reason why they felt apathy about

their situations. Other therapists I talked to reported similar answers from the clients they saw in therapy.

To gather more information, I organized a few focus groups with black youth ages 13-18 (both in and out of the therapy setting) who were experiencing learned helplessness or who have experienced apathy in the past and have successfully overcome the issues they faced.

P.O.O.F.®™ is an acronym for “Pulling Out Of (the) Fire”, which came from a bible scripture in the book of Jude: “And of some have compassion, making a difference; and others save with fear, **pulling** them **out of** the **fire**, hating even the garment spotted by the flesh.” The conceptualization of the P.O.O.F. vision had several components:



The Pilot Setting: An agency called Parishioner Involvement Center (PIC), which is a faith-based mental health center situated inside a large church in South Central Los Angeles agreed to act as a pilot setting for the P.O.O.F. program. The agency has a contract with Los Angeles County Department of Mental Health to provide mental health services to children via MSW’s, Marriage and Family Therapists (MFT’s), psychologists, psychiatrists, and case managers. The agency obtains its youth counseling referrals from Los Angeles County Department of Children’s Services, Department of Mental Health, Probation Department, other community agencies, and neighborhood schools. The pastor of this setting is also a Ph.D. and the founder/CEO of the social service components of the church. Other services located in the building include a fully staffed family preservation program, a job development program, a foster care agency, parenting and anger management classes, a day care center, and a college-bound program. He does not yet have a mentoring program, but desires one.

The Pilot Sample: The pilot sample was obtained from the youth who receive traditional mental health services at PIC. The youth are referred to the mental health center, where they are intaked by a social worker or Marriage and Family Therapist. They are scheduled to return the following week to complete the psychological assessment process.

At the point of intake, it was decided that a screening would be done to determine appropriateness for the P.O.O.F. program:

- ❖ youth age 13 -15
- ❖ a diagnosis of some type of depressive disorder, mild anxiety disorder, or adjustment disorders (no psychotic disorders, conduct disorder, pervasive developmental disorder, or mental retardation. No recent suicide attempts within the past year)
- ❖ parental or guardian/ DCFS approval is able to be obtained
- ❖ no aversion to the church environment
- ❖ a screening will be done at intake to determine if the youth does indeed exhibit learned helplessness/ anomie (pre-test)
- ❖ the youth states they are willing to participate in the full 12-wk program

P.O.O.F.®™ Program Design:

With P.O.O.F., in **addition** to regular therapeutic services, the youth would also be assigned to a mentor. The mentor is not like a Big Brothers mentor... the mentor is

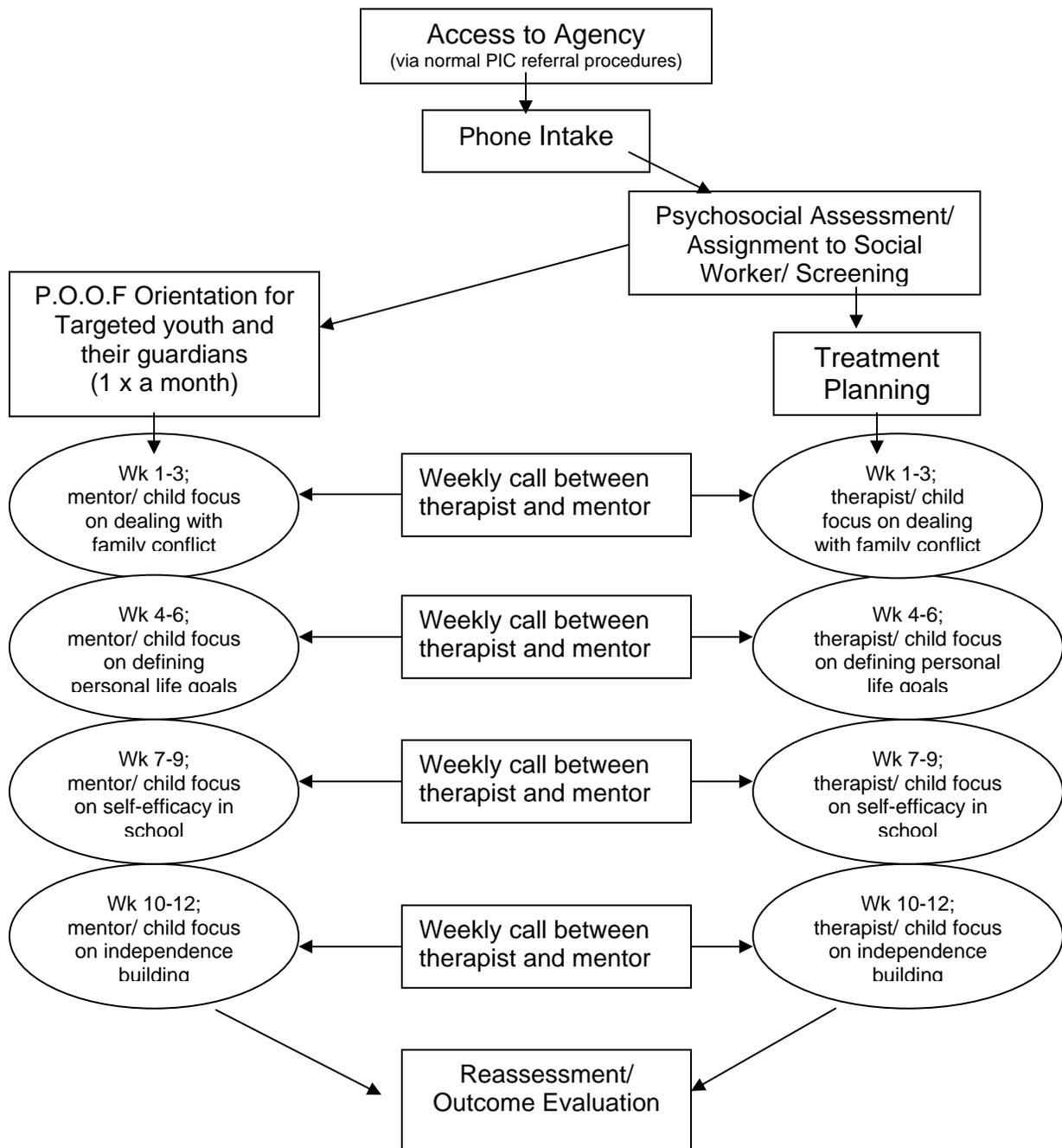
1. from the church connected with the faith-based agency (in this case, PIC)
2. is trained **specifically** on life skills training issues
3. instead of picking up the child and taking them to ball games, etc., the mentoring is an extremely structured inverse mentorship. The youth will go to the mentor's home once a week and spend a full day with them in the home environment with the mentor and their family.
4. the purpose is for the child to learn positive interactions in a family environment that they missed growing up, for them to see alternate ways of living, for them to bond with someone that is close to them in terms of community and culture, and to learn specific tools they need to survive.

The program is very structured. The mentor and all of the mentor's family members will be screened like foster parents are regarding past criminal involvement, Department Of Justice issues, etc. A home assessment will be done prior to the applicant's acceptance to be a mentor. The mentor's role will be to establish a bond with the youth and to talk with the youth about specific skills and issues, in addition to being a role model, etc. They have to commit to being available for 12 consecutive weekends for the child, and commit to weekly "briefings" with the child's therapist about their progress on the "life topic of the week". After a child/mentor relationship is established, the child, the child's guardian, and the mentor will come to a consensus whether they want to meet each Saturday for eight hours or each Sunday for eight hours.

Therapy will continue once a week with mental health professionals for these children, but therapy will specifically deal with their experiences at the home, and it will reinforce what they were to learn that week. It will be a 12-week curriculum, which includes three weeks on each of these topics:

1. How does this family deal with conflict in their home differently than mine?
2. What do I want to do with my life?
3. What do I need to do to do better in school?
4. What steps can I take for me to be able to take care of myself by 18?

A schematic model of the P.O.O.F. intervention is shown in the flow chart below:



The P.O.O.F. Project is a pilot study at this one facility – Parishioner Involvement Center --, where there will be pre-test, a test at 12 weeks, and a test at 3 months for each participant. The congregation from the church attached to the mental health center – Praise Tabernacle Church – will be utilized to obtain the mentors. The pastor is eager about the program, and it is a very large, progressive black congregation that loves involvement with children. They do not have a mentoring component to the church, so this will be it. Each child will obtain (simultaneously): 12 week P.O.O.F program and therapy combination (1 hr a week therapy; 8 hrs on weekend w/ family).

Prior to the implementation of this pilot trial, I will create extensive handbooks and pamphlets regarding: 1) the specific therapy procedures the social workers should engage in during the 12 weeks, 2) the specific criteria for entrance into the program, both for youth and mentors, and screening/clearance procedures, 3) a notebook documenting how the orientation should go for youth and their guardians about the program, 4) a specific handbook for mentors regarding what they should work on each week with their mentorees, how to handle emergencies, etc., 5) procedures for the social workers and psychologists on how to administer the pre and post tests.

MEASUREMENT/ ANALYSIS METHODS

The behavioral change that is sought after is:

- ❖ increase in competence, measured by
 - self-report of the child
 - mentor reports,
 - a teacher rating scale;
- ❖ an decrease in depressive symptoms, measured by
 - the Depressive Experiences Questionnaire (which scores dependency, self-criticism, and efficacy);
- ❖ and a change from external locus of control to internal locus of control, measured by
 - the Nowicki-Strickland Locus of Control Scale.

In addition, by the end of the program, the youth should be able to verbally discuss their views and decisions about a life plan for themselves, and show an understanding of basic steps to move towards, and a realistic understanding of barriers.

During the intake process, the above measures will be taken before the start of the P.O.O.F. program. Measures will be taken again at the 12 week completion mark. If possible, a final measure will be taken 3 months after completion of P.O.O.F. to see if any improvements were sustained.

The methods of data collection will include the quantitative measures of tests for locus of control (already associated via literature with resiliency factors), teacher rating scales, and the depressive indexes. Because this is a pilot, I am also attempting to gather information about how the program is experienced by the youth involved, the mentors, the social work therapists, and the agency administrators. Thus, qualitative information will also be obtained via open-ended questions asking all of the above parties to

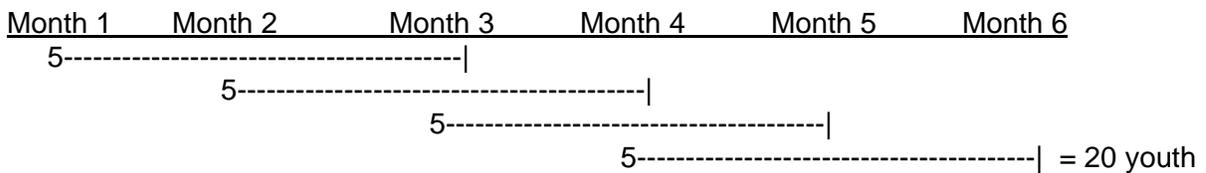
evaluate their experiences and discuss what they thought was positive, negative, and/or needed to be changed.

Pilot Hypotheses:

Hypothesis: There will be a statistically significant improvement in decreasing learned helplessness and increasing resiliency measures in youth who participate in the P.O.O.F. program after 12 weeks of treatment, when compared to pre-intervention measures.

Pilot Sample Size:

Because this is a pilot being tested at one facility (Parishioner Involvement Center), it will not be a large study. The study will occur over a six month period of time. There are approximately 40 youth mental health intakes that occur each month at PIC. Out of those intakes, it is estimated that only 5 per month would fall within the categories specified (depressed child age 13-15 willing to participate in the program, etc.) In a six-month period, 20 children (non-probability sampling) is a conservative estimate of the youth who would be able to complete the 12 week program from start to finish:



Based on this number of youth, a total of 15-20 mentoring families and two social work therapists will be trained to administer the program.

Step 5: Evaluation and Advanced Development

If the pilot test at PIC produces favorable results, the next phase would be to field test P.O.O.F. on a larger scale, potentially incorporating other faith-based mental health programs. Another alternative is to field test the program by forming collaborations between existing mental health facilities (such as County and other non-faith based entities) with local churches. The mental health facility would provide the therapeutic component of the program, and the church would provide the mentorship component. More rigorous methodology can be employed at this point, and effect size can be explored during the advanced development stages.

Step 6: Dissemination

Lastly, if the program is found effective, dissemination of the information would be extremely important. If such an intervention were found to be effective, it would have far reaching implications for the social work and the church community. If the intervention were deemed effective, this research would enhance strength-based, culturally competent social work mental health practice by creating an initial research venture that will lead to more future research within this realm. Positive outcomes of the pilot would also imply the need for social workers to more effectively collaborate with faith-based entities which are already an integral part of certain community settings.

Note: *This detailed example was shared for the purpose of showing the care and detail that should go into faith-based program design from the very start, so that effectiveness can be readily proven.*

Faith-based evaluation in the future

Social work educators are encouraged to engage in more research in the faith-based intervention research arena. The benefits of taking time to think more seriously about program design will be crucial in future years as the Bush Administration is replaced by a new regime. Because faith-based organizations have begun to receive the long overdue attention for the services they provide, the Bush administration has provided a rich opportunity for funding of many organizations. Faith-based evaluation techniques are of the necessity at this juncture, however, in order to ensure that funding continues in the years to come.

Resources for further information about evaluation research and intervention research

For more information in regards to finding technical assistance for evaluation or intervention assessment of your agency, the following agencies are available:

White House Office of Faith Based and Community Initiatives --
<http://www.whitehouse.gov/government/fbcj/>

This web site discusses the mission of the White House faith-based office, gives guidance in written form (and teleconferences) to faith-based programs, and gives information on where technical assistance can be obtained, discusses available funding, and spells out regulatory changes and legislation regarding faith-based initiatives.

United States Department of Health and Human Services, Compassion capital fund information - <http://www.hhs.gov/news>

In late September 2005, it was announced that 49 million dollars was awarded to a variety of faith-based and grass-roots organizations to enhance their ability to provide a wide range of social services to those in need. This web site discusses news related to the Compassion Capital Fund.

National Grant Center -- <http://www.nationalgrantcenter.org/conferencecalls.asp>

This web site advertises free and low cost conference calls that are available in order to learn more about funding faith-based organizations, developing organizational substance, program development that results in winning grants, tracking outcomes via new technology on the web, and other topics.

United States Department of Health and Human Services, Administration for Children and Families - Office of Planning, Research, and Evaluation - <http://www.acf.hhs.gov/programs/opre/index.html>

This office web page discusses the type of research and evaluation which is completed for agencies receiving funding through the Administration for Children and Families, Department of Health and Human Services.

The Welfare Peer Technical Assistance Network - <http://peerta.acf.hhs.gov/>

This web page provides peer-to-peer technical assistance to public agencies and private organizations operating the Temporary Assistance to Needy Families (TANF) program. Technical assistance is provided through a variety of mechanisms: peer-to-peer site visits, workshops, moderated teleconferences and interactive Q&A sessions.

The Brookings Institution - <http://www.brook.edu/gs/projects/rcs/faithbasedinitiatives.htm>

Up to date discussions and research findings surrounding faith-based initiative issues are provided via this site.

PRRUCS - University of Pennsylvania -- The Program for Research on Religion and Urban Civil Society - <http://www.prrucs.org/research.html>

This site produces and disseminates cutting-edge research on religion and civil society.

United States Department of Labor Office of Faith Based and Community Initiatives - <http://www.dol.gov/cfbci/>

The Center for Faith-Based and Community Initiatives (CFBCI) at the U.S. Department of Labor seeks to empower faith-based and community organizations (FBCO) as these organizations help their neighbors enter, succeed and thrive in the workforce.

The Roundtable on Religion and Social Welfare Policy -- <http://www.religionandsocialpolicy.org/research>

The ongoing work of the Roundtable on Religion and Social Welfare Policy focuses on four topical areas for research:

- Developments in federal and state law regarding service partnerships between religious organizations and the government;
- Changes in the policy environment for faith-based social services in Washington, DC and state capitols around the nation;
- Scope of religious and religiously-affiliated organizations in addressing established and newly articulated goals of public policy; and the
- Effectiveness of social services provided by faith-based organizations.

United Methodist Response to Faith-Based Initiatives: <http://gbqm-umc.org/news/2001/june/faith.htm>

Presbyterian Church U.S.A. -- Research Services: <http://www.pcusa.org/rs/rshtml.htm>

BIBLIOGRAPHY/ REFERENCES

Abbott, S.D et al (1990). Social workers' views of local churches as service providers: Impressions from an exploratory study. *Social Work and Christianity*, 17(1), 7-16.

Leggett, E.L. (1986). *Individual differences in effort-ability inference rules; Implications for causal judgments*. Paper presented at the annual meeting of the Eastern Psychological Association, New York.

Barker K (ED). (1985). *The NIV Study Bible: New International Version*. Zondervan Bible Publishers: Michigan.

Burhans, K.K. & Dweck, C.S. (1995). Helplessness in early childhood: the role of contingent worth. *Child Development*, 66, 1719-1738.

Bartkowski, J.P. & Regis, H.A. (1999). *Religious Organizations, Anti-Poverty Relief, and Charitable Choice: A Feasibility Study of Faith-based Welfare Reform in Mississippi*. (Nov, 1999 ed.). Virginia: The PricewaterhouseCoopers Endowment for the Business of Government.

Campbell, M.K. et al (2000). The north Carolina black churches united for better health project: intervention and process evaluation. *Health Education* 27 (2): 241-253.

Cnaan, R.A. & Boddie, S.C. (2002). Charitable-choice and faith-based welfare: a call for social work. *Social Work* Vol. 47 (3): 224-235.

DeAnda, D. (2001). A qualitative evaluation of a mentor program for at-risk youth: the participants' perspective. *Child and Adolescent Social Work Journal*, Vol. 18, 2, 97-117.

DeHaven, M.J., Hunter, I.B., Wilder, L., Walton, J.W., & Berry, J. (2004). Health programs in faith-based organizations: Are they effective? *American Journal of Public Health*, June 2004, v 94, no. 6, 1030-1036.

Executive Order 13279: Equal Protection of the Laws for Faith-Based and Community Organizations. (2002) The White House Office of the Press Secretary, 12/12/2002.

Gambrill, E.D. (2003). Evidence-based practice: sea change or the emperor's new clothes? *Journal of Social Work Education*, vol 39, no. 1, winter 2003.

- Gibelman, M. & Gelman, S.R. (2002). Should we have faith in faith-based social services? Rhetoric versus realistic expectations. *Nonprofit Management & Leadership*, v 13, no. 1, Fall 2002, 49-65.
- Gossett, C.W. & Pynes, J.E. (2003). The expansion of "charitable choice" and "faith-based initiatives": human resource management implications for nonprofit organizations. *Review of Public Personnel Administration*, vol 23, 2, June 2003, 154-168.
- Johnson, B.R. (2002). Objective hope -- assessing the effectiveness of faith-based organizations: a review of the literature. Pennsylvania: Center for Research on Religion and Urban Civil Society.
- Kennedy, S.S. & Bielefeld, W. (2002). Government shekels without government shackles? The administrative challenges of charitable choice. *Public Administration Review*, Jan/Feb 2002, v 62, no. 1, 4-11
- Mays, V.M. (1985). The black American and psychotherapy: the dilemma. *Psychotherapy*, 22, 2, 379-388
- Myers, V.L. (2001). Planning and evaluating faith-based interventions: a framework to close the theory-practice divide. The Roundtable on Religion and Social Welfare Policy website.
- Scheie, D. & Kari, N. (2003). What's faith got to do with it? Early insights on faith-based civic engagement from the organized religion evaluation initiative. *Rainbow Research, Inc. - public report*. Minneapolis, Minnesota: Nov. 2003
- Sherwood D. (2003). Churches as Context for Social Work Practice: Connecting with the Mission and identity of Congregations. *Social Work & Christianity*, Vol. 30, No. 1(Spring 2003):1-13.
- Tempas, K.D. (2002). *Can an office change a country? The White House office of faith-based and community initiatives – a year in review*. (Oct, 2002). Washington, D.C.: The Pew Forum on Religion and Public Life.
- The Non-Profit Times, 7/1/05. "No Hard Definition of Faith Based".
- The White House. (2001). *Unlevel playing field: Barriers to participation by faith-based and community organizations in federal social service programs*. (Aug, 2001). Washington, D.C.
- Twombly, E.C. (2002). Religious versus secular human service organizations: implications for public policy. *Social Science Quarterly*, vol 83, no 4, Dec 2002, 947-961.