Systems of Care
Promising Practices in Children's Mental Health
2000 Series

VOLUME II
USING EVALUATION DATA TO MANAGE, IMPROVE, MARKET, AND SUSTAIN CHILDREN'S SERVICES

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Foreword

It is with great pleasure that we present the second collection of monographs of the *Promising Practices* Initiative of the Comprehensive Community Mental Health Services for Children and Their Families Program. The 2000 Series connotes a time of new beginnings for this six-year-old federal grant program, which assists communities in building fully inclusive organized systems of care for children who are experiencing a serious emotional disturbance and their families. It also represents a year of validation and pride for those who have been involved with this movement for years. As more and more evidence on the effectiveness of the system of care approach amasses we have been able to gain increased support to expand the number of grant communities and the investigation of promising practices within those communities. In his millennium report on mental health, Surgeon General David Satcher stated, "Across the Nation, certain mental health services are in consistently short supply. These include the following: wraparound services for children with serious emotional problems; and multisystemic treatment. Both treatment strategies should actively involve the participation of the multiple health, social service, educational, and other community resources that play a role in ensuring the health and well-being of children and their families." Our grant communities employ these effective approaches in combination with other community-based strategies to help these children and their families thrive. As those of us fortunate enough to participate in this initiative grow and learn, we maintain a commitment to share our knowledge and resources with all communities.

Until recently, throughout this nation, and especially in Native American communities, most children living with a serious emotional disturbance have not received clinically, socially or culturally appropriate care. These young people have been systematically denied the opportunity to share in the home, community and educational life that their peers often take for granted. Instead these children live lives fraught with separation from family and community, being placed in residential treatment centers or in-patient psychiatric centers hundreds and even thousands of miles away from their home. For many of these young people, families and communities, the absence of certain types of information has fueled the continued existence of inadequate and unresponsive service delivery systems. These service delivery networks often feel they have no alternative but to separate these children from their families and place them in costly long-term out-of-home placement. The *Promising Practices* Initiative is one small step to ensure that all Americans can have the latest available information about how best to help serve and support children who live with serious mental health problems at home and in their community.

The first generation of five-year grants has come to an end, and more than 40 new grant communities have joined the movement. These new communities will certainly benefit from the national knowledge base on how best to support and service the mental health needs of children who present major challenges, especially the contributions made by the grant communities themselves. We are proud that the information contained within these monographs by and large has been garnered within the grant communities of the Comprehensive Community Mental Health Services for Children and Their Families Program. The information was gathered by site visits, focus groups, data collected by the national program evaluation involving all grantees, and by numerous interviews of professionals and parents. We have tried to "mine" the most relevant and helpful information to inform and enlighten the reader.

The 2000 *Promising Practices* series includes the following volumes:

- *Volume I—Cultural strengths and challenges in implementing a system of care model in American Indian communities* examines the promising practices of five American Indian children's mental health projects that integrate traditional American Indian helping and healing methods with the systems of care model.
- *Volume II—Using evaluation data to manage, improve, market, and sustain children's services* explores promising practices in the use of evaluation data, and shares a wealth of ideas and experiences from these sites about using local data in ways that can impact the delivery, management, and sustainability of community-based services for children and families.
- *Volume III—For the long haul: Maintaining systems of care beyond the federal investment*, through example, examines the fundamental strategies grantee sites should consider in order to maintain long-term financial stability, with an emphasis on non-federal funding sources.

As you read through each paper, you may be left with a sense that some topics you would like to read about are not to be found in this series. We would expect that to happen simply because so many issues need to be addressed. We fully expect this series of documents to become part of the culture of this critical program. If a specific topic isn't here today, look for it tomorrow. In fact, let us know your thoughts on what would be most helpful to you as you go about ensuring that all children have a chance to have their mental health needs met within their home and community.

The communities that have been fortunate enough to participate in our federally funded initiative have been able to incubate solutions and promising practices that work! This series represents a gift of collective knowledge and lessons learned from our grant communities to those struggling to develop effective systems of care throughout the nation.

So the 2000 *Promising Practice* Series is now yours to read share, discuss, debate, analyze and utilize. Our hope is that the information contained throughout this Series stretches your thinking and results in your being more able to realize our collective dream that all children, no matter how difficult their disability, can be served in a quality manner within the context of their home and community.
COMMUNITIES CAN!

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Acknowledgments

This *Promising Practices* 2000 series is the culmination of the efforts of many individuals and organizations that committed endless hours participating in the many interviews, meetings, phone calls, and drafting of the documents that are represented here. Special appreciation goes to all of the people involved in the grants of the Comprehensive Community Mental Health Services for Children and Their Families program for going beyond the call of duty to make this effort successful. This activity was not in the grant announcement when they applied! Also a big thank you to all of the writing teams that have had to meet deadline after deadline in order to put this together in a timely fashion. The staff of the Child, Adolescent, and Family Branch deserve a big thank you for their support of the grantees in keeping this effort moving forward under the crunch of so many other activities that seem to make days blend into months. Thanks to David Osher, Allison Gruner, and their staff at the Center for Effective Collaboration and Practice for overseeing the production of this second *Promising Practices* series, specifically: Eric Spears, Pamela Warner, and Diedra White for word processing support; Anna Arnold for carefully editing all the manuscripts during the final production phases; Sarah Leffler and Lauren Stevenson for assisting in editing and proofreading; and Cecily Darden for coordinating the production. Finally, a special thank you goes to Dorothy Webman, who had the dubious pleasure of trying to coordinate this huge effort from the onset. Dorothy was able to put a smile on a difficult challenge and rise to the occasion. Many people have commented that her commitment to the task helped them keep moving forward to a successful completion.

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The authors would like to extend heartfelt appreciation to the family members and practitioners from all of the sites who participated in describing their promising practices and reviewing the monograph. Their work in evaluation is inspiring, educational, and exciting. Through devotion to their research, they have contributed immeasurably to this complex field of measurement and to the children and families served by the public mental health system. We honor their involvement and dedication. Thank you Ted, Nancy, Julie, Sue, Chris, Jim, Vera, Virginia, Sabina, Carol, Canice, Sue, Nancy, David, Manny, Todd, Mike, Tim, and Karen for your candidness and honesty.

The conceptual development and direction of the monograph was enlivened by the involvement of a talented committee of evaluation stakeholders and experts from around the country, most of whom convened in Washington, D.C. on a snowy, dreary day in March 1999. We graciously thank them for their courage and vision during the worst blizzard of the season, and for their support and spirit throughout the months of the monograph's preparation: Lynda Arnold, John Burchard, Beth Dague, Darienne Feres-Merchant, Pamela Greenberg, Shelly Hara, Sharon Hodges, Nancy Koroloff, Chris Koyanagi, Clarice Leslie, Qinghong Liao, Ken Libertoff, Nancy MacCabe, Karen Marangi, Mary McCormack, Trina Osher, Peter Pecora, Gayle Porter, Abram Rosenblatt, Rolando Santiago, Todd Sosna, Velva Spriggs, and Nancy Widdoes. Special thanks to these committee members who additionally served as our monograph reviewers and editors: Michael Furlong, Karen Gora, Matthew Mason, John Pandiani, and Andrea Price. Your eyes for detail, organization, and constructive criticism greatly improved our understanding of the complex issues and our preparation of the monograph's final draft.

Last, but not least, to Gary DeCarolis, Lynn Harvey Clements and Rolando Santiago—who provided us with federal leadership, incentive, and support—we are indebted to you for your guidance and loyalty to this important cause. Thank you one and all.

Executive Summary

INTRODUCTION

Providers and evaluators of mental health services to children and their families are often challenged by the task of translating evaluation findings into clear and meaningful reports that can illustrate the resources, gaps, expenditures, and outcomes of their programs. The broad range of data typically collected by providers of public services includes demographic descriptions of clients, service utilization, system costs, consumer satisfaction, and behavioral and emotional indicators. Effective analysis, interpretation, and presentation of these data elements require a blend of science, art, technology, and communication skills. Once produced and disseminated, however, evaluation reports can be powerful tools for improving service delivery, marshalling public support, validating managerial decisions, and sustaining emotional and financial involvement in the service systems.

> *Effective evaluation data reports can be powerful tools for improving and sustaining interagency service delivery systems for children and families.*

The purpose of this monograph is to describe promising practices in the use of evaluation data at sites funded by the federal Center for Mental Health Services as part of the Comprehensive Community Mental Health Services for Children and Their Families Program. The sites showcased in this monograph have been developing and implementing their evaluation programs for at least five years as a requirement of their federal funding. These selected systems of care have been deemed some of the most successful in going *beyond* their funding obligations to become true data-driven systems committed to: (a) gauging the effectiveness of their local services through strategic data analysis; (b) instilling timely and consistent evaluation feedback mechanisms into their practices; and (c) responding to evaluation findings with data-based decision making and system improvements. It is the intent of this monograph to share a wealth of ideas and experiences from these sites about using local data in ways that can impact the delivery, management, and sustainability of community-based services for children and families.

Selected promising practice sites for evaluation reporting include:

Community Wraparound Initiative, Illinois
Families First/Access, Vermont
KanFocus, Parsons, Kansas
Multiagency Integrated System of Care (MISC), Santa Barbara, California
Stark County Family Council, Ohio
Texas Department of Mental Health and Mental Retardation Children's Services (DMHMR)*
Wings for Children and Families, Maine

*Note: Texas DMHMR is not a federally-funded system of care site

STUDY DESIGN

The research questions guiding much of the work for this monograph focused on the experiences of multiple stakeholders with reporting and utilizing evaluation data. The authors' intent was threefold: (a) to describe how a supportive evaluation "culture" was garnered in each selected site to reinforce and sustain data utilization; (b) to illustrate major "take-away messages" and describe how these messages were developed in the sampling of evaluation products; and (c) to capture specific examples where data were critical to decision-making processes and/or brought about program and policy changes. This monograph is not a "how to" guide for developing evaluation programs; rather it provides examples of effective uses of evaluation data when they are collected with valid and reliable measures. It illustrates how selected sites have developed supportive evaluation *processes* to generate effective data reporting *products* that have impact at local, state, and national levels.

Interviews were scheduled with multiple stakeholders of those sites specifically nominated by local and national experts as outstanding examples of data-driven systems. The interviews were semi-structured and based on the research questions described above, providing detailed descriptions of the development and utilization of evaluation reports. In all, 19 interviews were conducted by phone or in person with family members, site directors, evaluators, and service providers in seven nominated sites for inclusion in the monograph. In addition, the authors reviewed data reporting products developed at each site, including community report cards, descriptive outcome reports, newsletters, and conference presentations.

FINDINGS

Analysis of the interviews and evaluation products in the promising practices sites reveal patterns in the establishment of support for evaluation and the use of data. Recurring techniques to garner buy-in from multiple stakeholders and establish an "evaluation culture" include the following *processes*:

- Rallying diverse partnerships in formation of the evaluation project and reporting plans;
- Supervising and expediting the administration of instruments and the collection of data;
- Providing strong initial and on-going training on the utility of evaluation information;
- Involving family members in the development, dissemination, and interpretation of evaluation findings;
- Producing timely, consistent data reports and disseminating them to wide audiences;
- Discussing the evaluation program and outcomes in multiple venues; and
- Using integrated cost and outcome data for advocacy to policy and funding groups.

The sites also have developed creative, innovative, and effective solutions for the analysis and publication of their service and outcome data. Some of the more informative and compelling *products* developed in the sites include: descriptive outcome reports of children and families served by programs, feedback reports of individually-administered assessment instruments, conference presentations and other academic publications, newsletters and/or informational brochures, and reports of data collection completion rates. The major "take-away messages" of these evaluation reports have been: (a) outcome information can be a powerful catalyst for changing and developing programs; (b) data are pivotal to improving individualization and effectiveness of service delivery; and (c) evaluation can provide compelling evidence of accomplishments to support sustainability and to build an evaluation culture.

Data have been utilized to support activities and the sites' commitment to service delivery principles as well as:

- To plan, fine-tune, and sustain services;
- To support parents' decisions and strengthen the family voice;
- To build partnerships and give credence to interagency efforts;
- To market achievements and increase awareness of strengths and needs of the system;
- To boost morale and demonstrate progress of front-line staff and family members;
- To ensure equitability and accountability of service delivery;
- To promote strengths-based service planning and the values of system of care;
- To encourage the development of sophisticated integrated information systems; and
- To increase federal and state appropriations for similar programs or initiatives.

The evaluators in the service sites illustrated in this monograph have developed ways to blend science, communications, and graphical skills in presentations of their evaluation data that have given their services public exposure, encouraged system improvements, and supported program sustainability. They have been flexible and responsive to the needs of their system of care by making their data visible in meaningful ways that leave local, state, and national audiences with concrete take-away messages, comprehensible facts, and ideas for promoting effective system modifications and sustainability.

A supportive evaluation culture is the foundation, as well as the result, of producing effective data reports that have impact at multiple levels.

IMPLICATIONS

The results of this descriptive study indicate that the utility and effectiveness of evaluation feedback is intricately tied to: (a) the comprehensiveness and complexity of the service delivery system; (b) the integration of the evaluation program with service delivery; (c) the quality of the management information system in place; and even (d) the political climate supporting child and family services. In addition, systematic and functional data reporting mechanisms require multifaceted *processes* to support an "evaluation culture," and highly visible *products* that are timely, meaningful, and practical for various audiences. Once these methods are in place, useful evaluation reports can become the dividends of an effective evaluation program—offering stakeholders deserving returns on their personal and financial investments. Only through these challenging yet do-able data feedback processes can systems truly adapt, grow, and endure in the sometimes unsteady waters of managed behavioral health services.

Useful evaluation reports are the dividends of an effective evaluation program—offering stakeholders deserving returns on their investments.

Chapter I–A Framework for Evaluation

Health care reform efforts, the adoption of managed care, performance-based contracts for providers, a growing consumer advocacy movement, and federal regulations are just some of the changes that have prompted a focus on evaluation efforts to improve program effectiveness and increase accountability and customer satisfaction. A variety of initiatives undertaken by federal, state, and local officials during the last two decades have required public managers to provide evidence that their programs work. At the federal level, for example, the Office of Management and Budget requires agencies to provide performance measures that support their budgetary requests, and the Government Performance and Results Act of 1993 systematically holds federal agencies accountable for achieving program results.[1] Similarly, funders in the nonprofit arena have become more insistent in their requests for documentation of results. Requiring the evaluation of service delivery at the local government level is not new, but setting performance targets and regularly reporting on the achievement of goals are "new features in the performance measurement movement sweeping across the public and nonprofit sectors in the United States."[2]

> *"The performance measurement movement is sweeping across the public and nonprofit sectors in the United States." —Kathryn E. Newcomer*

This monograph takes an in-depth look at one particular aspect of the recent performance-based evaluation efforts: the use of data to stimulate change and to manage, improve, and sustain services. States and communities have repeatedly requested targeted technical assistance that will help them to translate evaluation findings into usable reporting formats and practices. Communities have asked how to develop evaluation reports that clearly illustrate the gaps and resources in children's services, the expenditures and cost savings in service utilization, functional and behavioral outcomes, and stakeholder satisfaction with service delivery. Furthermore, sites have requested consultation and support to help them utilize evaluation data in order to individualize services, support staff in their work, validate the experiences of family members, market effective techniques, assist in service adjustments and improvements, garner additional funding, and sustain their service systems.

WHY IS REPORTING CHILDREN'S SERVICES EVALUATION RESULTS IMPORTANT?

Evaluation data reports can be powerful tools for advancing, improving, and sustaining service delivery systems for children and families. Once a community commits to measuring and disseminating outcomes, there is an increase in public awareness of children's needs and service gaps, a systematic tracking of services provided and progress achieved, and a method to marshal public support for achieving

shared community goals.[3] Furthermore, community-wide agreement on desired objectives and evaluation methods can facilitate cross-systems collaboration on behalf of children and families and promote a "culture of responsibility" that fuels the momentum for systems improvements.[4] Evaluation data of high quality can provide empirical evidence documenting service utilization, program effectiveness for children and families, and system costs. Finally, outcome information can justify the allocation of resources and investments in child and family services, assist in establishing suitable benchmarks, and provide funders and the public with results being produced in their communities. Using effective data reporting mechanisms is critical to achieving these aims.

> *Evaluation promotes a "culture of responsibility" that fuels the momentum for systems improvements. —National Center for Service Integration*

WHAT ARE THE CRITICAL ISSUES IN PRODUCING EVALUATION REPORTS FOR CHILDREN'S SERVICES?

Well-composed evaluation reports clearly and dramatically illustrate information about a service program, target specific audiences, and focus on specific objectives without requiring audiences to have expertise in research methodology. However, combining the personnel, software, and hardware technology to produce timely and effective data presentations can be a challenging task.[5] Constructing persuasive evaluation reports requires a sensitivity to science, politics, communications, and aesthetics.

> *Constructing persuasive evaluation reports requires a blend of science, politics, communications, and aesthetics.*

The evaluators of collaborative services for children and families must face complex methodological issues that arise in researching evolving systems of care, and they must communicate information framed by multiple perspectives.[6] There are at least five levels of measurement, including:

(1) Individual child and family outcomes (individualized assessments for a specific client);

(2) Program measures (outcomes of a group of clients receiving a specific service);

(3) Agency or departmental indicators (results of all clients served by an agency's services);

(4) System-wide data (child-serving system data from multiple agencies); and

(5) Community population statistics (a description of the wider community demographics).

Evaluators are presented the formidable challenge to develop and use appropriate methodologies for analyzing outcomes at each of these levels. Successful approaches often include multiple methods as well as information gathered from numerous sources. Evaluators' attempts to make sense of these complex designs to their diverse audiences and policy communities can be particularly challenging.

In addition, evaluators of children's services are often asked to carry out many roles including: (a) being responsible to strict funding obligations; (b) managing numerous data systems and statistical information; (c) supporting clinical staff in data collection and interpretation; (d) being accountable to the community about program quality; (e) being sensitive and accessible to consumers and family members; and (f) producing meaningful reports for a variety of audiences. Therefore, production of a quality evaluation report of children's services requires scientific rigor, use of multiple methods, sensitivity to the issues of mental health services development and implementation, collaboration of numerous child-serving systems, understanding of professional ethics and bureaucratic structures, and skills in data analysis and interpretation.

HOW CAN THIS MONOGRAPH HELP?

The purpose of this monograph is to describe promising practices in evaluation reporting at sites funded by the federal Center for Mental Health Services as part of the Comprehensive Community Mental Health Services for Children and Their Families Program. The six federally-funded sites showcased in this descriptive study have been developing and implementing their evaluation programs for at least five years as a requirement of their federal funding.[7] One additional site not funded as part of the Children's Mental Health Services sites, the *Texas Department of Mental Health and Mental Retardation Children's Services*, also was selected to demonstrate the possibilities of developing supportive evaluation programs and feedback mechanisms without the benefits or stipulations of a federal grant. These sites have been deemed some of the most successful in going *beyond* their funding obligations or internal statewide mandates to become true data-driven systems committed to: (a) gauging the effectiveness of their local services through savvy data analysis; (b) instilling timely and consistent evaluation feedback mechanisms into their practices; and (c) responding to evaluation findings with data-based decision making and system improvements. It is the intent of this monograph to share a wealth of ideas and experiences from these sites about effectively presenting local data in evaluation reports that can impact the delivery, management, and sustainability of child and family community-based services.

Study Design

To document promising evaluation processes and their products, the authors first contacted all of the current evaluators of the Comprehensive Community Mental Health Services for Children and Their Families Program with a request to describe their reporting procedures and formats. In addition, the

authors reviewed the rather disparate literatures on services evaluation, public presentation and communication, and graphic design to provide a context for the various components of effective data reporting. Relevant research on the following topics was emphasized: (a) current trends in performance-based outcome evaluation; (b) involvement of multiple stakeholders in evaluation; (c) use of evaluation data at the individual and local levels, including management and service delivery improvement; (d) use of evaluation data at the national and state levels, including legislation and advocacy efforts; (e) principles and techniques in designing, formatting, and presenting evaluation reports; and (f) the development and influence of interagency management information systems on reporting evaluation information.

To further guide the nominations of promising evaluation *processes* and *products,* and to provide collective group insights and experiences, the authors invited a cadre of national and local experts representing different stakeholder groups (e.g., families, providers, evaluators, policy-makers, administrators, advocates, managed care administrators, communication and marketing experts) to interact in a two-day roundtable gathering. The agenda allowed for time to share knowledge, experiences, and perspectives on the topic of effective data usage and reporting with the primary intent of informing the monograph. However, given the wealth of expertise at this meeting, the discussions also advanced the development and implementation of effective reporting procedures and generated strategies to enhance outcome evaluation around the country.

From these approaches and perspectives—documentation of evaluation procedures at the sites, a thorough review of relevant literature, and shared experiences of national experts—the authors developed a series of preliminary research questions and a method to gather data.

RESEARCH QUESTIONS

The research questions guiding much of the work for this monograph focused on the experiences of multiple stakeholders with evaluation development and implementation for the purposes of data utilization. The authors' intent was threefold: (a) to describe how a supportive "evaluation culture" was garnered in each site to reinforce data reporting; (b) to illustrate major "take-away messages" and describe how these messages were developed in the sampling of evaluation products; and (c) to capture specific examples where data were critical to decision-making processes and/or brought about program/policy changes. This monograph is not a "how to" guide for developing evaluation programs; rather it provides examples of effective uses of evaluation data once they are collected in valid and reliable ways. Each of the sites highlighted in this report conducted successful evaluation programs because they recognized that *how* evaluation information is used and disseminated is as important as *what* data are collected. Thus, this monograph illustrates how selected sites have developed supportive evaluation *processes* to generate effective data reporting *products* that have an impact at local, state, and national levels.

The purpose of this monograph is:

- To describe how use of evaluation data is reinforced at each site;
- To illustrate effective evaluation products; and
- To show where using data has impacted decision making and policy.

In an effective evaluation, *how* evaluation information is used and disseminated is as important as *what* data are collected.

METHODOLOGY

The authors reviewed all of the evaluation *products* from each of the sites suggested by the roundtable of experts as outstanding examples of data-driven systems (please see "Products Reviewed" section below) and conducted phone interviews with multiple stakeholders at these promising practices sites (please see "Interviews" section below) to discuss their evaluation *processes*. Brief descriptions of the selected promising practices sites, the structure of their evaluation teams, and their typical data reporting products follow.

Selected Sites

1. *Community Wraparound Initiative*, Illinois: The *Community Wraparound Initiative*, funded in 1994 by the Center for Mental Health Services, has served approximately 425 children residing in the near-west suburbs of Chicago. The system's structure includes two mental health agencies, a child welfare agency, three special education cooperatives, the Illinois Federation of Families, and two mental health commissioners.

The core evaluation team consists of a primary evaluator (who oversees all evaluation activities), a site evaluation manager (the liaison for data analysis and presentation), a data collection manager (who conducts training and manages the database), a parent evaluator (an on-site consultant who determines priorities and dissemination techniques), and the site director (who supervises and coordinates all evaluation activities). In addition, a parent and youth participate as part-time collectors of satisfaction surveys, and a part-time assistant helps with data entry. Data products include quarterly reports to the local interagency council, newsletters, community presentations, newspaper articles, and individual clinical profiles of standardized measures.

2. *Families First/Access*, Vermont: The area served by the *Families First/Access* Vermont Children's Mental Health Services Program site is the entire state of Vermont, subdivided into 12 community regions that correspond to the state's twelve Agency of Child Welfare districts. Each region has its own priorities, governance board, and service delivery approach. About 560 youths and their families participated in the federally-required evaluation project.

The evaluation team includes two evaluators (one primarily responsible for community outreach and training and the other for data integration and analyses), one consultant from the University of Vermont, one research assistant (responsible for conducting interviews and data entry), one part-time graduate intern, and a number of interviewers (students or community members). Service providers collect intake data, and follow-up data have been collected through telephone interviews.

The main task of the evaluation team is to provide data to the 12 community governance boards to help manage their systems of care and advocate for funding. Data are presented in Community Services Reports designed for each site and developed from multiple stakeholder input. In addition, an annual newsletter has been produced with special sections devoted to evaluation, and two-page "Fact Sheets" have been designed for state legislators.

3. *KanFocus*, Kansas: The Parsons, Kansas Children's Mental Health Services Program site called *KanFocus* is located in a 13-county rural area of the southeast portion of the state and serves approximately 300 youths and families. There are five mental health centers that cover the region, and each center has a person designated to coordinate the collection of outcome data. The regional office staff consists of two program evaluation staff and the project director. A group of parents developed a regional support group, Parent TEAMS, Inc., to organize parent volunteers for assistance with evaluation and support services to families. Therapists and case managers collect the data at each site and send it to the regional office for entry/analysis. Their evaluation products include: community presentations, monthly newsletters featuring evaluation findings, video presentations, community report cards, and customized data reports to the State.

4. *Santa Barbara County Multiagency Integrated System of Care*, California: The Santa Barbara County *Multiagency Integrated System of Care* (MISC) program serves approximately 1,200 children with emotional and behavioral disorders and their families. The area served includes a coastal community with a high cost of living amidst a rural, multicultural population with a high incidence of poverty.

Assessment staff employed by MISC partner agencies (including mental health practitioners, probation officers, child welfare social workers, and public health nurses) collect data from the families and youths. The Graduate School of Education at the University of California, Santa Barbara, has been sub-contracted to provide training, management, and analyses for the evaluation project. The structure of this evaluation team includes two supervising professors, a full-time post-doctoral researcher/director, and five part-time graduate student assistants. The evaluation team has shared information about the site's evaluation projects in numerous national and state conference presentations, academic publications, a Monthly Evaluation Report, and an annual Santa Barbara County Report Card.

5. *Stark County Family Council*, Ohio: The Stark County, Ohio children's mental health services site, awarded funding by the Center for Mental Health Services in 1993, serves an average of 3,000 children and adolescents per year. The *Stark County Family Council*, a collaborative human services infrastructure, contracted with their fiscal agent, the Community Mental Health Board, to develop and implement the evaluation portion of their federal grant.

The evaluation staff included the evaluation director and an assistant, both working part-time on the project. The evaluation assistant was active in the local parent association, and she collected satisfaction data (at intake and follow-ups) through phone surveys. Case workers collected the remainder of the data. Their evaluation products have included data reports customized for each program in the collaborative, periodic reports to the planning committees and the Family Council, and a final report of aggregated, longitudinal data. The Stark Family Council now independently produces a quarterly report tailored to the interests and needs of their partner agencies.

6. *Texas Department of Mental Health and Mental Retardation Children's Services:* The Texas Department of Mental Health and Mental Retardation is not a federally-funded children's mental health services site. The Texas Children's Mental Health Plan, a collaboration among the Texas Mental Health Association and several state agencies, began as a state pilot program of service delivery with a required outcomes measurement component. The community-based system for children and families, now implemented statewide as part of the *Texas Department of Mental Health and Mental Retardation Children's Services*, emphasizes interagency collaboration, among all child-serving state agencies, in providing comprehensive mental health services. Over 40,000 children and families are served in this system, and data have been collected on over 100,000 clients served since 1992.

In the early 1990s, a statewide evaluation system that included continuous quality improvement was developed for the system of care involving participation by the Department of Mental Health and Mental Retardation, the Department of Health, the Department of Human Services, the Department of Protective and Regulatory Services, the Texas Commissions on Alcohol and Drug Abuse, the Texas Juvenile Probation Commission, the Texas Rehabilitation Commission, the Texas Youth Commission, the Texas Education Agency, and the Interagency Council on Early Childhood Intervention. The evaluation system was designed to describe the population served, the services received, and the outcomes achieved. Evaluation information currently collected includes child and family demographics, service data, behavioral-emotional functioning, social functioning, placement history, and satisfaction.[8] Multiple informants complete rating scales, and a repeated measures design analyzes change. An interagency committee consisting of representatives from several stakeholder groups guides the evaluation: state mental health evaluators, university researchers, agency administrators, service providers, family members, and advocates. A monthly report, available on-line throughout the state, provides specific data about children served, services

delivered, data collection completeness rates, and outcomes. A quarterly report and newsletter are also produced that present information concerning outcome measures, to which providers are held accountable, and other evaluation articles or analyses of interest.

Exhibit I-1: Major Characteristics of Promising Practices Sites

Site	Service Area	Evaluation Team	Interviewees	Evaluation Products
Community Wraparound Initiative, Illinois	Chicago Suburbs	• Primary Evaluator • Site Evaluation Manager • Parent Evaluator • Site Director • Part-time Data Collectors • Part-time Data Entry	• Site Directors • Director of Federation of Families for Children's Mental Health	• Quarterly reports • Newsletters • Community presentations • Individual clinical profiles • Customized State and local reports
Families First/Access, Vermont	State of Vermont	• Evaluators from State Department (2) • Consultant, University of Vermont • Research Assistant • Part-time Graduate Intern • Interviewers (1-10 staff members)	• Evaluators (2), Department of Developmental and Mental Health Services	• Community Services Reports for each of (12) sites • Newsletters • Community presentations • Fact Sheets • Customized State and Local reports
KanFocus, Kansas	Parsons, Kansas: rural southeastern portion of state	• Site Director • Program Evaluators (2) • Parent Partners	• Site Director/Evaluator • Parent Partner from Parent Teams • Director of Parent Services	• Community Report Cards • Newsletters • Community presentations • Individual clinical profiles • Customized State and local reports
Santa Barbara County Multiagency Integrated System of Care (MISC), California	Santa Barbara County, California	• Co-Principal Investigators, Evaluation Project (2) • Director of Evaluation • Research Assistants (4-6 staff)	• Site Diretor • Co-Principal Investigators, Evaluation Project, University of California, Santa Barbara • Evaluation Director	• Monthly Reports • Newsletters • Community presentations • Individual clinical profiles • Academic publications • Customized State and local reports
Stark County Family Council, Ohio	Stark County, Ohio	• Director of Evaluation • Research Assistant	• Director of Stark County Family Council • Benefits and Entitlement Coordinator, Stark County Family Council • Director of Evaluation and Information Services, Stark County Community Mental Health Board	• Periodic program reports • Periodic planning council reports • Final site report • Customized State and local reports
Texas Department of Mental Health & Mental Retardation Children's Services	State of Texas	• Coordinator of Research and Evaluation • Research and Evaluation Staff (2) • Local Directors of Mental Health Centers	• Coordinator of Research and Evaluation • Director of Child & Adolescent Services, Texas Panhandle Mental Health Authority	• Monthly *Children's Mental Health Services Reports* • Quarterly *Contract Outcome Measures Report* • Quarterly *Evaluation Review* • Quarterly newsletters • Customized State and local reports
Wings for Children and Families, Inc., Maine	Rural five-county area of Maine: Aroostook, Hancock, Penobscot, Piscataquis, & Washington counties	• Data Manager • Part-time Data Entry Assistant • Part-time Consultant	• Site Director • Data Manager/Parent • Case Manager	• Newsletters • Final Report • "What We've Learned From Families" report

7. *Wings for Children and Families, Inc.*, Maine: *Wings for Children and Families, Inc.* serves a rural five-county area (Aroostook, Hancock, Penobscot, Piscataquis, and Washington counties) in the state of Maine. Over 370 children and their families have been served with intensive case management services in this system. The evaluation team is composed of a data manager, a part-time data entry assistant, and a part-time consultant to the evaluation. Case managers collect data from families, and parent advocates assist them periodically.

The *Wings* Project produces semi-annual reports for the site and the state contracting agency. These have been adapted over time to be more user-friendly. Fact sheets and sets of materials that highlight specific informational areas also have been shared with stakeholders. Individual case studies combined with quantitative data results have proven to be particularly effective for Maine legislators, who have developed state policy from their use. For families, evaluation data highlighting specific areas of interest were included in newsletters.

Each of the selected sites profiled in this monograph demonstrated an obvious dedication to utilizing multiple resources for their system's evaluation. However, these promising practices sites vary in their chosen structures, pursuits, and ideological underpinnings that support their evaluation programs, including: the amounts of financial and human resources devoted to evaluation; the demographic and regional characteristics of their service areas and constituents; their involvement of family members, students, or other paraprofessionals as evaluation personnel; their commitment of leadership and agency resources for evaluation; and the complexity of their service delivery systems. Exhibit I-1: Major Characteristics of Promising Practices Sites displays the major characteristics and participating interviewees, simplified for the benefit of comparisons. Some of the strategies the sites have employed to resolve research and practical issues involved in large-scale evaluation projects have differed; however, the sites also share comparable approaches for successful evaluation development and implementation. This monograph demonstrates the variety of options chosen and the multiple resources expended to make evaluation effective in various settings and with diverse audiences.

Interviews

The interviews conducted with stakeholders were semi-structured in format and based on the research questions stated above, providing detailed descriptions of the development, implementation, and utilization of evaluation. Prior to the interviews, the authors described the goals of the research project with each potential interviewee, addressed any questions or concerns, and sent the participant a list of the topics to be addressed. In all, 19 interviews were conducted by phone or in person with family members, site directors, evaluators, and service providers in seven selected promising practices sites.

The interview protocol questions included:

- How is your evaluation supported in your site? How was buy-in achieved?
- How do you address cultural competence and family involvement issues in evaluation?
- Who is involved in the planning process and ultimately decides what data elements are extracted and what evaluation reports are generated?
- What specific presentation formats and dissemination strategies have proven effective for your audience(s)?
- Where have data made a difference and/or had the most impact (at state, local, agency, and individual levels)?
- What are the most salient lessons you have learned, and what are your plans for future evaluation and integrated management information systems development?

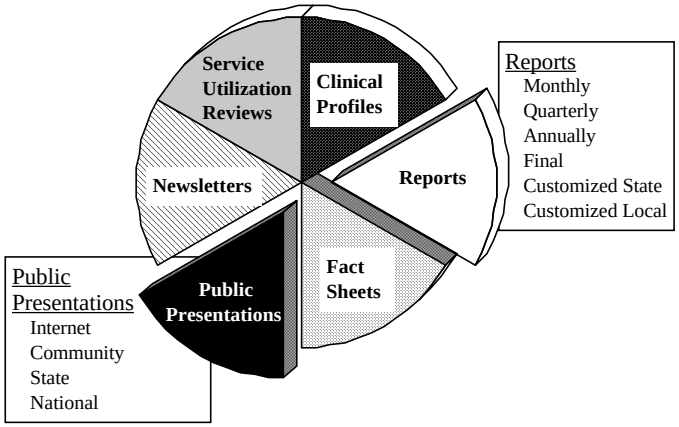
The average duration for each interview was approximately one hour. Throughout the interviews, the authors continually checked for accurate understanding of the participants' meanings, engaged the participants in active feedback, and corroborated any interpretations of the interview content. In addition, within a few days of each interview, the authors sent detailed transcriptions to the participants for review, revision, and comment. The feedback on the transcripts provided reliability checks on the information collected and clarification of all major findings, assuring that the interpretations were acceptable to the interviewees.[9] The structure of these interviews provided multiple opportunities for the authors to refine their understanding about the perceptions and experiences of the participants from the sites, and the information from the interviews formed the basis of the rich details provided in the monograph.

Products Reviewed

The products reviewed at each of the chosen sites included the following (see Exhibit I-2):

- Community report cards describing populations and subgroups;
- Descriptive and outcome reports of children and families served by programs;
- Feedback reports of individually-administered assessment instruments;
- Conference presentations and academic publications;
- Newsletters and/or informational brochures; and
- Reports of data collection and evaluation completion rates.

Exhibit I-2:
Array of Evaluation Products



Analyses

The authors studied transcripts of the interviews and organized the data until trends and patterns emerged that could be articulated into clear and evident categories. The informants reviewed these analyses and interpretations, and participants unanimously perceived the presented results as accurate reflections of the issues and their experiences in their communities.

Results

Analyses of the interviews and evaluation products reveal trends in the establishment of support for evaluation and the use and reporting of data in the promising practices sites. Recurring techniques to garner buy-in from multiple stakeholders and establish an "evaluation culture" include:

- Rallying diverse partnerships in formation of the evaluation project and reporting plans;
- Supervising and expediting the administration of instruments and collection of data;
- Providing strong initial and on-going training on the utility of evaluation information;
- Involving family members in the development, dissemination, and interpretation of evaluation findings;
- Producing timely, consistent data reports and disseminating them to wide audiences;
- Discussing the evaluation program and outcomes in multiple venues; and
- Using integrated cost and outcome data for advocacy to policy and funding groups.

Strong initial and ongoing training on the use of data in addition to timely, consistent production of data reports is key to successful evaluation projects.

Methods to accomplish these tasks include: (1) conducting multiple *focus groups* at various points in the evaluation project to assess needs, to problem-solve, and to discuss outcomes; (2) offering early and repeated *training activities and resource materials* to family members, staff, and administrators; (3) *integrating evaluation* into all aspects of service delivery and accountability functions; (4) *facilitating data collection* activities through technical assistance and monitoring; and (5) *producing multiple reports* of data findings in flexible formats that meet the needs and interests of various stakeholders.

Exhibit I-3:

Techniques to Establish an Evaluation Culture

The sites have developed creative, innovative, and effective solutions to the analysis and publication of their service and outcome data. The major "take-away messages" of their evaluation reports have been: (a) outcome information can be a powerful catalyst for changing and developing programs; (b) data are pivotal to improving individualization and effectiveness of service delivery; and (c) evaluation can provide compelling evidence of accomplishments to support sustainability and to build an evaluation culture. Data have been utilized to bolster activities, principles, and opportunities for systems change including:

- To plan, fine-tune, and sustain services;
- To support parents' decisions and strengthen the family voice;
- To build partnerships and give credence to interagency efforts;
- To market achievements and increase awareness of strengths and needs of the system;
- To boost morale and demonstrate progress of front-line staff and family members;
- To ensure equitability and accountability of service delivery;
- To promote strengths-based service planning and the values of system of care;

- To encourage the development of sophisticated integrated information systems; and
- To increase federal and state appropriations for similar programs or initiatives.

The evaluators in the service sites illustrated in this monograph have developed ways to blend science, communications, and graphical skills in presentations of their evaluation data that have given their services public exposure, encouraged system improvements, and supported program sustainability. They have been flexible and responsive to the needs of their system of care by making their data visible in meaningful ways that leave audiences with concrete take-away messages, comprehensible facts, and ideas for promoting effective system modifications and sustainability.

Evaluators blend science, communications, and graphical skills to give services public exposure, to encourage system improvements, and to support program sustainability

The following chapters detail these findings and show examples of data reporting products, highlighting the processes found successful in establishing sound evaluation projects and effective data analyses supportive of the dissemination of system of care research.

Notes:

[1] Newcomer, K.E. (1997). Using performance measurement to improve programs. In K. E. Newcomer (Ed.). *New directions for evaluation: Using performance measurement to improve public and nonprofit programs 75* (pp. 5-14). San Francisco: Jossey-Bass.

[2] Newcomer (1997), pp. 5.

[3] Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (not dated). *Making a difference: Moving to outcome-based accountability for comprehensive service reforms.* Washington, D.C.: National Center for Service Integration.

[4] Young *et al.* (not dated).

[5] Henry, G.H. (1997) Introduction. In G.T. Henry (Ed.*). New directions for evaluation: Creating effective graphs: Solutions for a variety of evaluation data 73* (pp. 3-6). San Francisco: Jossey-Bass.

[6] Knapp, M.C. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24*, 5-16.

[7] Children's Mental Health Services sites are required to participate in a national evaluation project as a contingency of their federal funding. The comprehensive evaluation includes collection of demographic and child and family descriptive information, as well as standardized measures of behavior, functioning, consumer satisfaction, family empowerment, and residential placement.

[8] Rouse, L., Toprac, M., & MacCabe, N. (1998). The development of a statewide continuous evaluation system of the Texas Children's Mental Health Plan: A total quality management approach. *Journal of Behavioral Health Services and Research, 25* (2), 194-207.

[9] Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

Chapter II–Using Evaluation Data to Improve and Sustain Service Delivery: Local, State and National Levels

According to United Way evaluators Margaret Plantz, Martha Greenway, and consultant Michael Hendricks, the nonprofit sector has been practicing aspects of performance measurement for more than 25 years, including:

- Documenting expenditures of funds;
- Measuring key indicators (such as the number of clients and delivered services);
- Adhering to quality assurance and confidentiality regulations; and
- Assessing client satisfaction and service accessibility.[1]

These measures have yielded critical information about the provision of nonprofit and public services; however, they reveal little about whether individual clients are better off as a result of services. Only outcome measurements of a program—its results in terms of behavioral and emotional functioning of customers—can respond to this informational gap.

THE MOVE TO FORMATIVE EVALUATION

Historically, the number of clients served in a program and/or the cost of services has been the primary means to judge the effectiveness of public human services.[2] Due to a number of recent innovations and transformations in the delivery of mental health services and funding regulations, however, a dramatic paradigm shift is occurring in the field of public services program evaluation. Family members, federal agencies, program managers, consumers, and other stakeholders are calling for useful, accessible evaluation findings that bridge the gap between research and practice, informing their decision making and improving service programming.

A paradigm shift in program evaluation calls for more useful evaluation to bridge the gap between research and practice.

Effective outcomes evaluation shifts the focus of programmatic goals from outputs to results—from how a program operates to the good it may accomplish.[3] Researchers report that the primary purpose of *formative* evaluation is to provide feedback to program managers, consumers, funders, and policymakers on whether stated goals and objectives are being achieved so that changes and adjustments can be made in

practice.[4] Subsequently, the evaluation can produce immediate and positive organizational improvements in implementation and administration.[5] With evaluation tied to program accountability, it can provide information about the program's model, monitoring process, outcomes, and cost effectiveness, which is useful in making management decisions and service delivery adaptations.[6]

> *Formative evaluations provide immediate feedback about performance of programs such that improvements and adjustments can be made without delay.*

REPORTING EVALUATION INFORMATION ACCORDING TO MULTI-STAKEHOLDER INTERESTS

In children's system of care services, there are many interests represented in the performance of service delivery programs, and they all may value differently, potential measures as well as intended uses of data.[7] Ideally, an outcomes reporting system would cover the range of stakeholder interests, but it is challenging to find one set of outcome indicators that completely satisfies all parties. The effective selection of measures and reporting mechanisms depends on the careful understanding and prioritizing of multiple stakeholder perspectives.[8] It is critical to develop ways for constructive dialogue to occur among key stakeholders and for shared decision making to take place concerning the program's outcomes and accountability approach.[9]

> *The effective selection of reporting mechanisms depends on the careful understanding and prioritizing of multiple stakeholders. —Jean Campbell*

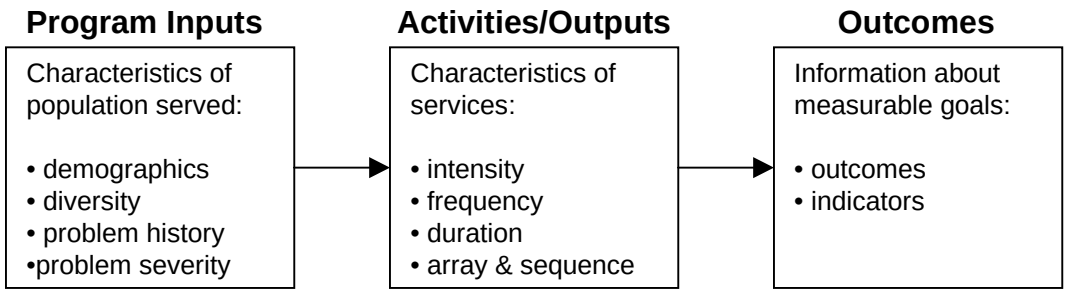
According to Professor Jean Campbell, "The outcomes that different stakeholders prioritize will vary based on services and administrative organization, the current policy context, information system capacity, the stakeholders themselves, and demographic and geographical variables that are unique to a particular service system".[10] The challenge, she states, is to *synthesize* their divergent views and assumptions to determine overarching program goals and evaluation mechanisms. Suggestions for a process to develop a reporting system on performance indicators that are mutually-beneficial were offered in a report produced by a task force sponsored by the Center for Mental Health Services. The report stated that the ideal environment is one in which (a)"intents of all stakeholders are articulated and shared; (b) there is a culture of respect for and constructive use of data; (c) changes are accomplished through participatory development; and (d) resistance is reduced through disclosure of fears and implementation of safeguards that address those fears."[11]

In the ideal environment for developing performance indicators:

- Intents of all stakeholders are shared;
- Respect for the constructive use of data exists;
- Group consensus develops changes; and
- Safeguards reduce resistance. —Center for Mental Health Services' Special Task Force

Plantz, Greenway, and Hendricks, also advise that programs must be sure to identify their *own* outcomes, indicators, and data collection procedures that are relevant and useful to their efforts because evaluation procedures imposed by outsiders are unlikely to survive.[12] Creating a written logic model of program resources, activities, outputs, and intended outcomes is a helpful way to think through the service delivery system and its objectives.[13] Exhibit II-1: Schematic for Logic Modeling illustrates a simplified version of a logic model and its necessary components for achieving program specification.

Exhibit II-1: Schematic for Logic Modeling



The process of developing a logic model or "theory of change" for an organization can yield many benefits, including: (a) helping participants have a clearer sense of the utility of evaluation for service improvement; (b) transforming participants from passive, compliant collectors of data to active users of data; (c) facilitating dialogue between evaluation and program staff; and (d) promoting a collaborative process and shared vision among stakeholders. Agencies should tap many perspectives when identifying these program components including program volunteers, current and past participants, family members, and partner agencies. They also should keep in mind that outcomes measurement does not always require new data collection efforts; agencies often already compile more data than they need to measure outcomes.[14]

Benefits of logic model development include:

- Facilitates dialogue between evaluators and program staff;
- Helps articulate program's "theory of change;"
- Promotes collaboration and shared vision among stakeholders;
- Demonstrates link between evaluation and services improvement; and
- Transforms participants into active users of data.

A quick analysis of the key stakeholder groups representing interests in public sector children's services evaluation would include, at least, the following perspectives:

- Children
- Families
- Consumer advocates
- Mental health providers
- Mental health administrators
- Policymakers
- Researchers
- Health administrators
- Child welfare administrators and providers
- Juvenile justice administrators, providers, and judges
- Education administrators, teachers, and school board
- Substance abuse administrators and providers
- Community-based organizations
- Community members and leaders
- National, state, and local legislators
- Managed care providers

The informational needs of each stakeholder group may include specific targets. For example, agency administrators need to analyze program goals, policies, and contracts; managers and supervisors need to evaluate individual performances and operating procedures; and providers and family members want to assess children's strengths, weaknesses, and outcomes. There also are many values and purposes attached to children's service delivery, and various stakeholders will prioritize their use of data differently. Political stakeholders, such as local legislators or county supervisors, may request data that demonstrate what they are getting for the expenditure of public monies, whereas program managers and family members may call for clinically-relevant data.[15] Family members may use research and evaluation findings in service planning with providers to help ensure that their children receive the best supports available; family-run organizations can also use data to support their advocacy efforts for system and policy changes.[16]

The national focus on outcome accountability, the growth of the consumer movement, and support in public policy for consumer choice have empowered family members to articulate their values regarding program evaluation. The federal Center for Mental Health Services (through the Mental Health Statistics Improvement Program) recently supported a Consumer/Survivor Mental Health Research and Policy Work Group to conduct a series of focus groups with key mental health consumer informants who had expertise in advocacy, peer support, and/or research. According to most focus group participants, researchers fail to ask relevant questions regarding negative effects of services and to recognize outcomes such as recovery,

quality of life, and well-being.[17] Reported clinical outcomes have included physical, emotional, cognitive, and/or behavioral changes related to symptoms of disorders (e.g., the reduction of symptoms of depression);[18] but families have expressed the need to see improvements in the lives of their children in *functional* terms, including: living at home, attending and progressing at school, and being involved with friends and community activities.[19] The number of outcomes, therefore, should be selected based on social validation and how directly all audiences can see their significance and relevance.[20]

> *Researchers often fail to report negative service effects and information about recovery, quality of life, and functional improvements. —Center for Mental Health Services' Consumer Work Group*

ENCOURAGING THE USE OF DATA AT THE LOCAL LEVEL

When stakeholders receive evaluation feedback about clients during service delivery, the possibility that it will change their practice, administration, or parenting techniques depends on how receptive they are to a "culture of evaluation."[21] A new culture of evaluation is not accepted simply because new forms and procedures are introduced. Len Sperry, researcher at the Medical College of Wisconsin, argues that evaluation could be fostered by providing adequate training, clinical supervision, technical support, and incentives. Most importantly, he states, agency administration should recognize providers' natural reaction to change, especially change that could represent threats to the fundamental tenets of a profession.[22] "Fear of failure is a powerful dynamic," he attests, "and just thinking about having practice behaviors 'exposed' and compared with peers is a cause for apprehension for many."[23] A suggested solution, Sperry recommends, is to help stakeholders reframe their perspectives through experience, education, and persuasion: to recognize that outcomes measurement can provide them with information to help make their assistance more effective. Other suggestions for establishing a "culture of evaluation" include:

- Identify leaders and enlist people to participate who are open to innovation;
- Select from a mixed group of people for advisors, drawing from different levels of stakeholders with contrasting skills, influence, and agency loyalty;
- Examine the change structure within the organizations to know what provides motivation as well as disincentive;
- Focus on changing behaviors, not attitudes, and communicate clearly about what needs to be accomplished;
- Take risks and be willing to try new things; and
- Recognize that change is a process—don't expect immediate results.[24]

Reframe stakeholders' perspectives about evaluation through experience, education, and persuasion. —Len Sperry

According to University of South Florida researchers Mario Hernandez and Sharon Hodges, methods of dissemination of results also can greatly influence the utilization of evaluation information. These include:

- The format, content, complexity, and relevancy in which outcomes are presented;
- Immediacy, timeliness, and predictability of feedback reports;
- Orientation to the purpose, goals, and intended uses of the outcome information;
- Integration of outcomes into daily clinical practice, administrative procedures, and programmatic decision-making; and
- The ease of data entry, retrieval, and analysis.[25]

The organization's leadership can greatly influence whether staff and clients value outcome data, whether evaluation is viewed as a process (not as an end result), and whether the information elicits opportunities for corrective action or positive reinforcement (rather than punishment).[26]

The format and timeliness of data reports and the culture of an organization greatly influences the utilization of evaluation information. —Mario Hernandez

Texas researchers and evaluators Rouse et al. recommended that input should be obtained from all audiences about the evaluation products at every opportunity—at meetings or training sessions—to provide insight into how reports may be perceived, understood, and utilized.[27] Users may differ in terms of the sophistication with which they read and interpret data and the degree to which training on the use of reports may be required. If managers and service providers are unable to use the data to improve services, the value of the information lessens to casual interest only, resulting in wasted resources and frustration for evaluators, children, and families.[28] Family advocate and researcher Trina Osher reminds us that "outcome information needs to be shared (a) with families so they can celebrate achievements and advocate for modifications as needed; (b) with program mangers so they can make informed decisions about administration matters such as resource allocation; and (c) with the public so the community knows what value it is getting for its investment in mental health services for its children, youth, and families."[29]

Local outcome information should be shared with families, program managers, and the community. —Trina Osher

Evaluation reports need to be concise, easy to understand, and tailored to the various needs of their audiences. But while the demand for evaluation of programs and services in the private and public sectors has steadily increased, minimal resources have been designated toward understanding what is involved in effective data reporting and presentation. The field of evaluation has been focused on implementing models of evaluation, but has omitted a pertinent question: "Given a program evaluation that has generated good data, what is the most effective strategy for data presentation and dissemination to advance stakeholder objectives?" Researcher and analyst Sharon Caudle recommends that evaluators "judiciously use text and graphics, trend information, and explanatory information to present and explain the data."[30] A more detailed description of design techniques borrowed from the communications and marketing literature is presented in Appendix A: Techniques in Designing Evaluation Reports.

ENCOURAGING THE USE OF DATA AT THE STATE AND NATIONAL LEVELS

According to Roger Vaughn and Terry Buss, authors of Communicating Social Science Research to Policymakers, to play a role in policymaking, evaluators must understand the limits of their data and become much more practical in their orientation.[31] They state, "Academics need to understand that policy analysis reaching decision makers is based on a variety of information, some of it nonscientific, such as anecdotes, metaphor, case studies, advocacy reports, and the like. Policy analysts communicating effectively… weave this information into decision alternatives for consideration by those of power."[32] Vermont State Representative Patricia Doyle concurs, recommending: "In getting a legislator to remember your community, issue, or point of view, you need to make the data real and visible. Invite the legislator into your agency or community to present your information. In the presentation, begin with a story, a specific situation or experience. Have the family involved tell the story. Then blow it into a bigger picture with a wider scope. For instance, go from the child in crisis to numbers of families experiencing these situations in your region…Keep in mind, you need to give legislators a picture to take with them into the voting session!"[33] Concrete examples can influence people's views about issues. Elected officials must focus on particular problems their constituents face and need to be able to picture why one approach may work better for them than others.[34]

> *Well-packaged evaluation information supported by strong science is in great demand by policymakers. —Roger Vaughn and Terry Buss*

Vaughn and Buss assert that researchers need to *package* their evaluation information differently to appeal to policymakers.[35] They assure, however, that this can be done without giving up scientific rigor or integrity. In fact, a well-packaged evaluation, supported by strong science, is in great demand by decision makers, although data need to be communicated without technically-laden or academically-exclusive

vocabulary. Legislators need to know what assumptions have been made in the analyses, what information is missing, and who stands the chance of gaining or losing. In addition, the authors suggest a few principles to keep in mind when presenting data to policymakers: (1) understand who makes decisions that may affect your program (public policy is multi-layered and overlapping, with multiple access points); (2) ask the right questions of the data; (3) know how the data were compiled and how variables were defined; (4) do not confuse statistical significance (demonstrated numerical differences in the data) with policy significance (practical implications); (5) learn the history of the issue to place contemporary issues and past efforts in perspective; and (6) consider the timing of the presentation. Budget cycles, regulations, and legislative time limits can all determine policy success or failure. "Executive orders may have to be issued in time for the affected agencies to modify budget requests. Commissions and task forces must complete their work within a mandated time period. Analyses must be available before making decisions. Therefore, expert advice must be offered within an action timetable if it is to have any effect on outcomes."[36]

When presenting data to policymakers:

- *Know who makes the decisions;*
- *Ask the right questions of the data;*
- *Know how the data were compiled;*
- *Do not overemphasize statistical significance;*
- *Use concrete examples and case studies;*
- *Learn the history of the issue; and*
- *Be sensitive to legislative timing.*

—Roger Vaughn and Terry Buss

The importance of evaluation data to national legislators who make decisions about funding allocations cannot be understated. Advocacy groups such as the National Mental Health Association provide outcome data to legislators and professional committee staff who are responsible for providing funding increases to effective programs. Data from the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, for example, was a major determinant in the increase of the initiative's federal appropriations from an initial $5 million to more that $78 million after just five years.[37] Other advocacy and lobbying groups such as the Child Welfare League of America, the Federation of Families for Children's Mental Health, and the Children's Defense Fund have offered creative and persuasive ways of using data to promote legislative and fiscal action that will benefit vulnerable children, families, and communities.[38] Their communications campaigns have included mixtures of

quantitative data (focusing on numbers and statistical analyses) as well as qualitative data (focusing on personal interests and case studies) presented in attention-getting formats and presentations. To make the data accessible and interesting to a variety of policy makers and the general public, community and national groups have crafted motivational media events, congressional briefings, and campaign materials that use influential resources and clever devices such as public service announcements, World Wide Web exhibits, slide presentations, family stories, sidewalk quizzes, and collections of visual aids that display outcome data and trivia (from balloons and posters to educational videos and dolls). Eye-catching one-page fact sheets that feature concise data that "command attention and are supported by compelling anecdotes" have also proven extremely effective.[39] But advocates from the Child Defense Fund cogently warn, "Successful advocacy must have at its foundation reliable data that make a case or prove a point…Without facts, it is very difficult to mount a convincing campaign for change."[40]

> *Successful advocacy must have at its foundation reliable data. —Children's Defense Fund*

At a recent conference of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Prevention Network, NASADAD's director of public policy, Kathleen Sheehan, echoed the importance of documenting outcomes. She asserted that decision-making at the federal level was based on one third outcomes and two thirds personal experience and politics.[41] Luceille Fleming, the president of the Board of Directors agreed, adding that documentation of cost savings offers the best approach for state agencies to shield services from budget cuts.[42] Large purchasers of managed care—including the state Medicaid divisions—are now insisting that companies link service payments directly to client outcomes. Thus, combining cost and client outcomes will help children's systems of care compete in managed care environments. A comprehensive evaluation program with quality assurance mechanisms can assist agencies in ensuring quality of care, while also demonstrating what harmful cuts to existing services may cost the community.[43]

> *Documentation of cost savings offers the best approach for state agencies to shield services from budget cuts. —Luceille Fleming*

SUMMARY

The preceding chapter has documented the current trends in reporting evaluation information in public sector services. Formative evaluation processes have helped to bridge the gap between research and practice, assisting organizations with service improvement and adaptation. Reporting mechanisms that take into account the needs of multiple stakeholders have proven effective at the national, state, and local levels. The format, timing, integrity, and packaging of data all greatly influence its use and impact.

The following chapters provide more detailed information from the selected promising practices sites that are providing system of care services to children and their families, while effectively presenting evaluation results and using outcome information in decision-making for systems improvement. The excerpts from interviews and data reports help to demonstrate how the sites have encouraged and supported the use of evaluation information at the local, state, and national levels to manage, improve, market, and sustain their child and family services.

Notes:

[1] Plantz, Greenway, M. T., & Hendricks, M. (1997). Where the rubber meets the road: Performance measurement for state and local public agencies. In K. E. Newcomer (Ed.), *New directions for evaluation: Using performance measurement to improve public and nonprofit programs* (*75*, 31-34). San Francisco: Jossey-Bass.

[2] Hernandez, M., Hodges, S., & Cascardi, M. (1998). The ecology of outcomes: system accountability in children's mental health. *Journal of Behavioral Health Services and Research, 25* (2), 136-150; and Manderscheid, R. W. (1998). From many into one: Addressing the crisis of quality in managed behavioral health care at the millennium. *Journal of Behavioral Health Services and Research, 25* (2), 233-237.

[3] Plantz, *et al*. (1997).

[4] As opposed to "summative" evaluations, which are produced at the end of an intervention, specifically to address its successes and failures *after the fact*.

[5] DeVeaux, M. (1997). Evaluation concerns and the presentation of data. In G. T. Henry (Ed.), *New directions for evaluation: Creating effective graphs: Solutions for a variety of evaluation data* (73, 69-74). San Francisco: Jossey-Bass.

[6] DeVeaux (1997); Hernandez, *et al*. (1998).

[7] Newcomer (1997).

[8] Campbell, J. (1996). Toward collaborative mental health outcomes systems. In D. M. Steinwachs, L. M. Flynn, G. S. Norquist, & E. A. Skinner (Eds.). *Using outcomes to improve care: New directions in mental health service* (pp. 69-78). San Francisco: Jossey-Bass.

[9] SAMHSA Center for Mental Health Services Outcomes Roundtable for Children and Families (1998). *Fitting the pieces together: Building outcome accountability in child mental health and child welfare systems.* Rockville, MD: Center for Mental Health Services 7.

[10] Campbell (1996).

[11] Mental Health Statistics Improvement Program Task Force (1993). *Performance indicators for mental health services: Values, accountability, evaluation, and decision support* (pp. 41). Rockville, MD: Center for Mental Health Services.

[12] Plantz, *et al*. (1997).

[13] Logic modeling is a collaborative process of delineating components of the program in a schematic way that makes logical connections between the characteristics of the clients, the major activities of the service delivery, and the intended outcomes. After completing a logic model, stakeholders often feel clearer about what is expected of them and their relationship to the overall program goals and objectives. For more information, see SAMHSA *Center for Mental Health Services Outcomes Roundtable for Children and Families* (pp. 19-36).

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[34] Vaughn & Buss (1998), pp. 115.

[35] Vaughn & Buss (1998).

[36] Vaughn & Buss (1998), pp. 54-55.

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Chapter III–Establishing a Culture of Evaluation: Site Examples, Lessons Learned

To develop a local ethic that values and sustains the use of evaluation information requires the commitment of leadership, buy-in of diverse stakeholders, reliable data collection procedures, and routine use of data for planning purposes. The following chapter provides information from the selected promising practices sites around the country that are providing system of care services to children and their families while simultaneously: providing training and technical assistance on the use of evaluation information, ensuring that evaluation quality assurance and supervision mechanisms are in place, producing useful data reports, and encouraging relevant outcomes-based decision-making. Through the use of multiple methods and the advocacy of diverse stakeholders, these sites have discovered processes that educate, enrich, and persuade their constituents to use data effectively, establishing evaluation cultures that continually reinforce outcomes-based documentation and systems improvement.

Sites used these processes to support the effective use of data:

- Multiple focus groups with diverse stakeholders;
- Early and repeated training activities and resource materials;
- Accountability mechanisms to monitor data collection; and
- Timely feedback reports.

Researchers, family members, administrators, and providers from the selected promising practices sites recommended various processes to assist states and communities in establishing and sustaining effective evaluation feedback systems. Recurring techniques to garner buy-in from multiple stakeholders included: rallying diverse partnerships in the formation of the evaluation project's plans for reporting data; supervising and expediting the administration of instruments and collection of data; involving family members in the development, dissemination, and interpretation of evaluation findings; discussing the evaluation program and its findings in multiple venues; and using integrated cost and outcome data for advocacy to policy and funding sources. The facilitative strategies used in the sites to accomplish these tasks are detailed below.

FOCUS GROUPS

A "focus group" has been defined by qualitative researcher Michael Quinn Patton as "an interview with a small group of people on a specific topic."[1] Typically, a group of about five to ten individuals is asked to respond to a series of focused questions. By hearing the other respondents' answers, individuals

are encouraged to make additional comments as they consider their own views in the context of the group dynamics.[2] In addition, the format can encourage the collection of culturally-relevant data and shared experiences.

> *Focus groups provide opportunities for individuals to provide information about their feelings, experiences, culture, and knowledge in the context of a group dynamic.*

In the development of evaluation program, focus groups can provide a venue for building stakeholder commitment to an on-going learning process in which their system is continuously assessed for its usefulness and validity.[3] Focus groups have been used in this way—specifically for the purposes of exploring the effective use of data—by each of the sites, including at these stages of evaluation program design and implementation:

- To conduct an informational needs assessment of the community;
- To collect the knowledge and opinions of multiple individuals regarding data use;
- To provide insight into personal and cultural experiences;
- To identify strengths and weaknesses of data presentations;
- To create a group process that encourages brainstorming and problem-solving; and
- To gather perceptions about outcomes and impact of a program.

In addition, a few unique applications of the focus group approach are described below.

Santa Barbara County Multiagency Integrated System of Care (MISC)

Early in implementation, the Santa Barbara children's mental health services site engaged in focus groups that included line staff, family members, and administrators in discussions about the design and benefits of an evaluation program. Topics included the reduction of overlap in data collection across agencies and efficient methods for a comprehensive evaluation. An essential tool in these focus groups was a visual aid created by the evaluators to help focus the discussion. The evaluators mapped out the national evaluation requirements on a matrix; those items were then displayed with the items *routinely* gathered in intake assessment processes across all of the local system of care community partners (including the county social services, health, safety, and educational organizations as well as private community-based organizations). This matrix (a sample page of 14 items is presented in Exhibit III-1: Cross Agency Matrix of Evaluation Data), provided an opportunity for the various stakeholders to examine the extensive and comprehensive information collected on a daily basis around the county. The matrix also clarified how much

the local and national data requirements overlapped and where redundancy was occurring. According to the evaluators, about 90% of the data requirements of the federal grant were accounted for by the routine data collection procedures of the partner agencies.[4]

Exhibit III-1: Cross Agency Matrix of Evaluation Data

Item Description	MACRO Code	Agency Providing Information
CHILD RISK FACTORS		
65. Previous Psychiatric Hospitalization	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., CALM
66. Physically Abused (ever)	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., HCS, D&A, KB
67. Sexually Abused (ever)	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., HCS, D&A, KB, CALM
68. Run-away	1=Yes; 2=No; 8=Unknown	CPS, Prob., FSA
69. Suicide Attempt(s)	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., KB, CALM, Healthy Start
70. Drug and/or Alcohol Use	1=Yes; 2=No; 8=Unknown	MH, CPS, HCS, Prob., D&A, FSA, KB, CALM, Healthy Start
71. Client is Sexually Abusive (ever)	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., KB, CALM
FAMILY RISK FACTORS		
72. Psychiatric Hospitalization of Parent	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., CALM
73. Felony Conviction of Parent	1=Yes; 2=No; 8=Unknown	CPS, Prob., Head Start, CALM, Healthy Start
74. Institutionalization of Siblings (ever)	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., D&A
75. Siblings in Foster Care (ever)	1=Yes; 2=No; 8=Unknown	CPS, Prob., D&A
76. History of Mental Illness in Family	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., CALM
77. History of Family Violence (ever)	1=Yes; 2=No; 8=Unknown	CPS, Prob., HCS, D&A, CALM
78. History of Substance Abuse among Family Members (prior to intake)	1=Yes; 2=No; 8=Unknown	MH, CPS, Prob., D&A, HCS, FSA, KB, Head Start, CALM

Questions addressed in the focus groups related to additional items to be included in the system of care's comprehensive evaluation. Participants responded to these queries in the context of data already required by the national evaluation project and throughout the duration of the project in repeated focus groups. The matrix assisted the focus group participants in making practical decisions about how to proceed with the evaluation project at each stage of their system's development; it was a constant visual cue of the collaboration necessary to achieve a comprehensive assessment, and of the complexity of the required national elements.

Santa Barbara MISC focus groups asked stakeholders initially and repeatedly, "What data elements are critical for a comprehensive assessment of the children and families we serve?"

Wings for Children and Families, Inc., Maine

In each participating county in the children's mental health services program in Maine, focus groups were conducted including multiple levels of stakeholders such as family members, staff, and providers. The specific topic addressed concerned their intended outcomes of the system of care project. Facilitators asked, "How will we know this project is working?" When participants suggested indicators such as increases in school performance and reductions in criminal activity, the evaluators established these measures as the focus of future evaluation reports to the stakeholders.

Currently, *Wings* is conducting focus groups with community members, parents, staff, and administrators to decide which pieces of the evaluation project to sustain as the federal grant requirements recede. The process is helping the site to re-evaluate what worked in the previous evaluation, what they wish to strengthen in their continuing evaluation, and what information may be lost with any reductions. They are balancing the wishes of the staff and parents with the utility and importance of the data. For example, some standardized measures have not been widely accepted as worthwhile by all parents and staff in *Wings*, and some language in standardized instruments was not deemed appropriate or inclusive for their Native American populations. There is now more growing recognition that the instruments may be useful for purposes such as balancing caseloads or comparing state/national figures, and *Wings'* staff and families revised assessment forms to reflect more appropriately the language and social activities of the community. The focus groups have provided interactive venues for discussions about these issues and educational forums for feedback on meaningful, community-wide, culturally-appropriate indicators.

Wings focus groups asked stakeholders initially, "How will we know our system of care is working for children and families?"

KanFocus

For the purpose of midcourse corrections, the director of *KanFocus* helped family members to develop and implement data collection strategies that would support growth and sustainability of the site's family-involvement component. After three years of grant implementation activities and many midcourse changes, a series of focus groups was held to ask multiple stakeholders, "How and in what direction do we want to go (with *KanFocus*)?"

The *KanFocus* project was especially careful to document the promising procedures they used to collect feedback from focus group participants. Input from parents (both of children receiving mental health services and those not receiving mental health services), adolescents, providers, community leaders, and other stakeholders was solicited to determine the next course of action for the project and the parents' roles.[5] Over 1,500 invitations were printed for the focus groups, and meetings were held in all 13 counties of the site for 140 total participants (including 35 professionals and 105 family members). Childcare and transportation costs were reimbursed, and refreshments were provided. A neutral facilitator was brought in to lead the groups, and separate input was gathered from the family members, the professionals, and the adolescents to make sure that all voices were heard in "safe" environments.

> *KanFocus focus groups asked stakeholders at mid-course, "Where do we go from here?"*

Questions addressed in the focus groups included queries about strengths and needs of the families, of the child and family-serving agencies, and of the youths. Overall, discussions revealed concerns about sustainability of the grant and the need to engage policymakers in fundraising. In addition, approximately half of the families indicated a need for more interactive activities (such as mentoring, family socials, after-school programs, and psycho-social groups) in the system of care and fewer traditional services such as respite or therapy. They expressed an overall difficulty in being involved in decision-making and in community social life.

As a result of the findings in the focus groups, the parent support teams developed a Resource Manual listing the organizations and groups available in the community to assist with varied activities from paying the bills to connecting with other families. In addition, support groups have evolved in locations with the highest needs. Families have been instrumental in the development of these groups in their neighborhood areas with a goal of working together around a successful, collaborative project. Their use of focus groups to achieve system-wide improvements based on the families' and professionals' perspectives is a classic example of participatory, formative evaluation resulting in active reform and system improvements.

Community Wraparound Initiative, Illinois

Focus groups in Illinois were initially arranged by category—parents, mental health representatives, and special educators met separately. This format eventually led to "learning groups" with parents *teaming* with family resource providers and mental health, child welfare, and special education professionals to discuss policies, questions, and perceptions of the system of care. The agenda for each of the focus groups included: (1) clear feedback on questions about the program using data as evidence; (2) evaluation information reviewed for what it does and does not show (reliability and validity); and (3) interpretation of

the findings from multiple perspectives. Discussion of the evaluation data helped to validate the families' experiences and imbed the data in real contexts; thus, the focus groups provided forums both to share information and to learn.

> *Community Wraparound Initiative focus groups asked stakeholders continually, "How can this evaluation information help us?"*

The focus groups provided a safe environment in which the parents had the freedom to voice their opinions without worrying about negative repercussions. The family members discussed what questions they wanted the evaluation project to address, what values they wanted the system to practice, and what roles they wanted to play in evaluation and service delivery. Parents wanted to be data collectors, designers of the evaluation, interpreters and disseminators of the results, and participants in re-visiting program values. In time, as understanding increased and ownership of the evaluation project was shared among multiple stakeholders, enthusiasm and support for the evaluation project grew. Data collection was slowly reframed and positions were reconstructed to include more family involvement and leadership. Family members as well as staff were able to recognize and articulate the need for and utility of local and national evaluation information for comparison and documentation of progress. The reasons articulatied by family members as important for participation in a national and local evaluation project provided the basis and context for additional training of family members and providers, as reported in the next section.

Selected reasons why the Illinois Federation of Families supports evaluation:

- It influences change in the system of care;
- It helps to gain funding and to influence how money is spent; and
- It documents the value of parent-professional collaboration.

TRAINING

The seven sites have offered training on subjects such as instrumentation, the evaluation reporting process, interpretation and clinical utility of standardized measures, and the principles of assessment and clinical practices in efforts to inform, empower, and garner buy-in from various stakeholders. All sites emphasized the value of multiple and repeated training opportunities, with step-by-step descriptions of all facets of the evaluation project for staff and families including: culturally-competent administration of measures, collection of data, inputting data, analyzing data, and reporting data. In addition, the sites put much emphasis on the products shared with families and providers: what data would be examined, how to read and interpret the results, and limitations of the findings. Many evaluation projects utilized real-life examples and results of assessment information to provide context and meaning to the family members and providers during training on the effective use of data. Sites have recommended other strategies for the administration of this training, including:

- Conduct early, repeated, and detailed training to inform parents and staff about appropriate administration techniques and the benefits of using evaluation data;
- Include a wide audience in your training such as family members, line staff, consumers, community groups, civic leaders, directors, and administrators so that all stakeholders have the opportunity to discuss the evaluation, learn acronyms, understand timelines, contribute to research questions, and offer suggestions;
- Conduct repeated training for continuing education purposes, to ensure culturally-competent administration, to teach all stakeholders the implications and limitations of the data, and to support the use of evaluation information in daily practice; and
- View training and technical assistance as tools of empowerment: competence and knowledge will override fear, hostility, and noncompliance with evaluation procedures.

Training on the use of evaluation data:

- Should be conducted early and repeatedly;
- Should be offered to consumers, community members, and staff;
- Should support the use of data in daily practice; and
- Should empower stakeholders with competence and knowledge.

In addition to these consistent findings across all of the sites, a few of the projects had some unique applications. Details of their training approaches follow.

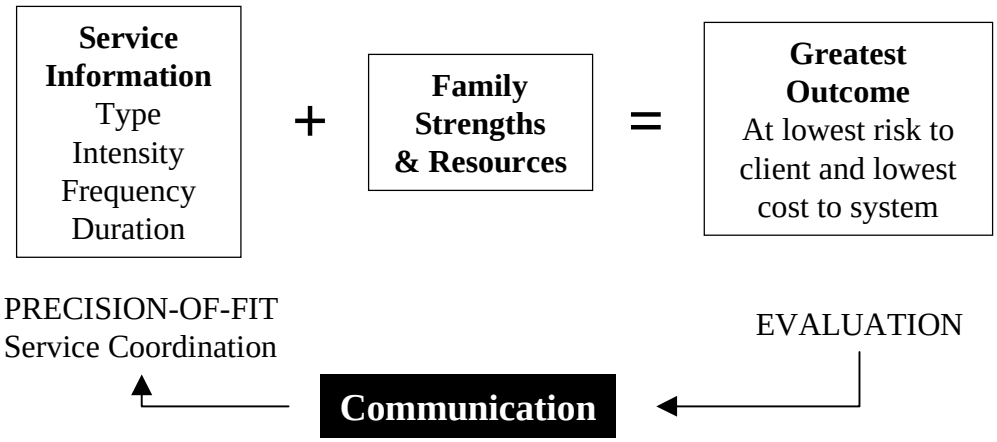
Santa Barbara County Multiagency Integrated System of Care (MISC)

The *MISC* evaluation team, similar to most of the other sites, immediately trained family members, staff, and administrators on the use and interpretation of all of the instruments and measures in their comprehensive assessment process. A critical component of this training was the Evaluation Resource Manual, created by the evaluators and provided to all participants. The manuals included background information on the development of each instrument, its administration and scoring procedures, interpretation, cultural competency, and utility of feedback information. In a time of substantial role change, the resource manuals provided structure and order with step-by-step instructions and meaningful application of the data.

In a time of substantial role and system changes, resource manuals can provide structure, order, and step-by-step instructions for family members and service providers.

In the training sessions, the *MISC* evaluators clarified the model of service delivery to be practiced in the county's site, and how the evaluation project was intimately tied into the model's intended theory of change. Their model of service delivery, based on "Precision of Fit," includes comprehensive evaluation and outcome evaluation as instrumental components to service delivery and decision making. Exhibit III-2: Precision of Fit Delivery System of *MISC* illustrates this theory and places the evaluation project in its context.

Exhibit III-2: Precision of Fit Delivery System of *MISC*



The Precision of Fit model is based on the following concepts:

- Best outcomes (clinical and cost) are related to the *precision-of-fit* between child and family strengths/needs and the level of care provided;
- Precision-of-fit systems result in the lowest true cost of care for a given outcome; and
- Mismatch or imprecision is directly related to adverse consequences including waste, unachieved outcomes, unrealized hopes, and undermining of family autonomy.

The essential components of a precision-of-fit delivery system include: (1) a comprehensive evaluation that identifies child and family strengths and needs, and guides service plan development; (2) a comprehensive continuum of services that ensures necessary interventions are available for the "best fit;" (3) ongoing coordination of individualized services; and (4) outcome-based evaluation that guides adjustments in the service plan. These components and principles of the model were articulated in trainings to staff, administrators, and family members, and they provided the basis for blending formative evaluation and service delivery in daily practice. As the site director recommended, "Have a clearly stated service delivery model and theory of change. Outcome evaluation and use of data must be an instrumental part of this model. If it's not instrumental to your theory of change, there is no point in doing it."[6]

Outcome evaluation and the use of data should be critical components of your system's theory of change. —Todd Sosna, MISC Site Director

Community Wraparound Initiative, Illinois

Parents and administrators from this site strongly advocate for immediate training on the *local* utility of evaluation information. One parent expressed, "The *local* use of the evaluation results was critical to buy-in from the families. What the evaluation would offer *me* and my community was important."[7] Because parents—as one family member expressed, are often the "victims of multiple testing and parents of children who are victims of multiple deficit testing," they may be reluctant participants in the evaluation processes.[8] But information and training at this site helped to empower parents with the knowledge of the validity and reliability of certain standardized instruments. Family members have been able to directly apply this knowledge in their children's mental health services planning as well as their Individualized Education Program (IEP) planning meetings.[9] This was an unanticipated effect of building support and understanding for the evaluation program that generalized to settings and contexts beyond the national evaluation project and mental health services.

KanFocus

Case managers, parent supports, and clinicians were all trained in interpreting the Child Behavior Checklist[10] for diagnoses and service plan development. In training sessions, the site evaluator displayed Child Behavior Checklist profiles of children's actual scores to help providers and family members learn from their own experiences with the families and to assist in their interpretation and use of the evaluation data. The evaluator also provided training on how to use the Child Behavior Checklist to build rapport with family members, to initiate conversations with the caregivers about their most pressing concerns, and to demonstrate progress by comparing scores over different intervals of administration. The site director believes that making an initial investment in training on the use and interpretation of standardized instruments with real life examples greatly influenced buy-in of families and clinicians for the evaluation program.

Training on the use and interpretation of instruments can increase buy-in of families and clinicians. —Jim Rast, KanFocus Site Director

The parent support group of *KanFocus* also provided training for parents on self-advocacy and special education compliance regulations to help parents participate more actively in service delivery for their children. A strong parent volunteer program encourages the education of family members, and advocates are available for support in the Individualized Education Program meetings with school personnel.

Furthermore, to ensure that the system is practicing system of care values and principles of practice (e.g., strengths-based, family-centered, and culturally-competent services), the *KanFocus* evaluation team conducted surveys, quality assurance record reviews, and interviews with families and service providers. Initial results of the reviews showed that: (1) two areas rated the lowest in terms of successful grant implementation in the first year were "availability of services" and "cultural competence;" and (2) due to the requirements of diagnostic eligibility, the assessment procedures were deficit-based even though the wraparound service planning procedures were focused on child and family strengths. This evaluation finding resulted in substantial changes in the mental health programming, documentation, and training agenda in the site. Strengths were built into the structure of the documentation such that each domain in the comprehensive assessment listed specific strengths for consideration and evaluation. In addition, all case managers received additional training on how to focus on strengths of the child and family in addressing deficits, and numerous programs were built around the issue of cultural competence.

Evaluation of system practices led KanFocus to implement changes in cultural competence training and strengths-based documentation.

Texas Department of Mental Health and Mental Retardation Children's Services

If compliance concerning data collection requirements is not achieved satisfactorily, the local mental health authorities in Texas tend to view the issue as a catalyst for further *training*. The Office of Planning, Research, and Evaluation within the *Texas Department of Mental Health and Mental Retardation* often provides technical assistance to local sites, and one local administrator believes that, "[The State's] biggest contribution is assisting the staff in realizing that the data go beyond the local level to the State level."[11] The training has been shown to rejuvenate staff's interests in evaluation, to demonstrate "the bigger picture," and thereby to boost compliance efforts. In addition, the Office of Planning, Research, and Evaluation publicizes evaluation results in quarterly reports, closely monitors the collection, and provides feedback by comparing sites' completion rates. Attainment of specific outcomes in each local service site is mandatory for funding; all centers are held accountable for results, and the evaluation is consequently supported with considerably more attention and endorsement.

If data collection compliance is not satisfactorily achieved, the local mental health authorities in Texas tend to view the problem as a training issue.

INTEGRATION OF EVALUATION INTO ROUTINE OPERATIONS AND ACCOUNTABILITY MEASURES

The sites with productive evaluation systems all have successfully integrated evaluation processes into the routine operations of their service provision. Clinicians and family members have collected evaluation information as part of their accepted roles within the service sites; well-developed systems also have integrated the data results into clinical practice and decision- making. Furthermore, practitioners and family members have been held accountable for completion of instruments, and most sites have developed rather sophisticated tracking procedures to ensure compliance and timeliness of their data collection. The collection of outcome data has been incorporated into the department's quality assurance procedures, and all sites generated regular reports regarding required paperwork for each staff. Therefore, accountability procedures were often a daily component of supervision activities.

To successfully integrate evaluation into routine operations:

- Make evaluation part of every job description;
- Champion the efforts of evaluation;
- Integrate evaluation into accountability procedures;
- Review reports of data collection completion rates; and
- Provide incentives for providing data.

When intake assessments or regular follow-ups were imminent, most sites had systems developed to remind clinicians approximately 30 days prior to the due dates—either by software automation and/or personal contact with the providers. In fact, most evaluators indicated that maintenance of an effective tracking and reminder system required a majority of their staff time and attention, and this was an unanticipated but critical role of the evaluators in the daily regime of service delivery.

In addition, some sites employed further effective and creative strategies to encourage evaluation focus and system accountability. For example, in the *Wings* project, the data management team used charts and graphs to demonstrate to staff the impact of the loss of information, and what missing data meant to the statistical significance and power of their results. Compliance rates of staff and families greatly increased after this training demonstration. In the *Texas Department of Mental Health and Mental Retardation Children's Services*, comparing completion rates across sites in a public report has resulted in friendly competition among service centers for the most effective data collection procedures and tracking systems. Not only do administrators pay particular attention to completion rates, but they also share effective strategies across sites to improve their rates and reliability and validity of their data collection.

The administrators in Texas and other sites immediately placed emphasis on the importance of evaluation to support effective organizational change. Visible and strong leadership from higher authorities—such as supervisors and agency directors—greatly facilitated buy-in from multiple stakeholders since it was initially clear that evaluation results would be tied to future contracts, promotions, program funding, and system sustainability.

FACILITATION OF DATA COLLECTION

Most sites felt as though there was an imperative for the evaluation/data management staff to facilitate and expedite all aspects of the data collection process in their formative evaluations: from technical assistance and monitoring, to preparation of materials and the building of personal relationships. To enable and encourage participation and focus on the evaluation, all of the children's mental health services programs' staff recognized the importance of the constant presence of the evaluation manager on-site and in regular meetings. Their participation in the implementation and on-going problem-solving of the systems sent a clear message that the evaluation projects were integrated with service delivery, the evaluation was not a temporary or adjunct process, and the evaluators were invested in the child- and family-serving arena. Facilitation of the data collection procedures also was implemented in other ways in the sites, including the approaches described below.

To facilitate data collection:

- Establish partnerships with experienced evaluators who can provide on-site support;
- Provide ongoing technical assistance and evaluation resources; and
- Incorporate family leadership into training, data collection, and analysis.

Wings for Children and Families, Inc., Maine

This site contracted with outside evaluators, the Margaret Chase Smith Center for Public Policy at University of Maine, to maintain objectivity in their evaluation analyses, to observe the implementation process, and to give unbiased feedback. The Center was responsible for analyses, semiannual reports, and transfer of the data to the national evaluators. Within the staff of the *Wings* project, however, a parent advocate assumed the position of data manager. She was responsible for a wide array of daily evaluation activities including: organizing the evaluation process, computerizing the management information system, establishing deadlines and accountability mechanisms, facilitating focus groups, conducting training, and preparing the data for transfer to the outside evaluators.

In order to maintain compliance rates and reward staff for their burdens, *Wings'* project administration offered incentives to staff for participation in the evaluation project. Around the holidays, reports were posted with required data elements. If all staff collected the data needed by its due date,

everyone received an extra day off at the holidays. In addition, because the youths ages 11 to 18 were required to complete the Youth Self Report,[12] the project also offered them McDonald'sÒ gift certificates as incentives. This practice helped increase participation of the youths as well as the administrators of the instruments in completing the measurements.

Community Wraparound Initiative, Illinois

The *Community Wraparound Initiative*, in collaboration with the Illinois Federation of Families, reworked traditional roles in the evaluation project to include family leadership for more accurate data collection, thorough accountability, comprehensive dissemination, and meaningful translations of findings. Family members were hired to collect, enter, and update evaluation files, to disseminate and present evaluation findings, to supervise and train staff, and to increase family buy-in. They were integral members of the core evaluation team, and they helped to strengthen the connection between the evaluators, the service providers, and families being served. The Family Resource Developer's main goals were:

- To make evaluation accessible without losing the family's dignity or honor;
- To encourage families to be active participants;
- To teach and work toward collaboration between and among family members and providers; and
- To explain to families that evaluation is not a shaming experience.

The parent data collector compiled data from the family and trained the service providers on appropriate data collection techniques. The family evaluation assistant was the chief decision-maker about the design of the evaluation. She also developed resources and assisted in the implementation of the evaluation project. These multifaceted roles for family members placed them in leadership positions with authority, and offered other family members support. In addition, the new positions granted the providers more time for direct service, offered opportunities to learn from parent expertise, and encouraged camaraderie among site staff.

Santa Barbara County Multiagency Integrated System of Care (MISC)

The *MISC* site established a partnership with the University of California as subcontractors for the evaluation portion of the grant project. The university team of evaluators and graduate students included staff with a research orientation, and this arrangement supported the site director's intention to accomplish empirical inquiry. As part of their role in the project, university personnel trained, consulted, and monitored staff on evaluation procedures. They also customized "packets" of assessment supplies, reminded staff

when follow-up assessments were due, scored standardized measures and provided immediate feedback reports of results, examined areas of practice and intervention models (via literature reviews and library research) when providers made inquiries, and delivered assessment materials to/from the regional centers.

TIMELY FEEDBACK MECHANISMS

Critical to the success of many service delivery models was timely evaluation feedback. In collaboration with service providers and family members, the selected promising practices sites established their own system of feedback loops for effective reception and dissemination of assessment results. Many of the evaluators of the sites made commitments to provide the results of the Child Behavior Checklist, for example, in a timely, efficient manner so that clinicians and family members would have the information available immediately. The *KanFocus* evaluation team, in fact, promised that if the Child Behavior Checklist were faxed to their office, they would return a scored profile within the hour. Other efforts to build and maintain timely feedback included the following promising examples.

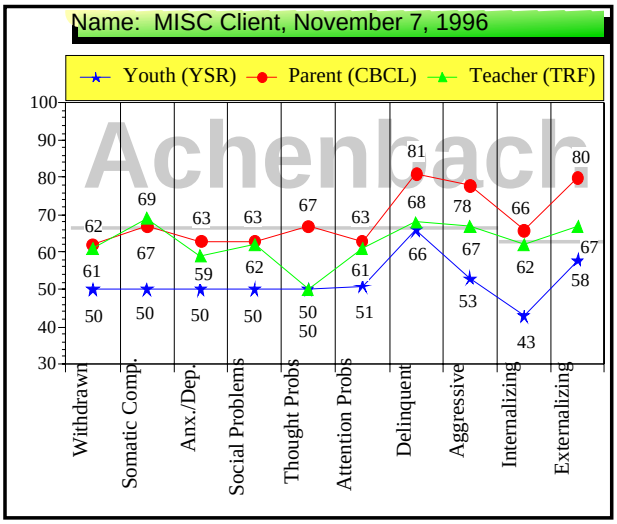
Community Wraparound Initiative, Illinois

Team members in the wraparound service planning process used three-month intervals of the Child and Adolescent Functional Assessment Scale[13] and Child Behavior Checklist in their routine service planning and feedback with family members. The data were presented in intervals and charted to document individual progress. Service plans incorporated the evaluation data in outcome-based decision making.

Santa Barbara County Multiagency Integrated System of Care (MISC)

The *MISC* evaluation team set up a system of scoring standardized instruments that could provide immediate feedback to staff and family members. After data entry and reports were finalized, user-friendly graphs of evaluation results were produced and disseminated to assessment staff. These reports could be customized to include multiple measures (for comparison across informants including parents' ratings on the Child Behavior Checklist, youths' ratings on the Youth Self Report, and teachers' ratings on the Teacher Report Form[14]) or longitudinal results (for comparison across times including intake, six-month follow-up, and one-year follow-up ratings). The graphs provided clearer information in a simplified and understandable format for both clinical use and family interpretation. An example of a graph format may be found in Exhibit III-3: *Santa Barbara County's MISC* Achenbach Feedback Report.

Exhibit III-3: *Santa Barbara County's Multiagency Integrated System of Care (MISC)* Achenbach Feedback Report



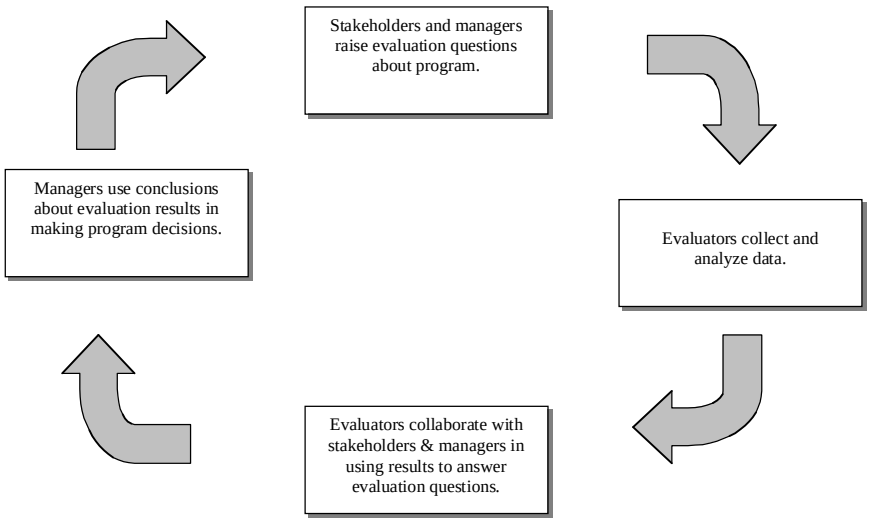
These graphs were widely accepted as friendly, readable, and colorful, but to make them *meaningful* and *useful* required dissemination of system-wide outcomes and on-going training. The MISC evaluation team used real-life examples and results of assessment information to provide context and meaning to the scores, and this follow-up was found to be critical to the use and relevancy of the feedback reports.

Texas Department of Mental Health and Mental Retardation Children's Services

One of the main objectives of Texas' evaluation system is to provide stakeholders with opportunities to formulate evaluation questions, obtain data about services, and apply the results to decision-making in the development of services. In order to accomplish this, the process of reporting evaluation results involves a management-evaluation feedback loop that is illustrated in Exhibit III-4: Feedback Loop in *Texas Department of Mental Health and Mental Retardation Children's Services*.

One local administrator commented that the data provided by the state office have validated the work of his staff and given all practitioners and family members immediate feedback with instant rewards. The long-term impact of services is not typically evident in children's mental health services, but the evaluation data including information about changes across time have been valuable in quantifying accomplishments and progress.

Exhibit III-4: Feedback Loop in *Texas Department of Mental Health and Mental Retardation Children's Services*



Families First/Access Vermont

Continuous evaluation is part of the *Access* service philosophy, and ongoing communication among evaluators, service providers, families, and other stakeholders insures the usefulness and relevancy of the feedback reports. (See Exhibit III-5: Communication Cycle in the Vermont System of Care.) Feedback is predicated on its use in planning and service delivery, and it is manifested in the Community Services Reports presented to all 12 sites in the state. In addition, the Vermont evaluators have provided information to the community about relevant research and the reception of their evaluation reports. For example, in order to be particularly responsive to the Abnaki Native American community—who historically had not had favorable experiences with evaluation—the Vermont evaluators provided their members with immediate feedback on all collected information and relevant research. In addition, through surveys, their Community Services Reports were rated by respondents for clarity, relevance, and utility. The scores were translated into "grades," and the evaluation reports were revised based on these "report cards" of their ability to provide relevant, clear, and helpful information to the community. (See Exhibit III-6: *Access* Feedback Report Card.) Details of these reports follow in the next chapter.

Exhibit III-5: Communication Cycle in the Vermont System of Care

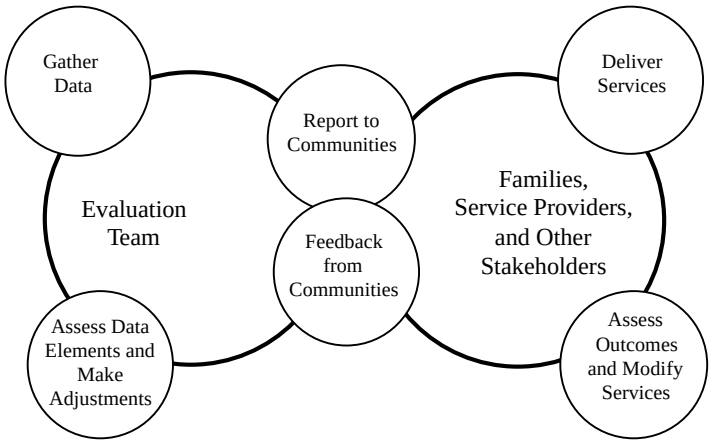


Exhibit III-6: The Vermont *Access* Feedback Report Card: Evaluating the Evaluation Report to Communities

Satisfaction with Community Services Report	Grade
Overall, the report is helpful	A-
The report will be helpful in improving services	B
The following aspects of the report were helpful:	
Level of youth functioning	B+
Level of empowerment of caregiver	B+
Family involvement	B+
Youth involvement	B+
Comments of caregivers: What's helpful?	A-
Comments of caregivers: What would have made things better?	A-

Stark County Family Council, Ohio

The *Stark County Family Council* is collecting and analyzing data that have immediate impact on systems change, program improvement, and state funding. For example, they have been monitoring children's out-of-home placements across all systems, and they have achieved quarterly reductions over 30%. At the policy level, these data have documented that in-home services are a very good investment, and the State of Ohio is now responsive to their evaluation efforts and community-based services. The

State's policy is to provide incentive money to counties if placement rates are reduced; thus, state money has been used to increase wraparound and support services in the county, and pooled funds were shifted from out-of-home placement allocations to support services.

SUMMARY

These initial building blocks described in this chapter to establish evaluation cultures that are supportive of data-reporting systems are the first steps toward facilitating data-driven management, improvement, marketing, and sustainability of children's services. By forming collaborations and establishing strong leadership, supporting and supervising staff regarding data collection, involving culturally-diverse partners and family members, and including evaluation in all discussions of program planning, these programs put data utilization at the forefront of their service systems' development and implementation.

Techniques to Establish an Evaluation Culture

To keep evaluation vital, results must be disseminated and utilized. Timely feedback is imperative to make use of data; only by quickly and consistently producing products will staff, consumers, administrators, and funders recognize the significance of their evaluation tasks and the value of its generated information. The following chapter reviews promising evaluation *products* from the sites and how they were constructed, disseminated, and accepted. It is intended to provide detailed information to facilitate other promising practices in evaluation report production around the country.

Notes:

[1] Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.) (pp. 335). Newbury Park, CA: Sage Publications.

[2] Patton (1990).

[3] SAMHSA Center for Mental Health Services Outcomes Roundtable for Children and Families (1998), pp. 6.

[4] The sample page of the cross-agency matrix presented here shows items relating to child and family risk factors in the first column. The second column indicates how these variables are coded in the national evaluation coding scheme (1 = Yes, 2 = No, 8 = Unknown). The final column indicates which of the local agencies in Santa Barbara County routinely collects these data. Major public agencies may be identified by the following acronyms: MH = Mental Health Services, Prob = Probation, HCS = Health Care Services, CPS = Child Protective Services, and D&A = Drug and Alcohol Services. Other abbreviations refer to local, private, and community-based organizations.

[5] Parents of children not receiving the specific services were sought because the research shows that just as many children are not receiving services as those who are receiving services.

[6] Author (personal communication, May 14, 1999).

[7] Author (personal communication, May 12, 1999).

[8] Author (personal communication, May 12, 1999).

[9] The Individualized Education Program (IEP) is a requirement of special education services and includes a written education plan that specifies the student's current level of academic and social skills, annual goals, instructional objectives, and related services.

[10] Achenbach, T. (1991). *Child Behavior Checklist (CBCL*). Burlington, VT: University of Vermont. The CBCL is a standardized checklist of behavior problems and social competence based on parent/caregiver perceptions. The checklist consists of 118 problem items and 20 social competence questions. Problems are described on eight scales including: Withdrawn, Anxious/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, and Delinquency.

[11] Author (personal communication, May 21, 1999).

[12] Achenbach, T. (1991). *Youth Self Report (YSR)*. Burlington, VT: University of Vermont, 1991. The YSR is a standardized checklist of behavior problems and social competence based on youth (ages 11-18) perceptions. The checklist consists of 118 problem items and 20 social competence questions. Problems are described on eight scales including: Withdrawn, Anxious/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, and Delinquency.

[13] Hodges, K. (1994). *Child and Adolescent Functional Assessment Scale (CAFAS*). Ypsilanti, MI: Eastern Michigan University, Department of Psychology. The CAFAS was designed to assess impairment in functioning in children and adolescents (ages 6-19) as perceived by a clinician or other trained rater. Raters consider the youths' functioning during the three months prior to assessment in the following five domains: (a) Role Performance including school/work role, home role, and community role; (b) Behavior Toward Others; (c) Moods/Emotions; (d) Substance Use; and (e) Thinking.

[14] Achenbach, T. (1991). *Teacher Report Form (TRF*). Burlington, VT: University of Vermont. The TRF is a standardized checklist of behavior problems and social competence based on classroom teachers' perceptions. The checklist consists of 118 problem items and 20 social competence questions. Problems are described on eight scales including: Withdrawn, Anxious/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, and Delinquency.

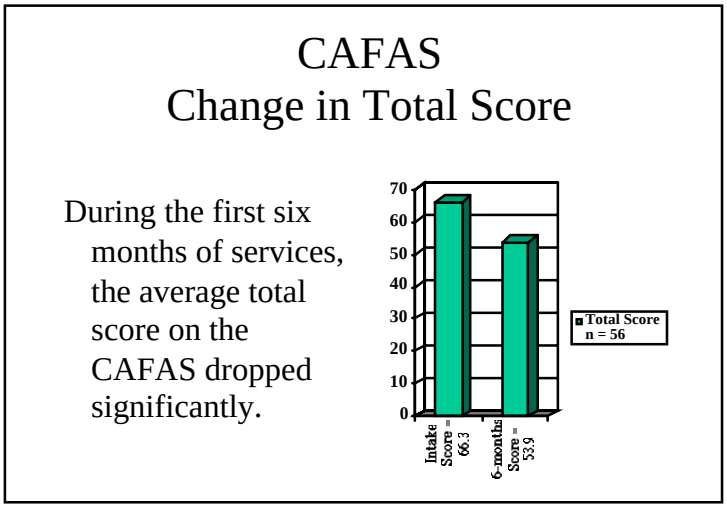
Chapter IV–Data Products, Analyses, and Uses: Site Examples, Lessons Learned

Well-composed evaluation reports clearly and powerfully illustrate information about a service program, target specific audiences, and report on program goals and objectives without necessarily requiring audiences to have expertise in statistical analysis or evaluation methodology. However, whether data are being used at the *individual* consumer/family level for service planning, at the *program* level for decision making, or at the *state* or *federal* level for resource allocation and advocacy, there is little empirical evidence to link different reporting formats with their levels of impact or effectiveness. Some anecdotal evidence suggests that particular formats may be most effective in reaching certain audiences. For example, advocates in Vermont have found that personal stories seem to leave a significant impression on state legislators when coupled with quantitative, empirical data.[1] But to maximize the benefits of evaluation efforts, it is critical to understand how to use and report data at all levels of stakeholder groups with efficacy and impact.

The evaluators in the service sites illustrated in this monograph have developed ways to blend science, communications, and graphical skills to present evaluation data that have given their services public exposure, encouraged system improvements, and supported program sustainability. The evaluators and administrators of these projects have had the foresight to make their data visible in meaningful ways that leave stakeholders with concrete take-away messages and comprehensible facts. The following chapter provides detailed information from the selected sites that are providing system of care services to children and their families while effectively presenting evaluation results in timely, innovative, and useful reporting formats. Through the use of interesting analyses conducted above and beyond federal requirements—often incorporating cost and outcome data, these sites have discovered reporting *products* that educate and compel their constituents to make data-driven decisions and service improvements. This chapter shows how the sites have kept evaluation vital to their stakeholders, and what analyses and presentations have proven successful to encourage investment in the wide dissemination and utilization of evaluation data.

> *"The local evaluation effort directly relates to buy-in for the evaluation. If constituents see you working hard, they will also personally invest in the project." — Mike Furlong, MISC Evaluator*

Exhibit IV-1: Excerpt from Evaluation Report of the
Community Wraparound Initiative



REPORTING EVALUATION INFORMATION

The children's mental health program sites showcased here have developed assorted products to display the analyses and findings of their service and outcome data. Data findings have subsequently been utilized to bolster activities, principles, and opportunities for systems change including: for the development, midcourse correction, and sustainability of services; for the building of partnerships and support of families; for the marketing of system, staff, and family achievements; and for the assurance of individualized, strength-based service planning. The following sections illustrate the variety of evaluation reports produced at each site, describe the data analyses that they have deemed critical for systems change, and document the uses of these reports at various levels in their community and state systems.

SITE EXAMPLES: PRODUCTS, CRITICAL ANALYSES, AND USES OF DATA REPORTS

Community Wraparound Initiative, Illinois

Products

The evaluation team of the *Community Wraparound Initiative* produces multiple evaluation reports reviewed by family advisory groups including newsletters, individual youth profiles, and community presentations.

Basic demographics (including service utilization, gender, and ethnicity) are provided in a quarterly report to the InterLAN Council, a local interagency group overseeing implementation of the system of care. Two newsletters have been disseminated to families that highlight evaluation findings (a sample is included in Appendix B: *Community Wraparound Initiative* Newsletter); these newsletters are currently distributed on a monthly basis. Individual profiles for the children that demonstrate change over time on standardized assessment instruments also have been created, and a process is in development to provide these to families on a regular basis. Presentations of current findings have been made to various groups and stakeholders at the system, state, and local level. (See Exhibit IV-1: Excerpt from Evaluation Report of the *Community Wraparound Initiative*.) These formats demonstrate user-friendly graphs created with simple explanatory narrative and brief statistical references to significant differences in scores found over time.

Community Wraparound Initiative's evaluation data are incorporated into all of their presentations and within all media coverage; for example, the *Chicago Tribune* recently featured their findings in a special series on new and innovative programs for children. In addition, focus groups have provided information and evaluation findings to a variety of stakeholders.

Critical Analyses

According to the director of the Federation of Families and the site director, the data that indeed acted as catalyst to change were the standardized measurement scores (on the Child Behavior Checklist and the Child and Adolescent Functional Assessment Scale) presented in intervals and charted to document individual progress. Participants in the wraparound service planning process requested these graphs every three months to contribute to a dynamic process of collection and feedback between providers and family members. Team plans incorporated the evaluation information, and these individual analyses demonstrated progress on clinical outcomes in comparison to satisfaction measures with service delivery.

Uses of the *Community Wraparound Initiatives'* data:

- Parents receive positive reinforcement;
- Providers gauge clinical outcomes;
- Programs assess effectiveness of wraparound;
- Administrators measure the impact of managed care; and
- State authorities develop a statewide evaluation effort.

Effective Data Uses

Administrators and parents within the *Community Wraparound Initiative* attest that data from the evaluation project have had multiple levels of use. *Parents and caregivers* have used the data provided by the evaluators in Illinois as "positive reinforcement," to assess the progress of their children and their

contributions in family-focused services. In addition, the evaluation information has assisted in the families' participation on service planning teams and in advocacy for their children. Many *providers* have used the data as an initial gauge on the outcomes of their efforts. Individual agency's *programs* have used the data in considering referrals to the system of care process or for referring children and families to other traditional services.[2] *Executives and agency administrators* have used the evaluation model and data to measure the effects of managed care. Finally, *State department authorities* have translated initial evaluation findings into a broader concept of interagency evaluation that may develop into a statewide initiative.

Families First/Access Vermont

Products

In the Vermont system of care, Community Service Reports have been issued once during the life of the grant to each region. Some sites also have received follow-up six-month and/or one-year outcome reports, dependent on each region's compliance with data collection procedures. The reports show project goals and objectives, descriptive profiles of youth and families served in the region (including demographics and placement), and demonstrated outcomes in the following domains: behavior (as measured by the Child Behavior Checklist), academic performance, functional disruption (as measured by the Child and Adolescent Functional Assessment Scale), custody status, client satisfaction, and caregiver empowerment. (See Appendix B: Community Services Report from Bennington, Vermont.) The reports demonstrate simple graphs and narratives, reference to project goals, and clear take-away messages documenting general improvement in child and family functioning.

Uses of *Access'* Community Services Reports and "Fact Sheets":

- To get the attention of policymakers;
- To inform the community and Senate Appropriations Committees about accomplishments; and
- To improve the performance of front line providers.

In addition to these reports, an "*Access* Update" newsletter has been produced and widely disseminated annually. A section of the newsletter entitled "Family Corner" has been dedicated to youth or parent views on any chosen topic to emphasize their interests and inclusion in the project and to present relevant evaluation information from the families' perspectives. One special issue, "Making Data Useful" (Spring, 1998), was devoted to highlighting efforts of the regions in using their Community Services Reports. The articles detailed the following applications: how reports were used to get the attention of funders and policymakers; to inform communities, agency boards, and other interested groups about what *Access* has accomplished; and to improve the performance of front line providers. (See Appendix B: "*Access* Update" Newsletter, Special Issue, Spring 1998.) . Brief (two-page) descriptions explaining the service delivery model of *Access* (on the first page) and pivotal outcomes (on the second page) also were produced in

particular communities. These "Fact Sheets" were designed to be suitable for Senate appropriations and judiciary committee members because they were brief, easily understood, and inexpensive to produce. An example of a "Fact Sheet" from Vermont's Newport site is included in "*Access* Update" (on pages 4-5 of the newsletter) displayed in Appendix B.

Finally, The Vermont Mental Health Performance Indicator Project also has produced weekly information bulletins (called "PIPs") using administrative data from Mental Health and other child-serving organizations. These "PIPs" are widely distributed to their multi-stakeholder advisory group and other interested parties. Recent bulletins have included reports on rates of hospitalization and incarceration subsequent to services, regional variation in access to services, and differences in practice pattern among community mental health programs. (See Appendix B: Vermont Mental Health Performance Indicator Project.)

In the future, (with their more recently-awarded Center for Mental Health Services grant, funding early intervention services in 12 regions of the state), it is the evaluators' goal to create positive, focused, and reasonably automatic reports that will simply display five to ten indicators and be produced every month.

Exhibit IV-2: Excerpt from Operationalized Objectives in Bennington Region, Vermont

Access Evaluation Feedback: Bennington
Meeting Goals and Objectives
Outcomes Identified on November 1994 Plan

Goal 1. Crisis situations from multiple sources result in an immediate, non-categorical, family centered response.

Related to the objective: **Families will have access at place and time of need to an appropriate mix of services.**

Measure: List services now in place as a result of Access (number and quantity of each)
Collected by Agency on Quarterly Statistics Report Form
Number of families waiting to be served
Source: Participating Agencies: United Counseling Service
Collected Quarterly

Meaure: *Family Satisfaction Questionnaire (FSQ)* and *Youth Satisfaction Questionnaire (YSQ)* Items:

12. Did you get the help you wanted?
6 months:
13. Did you need more help than you got?

Critical Analyses

One early analysis accomplished by the evaluation team was the operationalization of program objectives in terms of evaluation measures. The evaluators carefully examined each region's program indicators and goals, and they demonstrated how these objectives related to national and local evaluation requirements via specific measures. Thereby, the value and utility of the evaluation project was depicted in the areas that the sites deemed as priorities for their service system. (See Exhibit IV-2: Excerpt from Operationalized Objectives in Bennington Region, Vermont.)

Effective Data Uses

According to the evaluators, presentations of Vermont's data had the most impact on their state legislature. When the Children's Mental Health Services Program funds were depleted after their five-year grant, the site director was able to sustain the system of care with state funding of $1.1 million. The site director and the individual regions (including family representatives) presented the data at appropriation hearings and at legislative breakfasts.

In addition, due to their demonstrated utility in the sites, Vermont now requires use of some of the same outcome measures for specific populations throughout the public mental health system. For instance, the Child Behavior Checklist and the Child and Adolescent Functional Assessment Scale are required for children at risk of residential placement (referred to "Case Review"). The State also has incorporated the measures into their on-going quality assurance mechanisms and purchased standardized instruments and software scoring programs for regions wanting to implement the measures routinely.

Finally, the data also have been utilized to provide information to single agencies on the management and effectiveness of their programming. For example, the Youth Services program in Vermont uses the data to ascertain whether they are meeting the needs of the regions they serve. Emergency Services also analyzes the data to assess the effectiveness of their services.

KanFocus

Products

A monthly newsletter called "*KanFocus* Evaluation Report: A Family-Centered System of Care" features data and articles about their evaluation program. It displays family-friendly information about the outcomes of children and families who have received services for one year including system referrals, risk factors, placements, behavior ratings, functional ratings, family empowerment, school attendance, academic

performance, and arrest rates. Volume 5.10 (January, 1999) is included in Appendix B: *KanFocus* Evaluation Newsletter (January '99). Public presentations and community report cards also have been disseminated to the local communities, family members, state agencies, and legislators.

Critical Analyses

Due to the expressed wishes of consumers (who stated in focus groups that traditional therapy was not a preferred service), the *KanFocus* evaluators conducted an analysis to determine the differential progress associated with therapy as a major service plan component. The study compared matched sets of 30 children with similar baseline functional and behavioral scores and risk factors. One group received two or less hours of therapy; the others were provided 15-20 hours of therapy over the same course of service delivery. After time, results showed no significant differences in behavioral and functional outcomes between the two groups. When focus-group data additionally revealed that family members desired an increase in interactive activities (such as mentoring programs, family social activities, and psycho-social groups), it prompted evaluators to remind the providers to "think about cost effectiveness and family voice" in their provision of services.

Another critical analysis conducted by the *KanFocus* evaluators occurred in the context of social service provision. A few years ago, Kansas privatized their Child Welfare system without—according to parent support group members—the convincing or authentic involvement of family members. Preliminary data presented by the State after this systems change demonstrated no adjustments in costs, but more recent data have indicated that expenditures have increased by approximately $40 million. In addition, the *KanFocus* evaluators, as a result of their interest in children's issues and stake in representation of families, presented a legislative panel with referral comparison data to assist in their review of the implementation of privatization. These data demonstrated that referrals to the *KanFocus* system of care from Child Welfare showed a sharp and steady decrease after privatization. Therefore, children served in foster care were less likely to receive intensive, home and community-based mental health services. According to *KanFocus* family members, this reduction in services has had a substantial negative impact on the personal home situations of numerous families in Kansas. Front-line staff and families are pleased that these data are available to support and validate the personal experiences of families suffering as a result of privatization, and they hope additional studies will impact a reversal in its implementation.

In addition, evaluation data have generated some unanticipated results that have built strong local partnership and substantial state support. For example, employment data of single mothers of children with serious emotional disturbances (with concomitant high risk factors including substance use or mental illness) demonstrated that within three months of system of care services, over 75% of these caretakers were

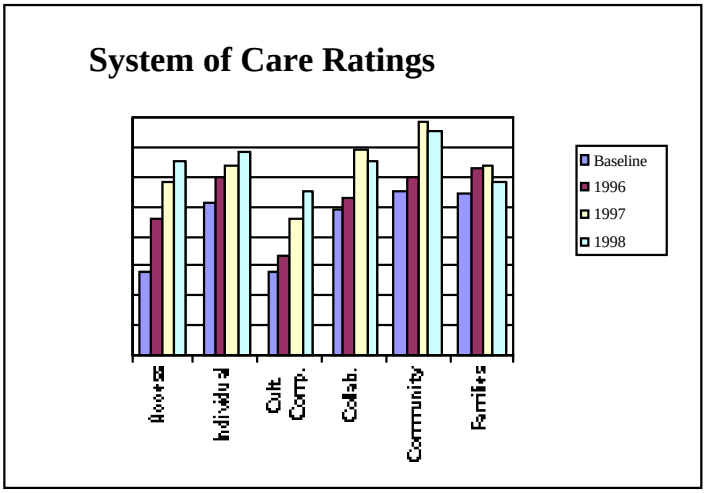
working or going to school. The mothers had set their own goals for employment within the wraparound process, and these data demonstrated the positive yet unexpected results of family choice, partnership, and strengths-based services.

Effective Data Uses

Evaluation information had a dramatic influence on the development of the *KanFocus* system of care. An initial planning process used data on child risk factors to demonstrate the need for services addressing children who had been sexually abused. Stakeholders increased their priority for these specialized services, resources were mobilized, and a task force was created. Throughout the duration of the grant, additional data have been used to prioritize service development, to target early intervention strategies, and to deploy resources.

Integrated evaluation data (containing demographics, diagnostic assessment, service information, and outcomes) also have helped administrators, providers, and family members to refine the services of *KanFocus*. It has demonstrated consistency (and inconsistency) of diagnostic practices across regions, and it has provided feedback to managers and supervisors for continuous quality improvement. One yearly survey conducted with families, providers, and community leaders to assess how well *KanFocus* has implemented system of care values is consistently shared with local and regional teams. The results have had a dramatic impact on the service delivery team in increasing their motivation to adhere to the principles of cultural competence, collaboration, family partnership, individualization, and community-based, accessible services. Exhibit IV-3: KanFocus' System of Care Ratings Over Four Years illustrates longitudinal outcome data regarding the development and refinement of their system of care.

Exhibit IV-3: *KanFocus'* System of Care Ratings Over Four Years



Case review evaluation data and family focus groups also have resulted in improved staff performance and training curriculum in *KanFocus*, increasing the individualization of services and strengths-based approaches for children and their families. In addition, the data have pinpointed areas where additional intervention or staff training is required. For example, when outcome information demonstrated that children who infrequently attended school showed increases in behavioral and functional problems, community teams mobilized training efforts, school support, and school involvement activities. The overall impact was an improved success rate for the targeted children and for the system as a whole.

Cost effectiveness data and staff performance information have given *KanFocus* funders, planners, and community leaders confidence in the financial sustainability of their system of care. Level of care and outcome data also have provided information to help managers and providers improve transitioning and termination processes. Integrated system of care data have clearly shown overuse of particular services, assisting the communities to assess the incentives and disincentives in system change efforts and the cost-effectiveness of their service delivery.

Uses and impact of *KanFocus'* evaluation data:

- Uncovering populations that need attention;
- Encouraging the mobilization of resources;
- Facilitating the recruitment of parent volunteers;
- Comparing alternative treatment approaches;
- Monitoring system effectiveness and adherence to principles; and
- Impacting state and local policy for children's mental health services.

At the State level, the data recently were able to impact decision making regarding services for substance abuse and the prevention of violence. As Kansas began their legislative sessions this year, committees advanced the idea that the wraparound approach would not have a strong enough impact on the families with substance abuse problems. They were considering putting money into adult substance abuse programs, without consideration of funding for children's system of care services. Due to their comprehensive data management system, the *KanFocus* evaluation team was able to present the legislators with comparative data of children with and without family substance abuse risk factors and their differential outcomes within 24 hours. The analyses demonstrated that children from households with substance abuse histories entered the system of care with higher rates of arrest.[3] However, after one year in the system of care, the children demonstrated higher rates of improvement. The data were similar when Child Behavior Checklist scores were analyzed: children with family histories of substance abuse showed higher baseline ratings of internalizing and externalizing behaviors, but the scores declined at significantly higher rates than the children from homes without histories of substance abuse. When these data were given to the lobbyist and subsequently presented to the legislative committee, the legislators changed their funding agenda. In

fact, public presentations and community report cards of the data, coupled with testimony from family members and consumers, have resulted in an increase of over $5 million in annual funding for mental health services for children with serious emotional disturbance.

The impact of the evaluation data is undeniable in southeast Kansas: it has uncovered populations that need attention; encouraged the mobilization of resources; facilitated the recruitment of parent volunteers; compared alternative treatment approaches; monitored service delivery effectiveness and adherence to principles over time; impacted state and local policy for children's mental health services; and sustained funding for an entirely new and improved model of integrated services.

Santa Barbara County Multiagency Integrated System of Care (MISC)

Products

Within the first six months of the project, the Santa Barbara County *MISC* evaluation team produced and disseminated its first volume of a Monthly Evaluation Report targeted at service providers. The major goal of the report and its subsequent volumes was to present information to staff in order to support service delivery decisions and systems reform, including providers' methods of working with families and each other. The format of the Monthly Evaluation Report was evolutionary, however, and tied to the developmental needs of the system and providers. It began as a description of the system's early referrals including: demographics, presenting problems, risk factors, functioning, behavior, and school performance variables. As the system grew and the families were provided continual services, six-month outcome data were presented. Soon the reports were depicting one-year and two-year outcome data, analyzing differences across ethnic groups, county regions, and referral sources, and incorporating cost/service utilization data into the displays. In addition, the frequency of the reports was changed to quarterly, and the format emphasized "Improver/Deprover" data for juvenile justice, Child Behavior Checklist, and school performance indicators.[4] (See Appendix B: *MISC* Evaluation Quarterly [select pages].)

The site also had numerous public relations events, community meetings, open houses, and training sessions/presentations to counties throughout California (specifically on "How to Use Data"). One product developed for these presentations was a *MISC* brochure featuring outcome data and illustrating the principles of the system of care and improvements in client functioning. A particularly noteworthy analysis included in the brochure compared per capita group home expenditures for the state to the county's costs over an eight-year period. The graph (also shown in Exhibit A-1: Group Home Expenditures in California and *Santa Barbara County's Multiagency Integrated System of Care (MISC)*)shows that the county group home expenditures had been lower than the statewide average but were increasing at a faster rate prior to the implementation of *MISC*. Since the system of care began in October, 1994, group home expenditures were reduced by approximately $3.4 million (projected). The clear message depicted in this

report is that system of care services can result in dramatic decreases in residential placement costs, and this analysis had a substantial impact on the community as well as broader audiences of children's mental health services.

In addition to these public evaluation products distributed to wide audiences, the evaluation team made a concerted effort to produce publications and national conference presentations to supply information about the efforts and accomplishments of the system of care to the academic community. After the first four years of the grant, evaluation team members participated in over three dozen conference presentations and published one dozen articles in educational and psychological journals in collaboration with family members and community service providers. Also, approximately 15 to 20 newspaper articles appeared in local and regional newspapers documenting the system's progress throughout the project.

Recently, the *MISC* Family Program and evaluation team developed a customized Family Report, specifically formatted for family members. The *MISC* Family Program selected data analyses from the larger monthly report with particular relevance to families, included family-friendly interpretations, and widely distributed the report to all *MISC* families.

Critical Analyses

According to the site director and evaluators, the analyses that brought about the most concrete changes included: (1) an initial presentation of risk factors, and (2) longitudinal analyses concerning "improvers" and "deprovers" in the system of care.

When presented in the first evaluation report, the documented levels of risk factors occurring within the *MISC* children and their households—compared across ethnicities and to the aggregated national data, were simultaneously alarming and instructive to the community. These analyses (see Exhibit IV-4: Analysis of Risk Factors) had an early and instrumental effect on empirically supporting the system of care model emphasizing family focus and collaboration. The data, according to the site director, definitively confirmed that a single agency could not manage the multiple problems of the children and their families on their own, thereby supporting the need for family partnership and cross-agency collaboration.

In addition, the analyses documenting differential outcomes ("Improvers and Deprovers") forced people to think about individuals for which the system of care might work best. An example of an analysis to examine behavioral improvements and declines is shown in Exhibit IV-5: Improver/Deprover Data Analysis. These analyses also were used within *MISC* to compare the differential progress of various ethnic groups served by the system and to examine the cost-effectiveness of services. The Improver/Deprover analyses have helped the *MISC* stakeholders to ask more sophisticated questions about their services such as "For whom do wraparound services work best and at what cost?"

Exhibit IV-4: Analysis of Risk Factors

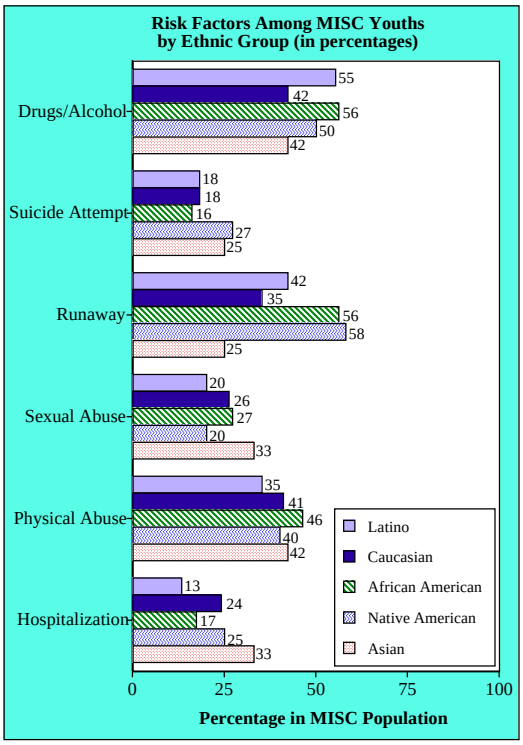
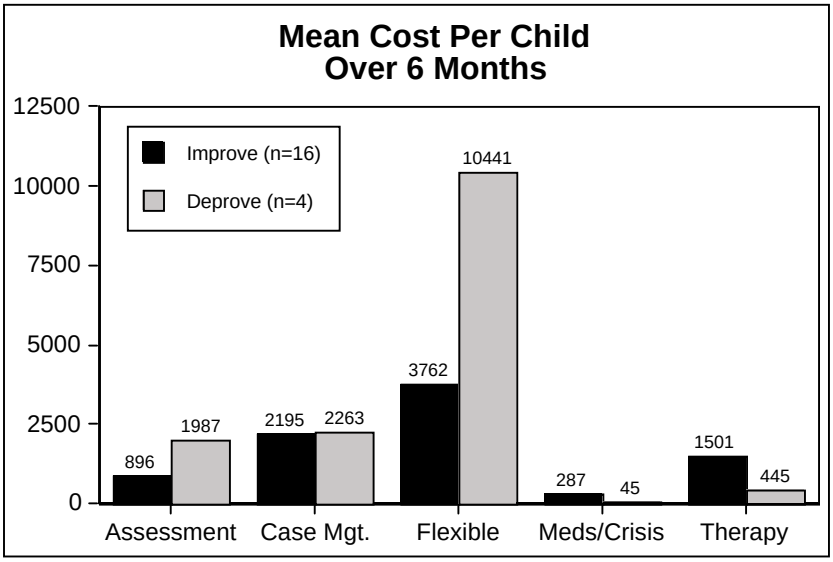


Exhibit IV-5: Improver/Deprover Data Analysis



Effective Data Uses

Because of the county's evaluation publications and numerous statewide presentations of their data, the *MISC* site director was asked to make a special report to an oversight committee of the California State Mental Health Department. There had been an ongoing controversy about the state-required outcome measurements (implemented in April 1998); counties complained about the expense of collecting the required data and their lack of utility. The oversight committee asked the site director to discuss Santa Barbara County's uses of data and their innovative programs. The director stated convincingly, "I know that the only reason Santa Barbara's programs are recognized at the state level is because we have data."[5] The system of care's theory of change (articulated in their Precision of Fit service delivery system described in Chapter III) was introduced to the committee, and preliminary results of the *MISC* outcomes were displayed for comment. He emphasized that systematic collection and dissemination of data were necessary first steps that should not be delayed due to indecision concerning the merits of possible research instruments—concerns that had delayed statewide implementation of performance outcomes. As a result, the site director was subsequently invited to participate on the planning group for the State outcomes project, impacting the implementation of the future statewide evaluation project.[6]

Effective uses of *MISC's* evaluation reports:

- To substantiate interagency service delivery;
- To support collaborative research endeavors;
- To boost morale and commitment to the system of care;
- To support data-driven service delivery decisions;
- To sustain community-based evaluation efforts; and
- To impact the statewide outcomes project;

Locally, evaluation information has substantiated collaboration, and the data have become instrumental not only in subsequent grants but in Santa Barbara County's whole approach to service delivery including family-focused, wraparound service planning. The site director firmly believes that, "None of these service delivery approaches would have been given any credence without substantiation from the data."[7] Morale and commitment also have been highly impacted by the evaluation. The reform required in instituting a system of care is substantial; the system of care has required staff to partner with families, to work together, to be held accountable, and to be subject to additional oversight. Data have furthered this reform effort. Instead of merely saying to staff, "The traditional way of delivering services is not sufficient," the *MISC* project has attempted to demonstrate this fact with compelling evidence that the system of care model of service delivery can have a powerful impact. In fact, the director believes that the data have the ability to "quiet the disgruntled voice and inspire the creative mind," moving the system into data-driven, empirical decision-making processes.[8]

"Data can quiet the disgruntled voice and inspire the creative mind." —Todd Sosna, MISC Site Director

Stark County Family Council, Ohio

Products

During the course of the Children's Mental Health Services Program grant, the *Stark County Family Council* evaluator provided participating agencies with data reports that documented information about children and families served in each program of the system of care. Also, she routinely presented data reports to the system of care planning committee and to the *Family Council*. Currently, the evaluator is working on a Final Report that will summarize all findings including the core evaluation, a clinical *ethnography*[9] conducted by the University of South Florida, and case studies.

According to the director of the *Stark County Family Council*, the Children's Mental Health Services Program grant and its national evaluation requirements created a "cross-systems culture" in Stark County.[10] Now that the five years of federal funding has ended, the next step in their system's development is to conduct *local* evaluations on collaborative ("cross-systems") programs spanning beyond the population of children with serious emotional disturbance. Thus, prevention and intervention initiatives serving multiple populations are now coordinated and focused on evaluation efforts including, for example, teenage pregnancy prevention and early childhood services. The current *Stark County Family Council's* quarterly data reports show, in a variety of visual graphics, a basic set of data (including referrals and service utilization, risk factors, out-of-home placements, and family functioning) and budget allocations (including equipment, support services, behavior specialists, family assistance, and administrative costs) for all of these collaborative, cross-categorical programs.

The individual intervention programs receive reports on an annual basis, and these reports are widely distributed to the *Family Council*, parent groups, agencies, and other interested community members. Children's mental health outcomes have been reported in relationship to total cost of services. Exhibit IV-6: Average Cost of Services in Stark County and Mean CBCL Change Scores and Exhibit IV-7: CAFAS Score Changes as a Function of Service Delivery in Stark County show particularly intriguing analyses supporting home-based and community-based wraparound services.

Exhibit IV-6: Mean CBCL Change Scores as a Function of Service Costs in Stark County

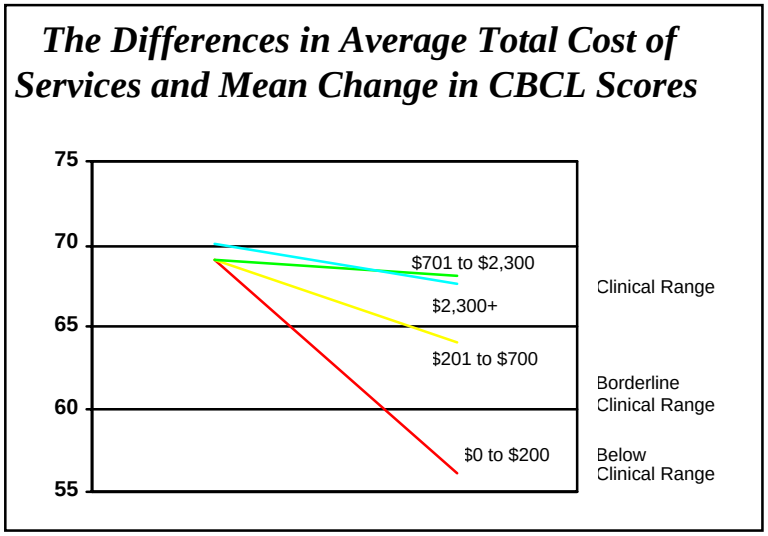
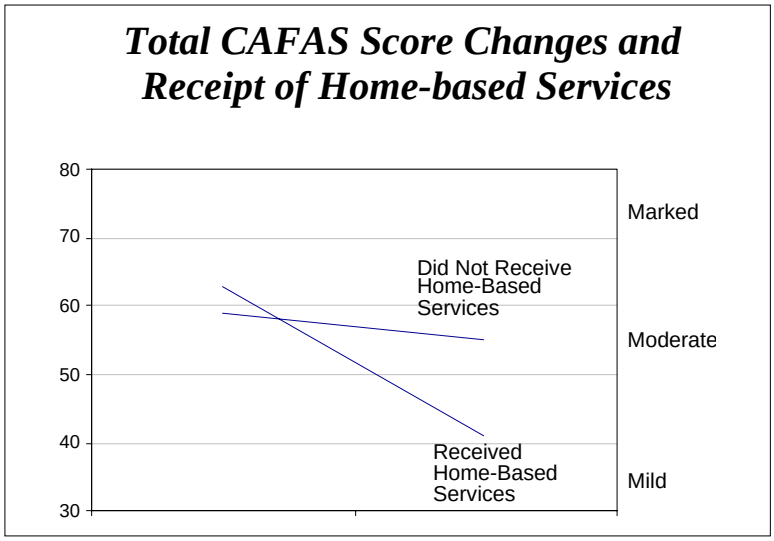


Exhibit IV-7: CAFAS Score Changes and Receipt of Home-based Services



Critical Analyses

According to the site evaluator, the community of Stark County had established many worthwhile projects for the benefit of children and their families prior to receiving their federal grant, but there was never a strong focus on measuring outcomes and demonstrating effectiveness with data.[11] Analyses of the Child and Adolescent Functional Assessment Scale scores demonstrating outcomes by referral agency and individual programs (as seen in Exhibit IV-7) lay a foundation for more focus on accountability. People have since gained an acute awareness and interest in outcome measurement, and the *Stark County Family*

Council is learning how to collect and analyze data that have impact on systems change, program improvement, and funding. Recently, they have even set a policy that 5% of their program budget will go toward evaluation (the *Council's* total annual budget is approximately $3 million), and they also are developing a state-of-the-art interagency management information system for all program areas.

The *Stark County Family Council's* current critical focus has been on monitoring children's out-of-home placements across all systems (including Mental Retardation and Developmental Disabilities, Child and Adolescent Services, Juvenile Court, Drug and Alcohol Services, Child Protective Services, and intervention programs such those included in alternative schooling). One particularly dramatic finding was from an Early Intensive Home Visit program with a population of 580 children ages 0 to 3 years old who have historically shown the highest rates of placement. The data have shown an out-of-home placement rate of less than 1%; which at the *policy level* documents an exceptional service investment, at the *community level* means more incentive dollars will flow into the county, and at the *family level* builds strengths and in-home supports. The *Stark County Family Council's* Benefits Coordinator testified, "By maintaining these children in their homes and in their schools, we may not have actually decreased the community's service costs, but we did save on the out-of-district costs, and families were not torn apart. In fact, families feel stronger and more supported by the community, and we built our services in the community. So these placement reductions have positive repercussions beyond the cost aspect, especially from the pride generated that we can make a difference in the lives of 'deep end' children and their families."[12]

Effective Data Uses

In the current mental health quality assurance system in the state of Ohio, county boards are responsible for local data collection. The State maintains a complete database with real time data entry: it has up-to-the-minute information about service utilization such that they can assess whether children are being provided too many services without demonstrated need. Provider accountability is mandated, and funds can be restricted based on these reports. Stemming from this accountability system, the state of Ohio has recently begun a performance outcomes project. Stark County was selected as one of the two pilot sites in the state. When the State planning committee reviewed instruments for potential use, the Stark County site evaluator presented data from the children's mental health services program and advocated for continuity in the evaluation projects. As a result, the state decided to implement the Child and Adolescent Functional Assessment Scale in addition to the Ohio Scales[13] in their requirements, demonstrating the impact of the grant's national evaluation efforts at the state and local levels.

The Stark County Community Mental Health Board, the fiscal agent for the *Stark County Family Council*, took into account the evaluation findings for funding and managerial purposes during the life of the grant. For example, the Board members examined Child and Adolescent Functional Assessment Scale

scores and service utilization rates to see if children with high scores in certain clinical categories were receiving the quantity and diversity of services they needed (in comparison to children with low scores).

Uses and impact of *Stark County Family Councils'* evaluation data:

- To fund and manage programs;
- To develop a statewide outcomes framework;
- To examine the effectiveness of techniques and services; and
- To improve partner agencies' storing, retrieval, and reporting of data.

At the agency level, the evaluation project influenced the extent to which administrators and practitioners called upon data to assist in their decision making. If they wanted to alter their practice methodologies, for instance, providers asked the evaluator to present available data on particular service techniques. Administrators also used the data to request program monies beyond mental health categorical funding. For example, data demonstrating the effectiveness of system of care services on the juvenile justice population were used to advocate for funding from the Department of Corrections. The evaluation project also influenced the way these agencies collected, stored, analyzed, and used their data; although schools collected information about detentions, it was not stored in a usable format. With the assistance of the site evaluator, the schools revamped their system of storing data and their generation of useful reports.

Texas Department of Mental Health and Mental Retardation Children's Services

Products

The main venues for the reporting of evaluation information in the *Texas Department of Mental Health and Mental Retardation Children's Services* are the Children's Mental Health Services Report and the Contract Outcome Measures Report (accompanied by the Evaluation Review). The Children's Mental Health Services Report is produced monthly and provides specific data about children served, services delivered, priority populations, basic demographics, data-collection completeness rates, and outcome indicators (such as functional assessment scores and children at risk for out-of-home placement). The Services Report reflects aggregated state data as well as individual center-specific information (the state of Texas is divided into catchment areas that are each served by mental health centers). It is available on-line via the State's management information system's internal network by the middle of each month.

The Contract Outcome Measures Report and the Evaluation Review are produced quarterly. The Contract Outcome Measures Report presents information concerning six outcome measures (satisfaction of parents, children, and providers; improvement in school behavior; success at avoiding re-arrest; and improvement in behavior and emotional functioning as measured by changes in scores on the Child Behavioral Checklist) and data-collection completion rates. The Evaluation Review provides a narrative

about the statewide data, and it may contain other evaluation articles or analyses that are of general interest (e.g., in-depth anayses of services received or outcomes of specific groups of children). The data are intended to be used for monitoring program activities and service effectiveness and to measure progress towards contract target objectives. Quarterly newsletters display graphs showing data from all of the local mental health centers related to every measure for which they are held accountable. Re-arrest data and behavioral improvements, for example, are displayed center by center. In addition to these regular features of evaluation reports, the Office of Planning, Research, and Evaluation will produce customized reports for state and local audiences upon request.

Reports are analyzed and distributed to the state management team, state department managers and administrators, local service providers, quality management personnel, interagency evaluation committee members, and other stakeholders. Responding to stakeholder input continually compels the system's design and activities to evolve, and an "evaluation stakeholder feedback loop" is used to inform interested parties, to adjust the programs, and to improve service delivery.[14] The feedback loop is defined as involving four main components: (1) generation of evaluation questions; (2) collection, analysis, and reporting of data; (3) consultation with managers concerning the results; and (4) use of the data in programmatic decision-making.[15]

Critical Analyses

Although the Coordinator of Research and Evaluation at the State Department was initially concerned about publishing direct comparisons between centers and how they ranked on outcomes, circulating the comparisons engendered (surprisingly) much excitement and friendly competition among the sites. Within the first week of the release of the reports, managers were questioning the successful procedures of other centers that were able to "score" higher on certain outcomes and data completion rates. Thus, the reports also increased communication and peer-to-peer consultation throughout the state as well as buy-in for the evaluation procedures. Many resources were exerted for the State monitoring and evaluation reporting process, but after two years, the Coordinator declared that there had been a "remarkable difference" in data quality, documentation of services, and outcomes produced as a result of the comparative reports.[16]

The director of Child and Adolescent Services of one mental health center described another example of a critical analysis that led to demonstrative changes in Texas' service delivery. Family preservation, he stated, was a major emphasis a few years ago, and services were provided in-home rather than via traditional office-based delivery. This practice required expenses and resources beyond the center's capacity to serve all children. However, data analyses demonstrated that the comparative outcomes were not significantly different between the two types of service delivery (in-home vs. office-based). The center, thereby, realized that they could expand both modes of services instead of focusing

solely on in-home delivery, enabling them to serve more children and families. The center examined children and families at different levels of need and intensity of services to make delivery more effective, efficient, and individualized.

Effective Data Uses

The data have had a powerful effect at the State level. For example, about four years ago, the *Texas Department of Mental Health and Mental Retardation* received additional funding for Children's Services based on their demonstrated ability to identify and target juvenile offenders and to effectively evaluate results from mental health services delivered to them. The additional multi-million dollar funding was used to establish the First Time Offender program and to fund the delivery of mental health services to juvenile offenders throughout Texas. Since then, evaluation studies have shown that children and adolescents served through the First Time Offender program have demonstrated lower rates of recidivism and concomitant increases in positive community and behavioral outcomes.

Local sites also have actively used the evaluation information to bolster quality improvement and improve service delivery. The service providers in Texas believe that the data have validated the work of staff and given them immediate feedback and instant rewards that were, in many ways unexpected but deeply deserved. Thus, there is a renewed awareness among service providers in their responsibilities toward treatment outcomes. As a result, marketing aspects of the data have enabled the centers' services to be "sold" to the community. In places where managed care companies have entered the services arena, the data have demonstrated positive outcomes to such a degree that the public mental health services are strong competitors of the private companies. There has also been a shift in some of the attitudes of the providers at the centers regarding measurements. For example, some clinicians expressed opposition toward implementation of standardized measures such as the Child Behavior Checklist. However, when they were required to enter and score the instrument on desktop computers at their centers, the immediate availability of client profiles and comparisons with normative populations increased their understanding about the clinical utility of the instrument. Providers across the state began to incorporate the results from scoring the instrument into their clinical assessment and diagnostic practices, resulting in more consistent assessment across populations and sites.

Uses and impact of *Texas Department of Mental Health and Mental Retardation Children's Services* evaluation reports:

- To impact statewide funding of children's mental health services;
- To renew interest and responsibility in service outcomes;
- To market accomplishments of public mental health services;
- To develop clinical assessment skills; and
- To fuse partnerships with other child-serving agencies.

Some unanticipated findings at the local level also have supported the evaluation project and comprehensive mental health services for children. For example, in a study of day treatment services provided to children referred by the school system, data demonstrated that the participants' Texas Academic Assessment Scale scores increased 50%. Because the Texas Academic Assessment Scale scores have a large impact on school funding, and the mental health services demonstrated collateral impacts on educational outcomes, the schools strongly supported mental health collaboration and the program's sustainability.

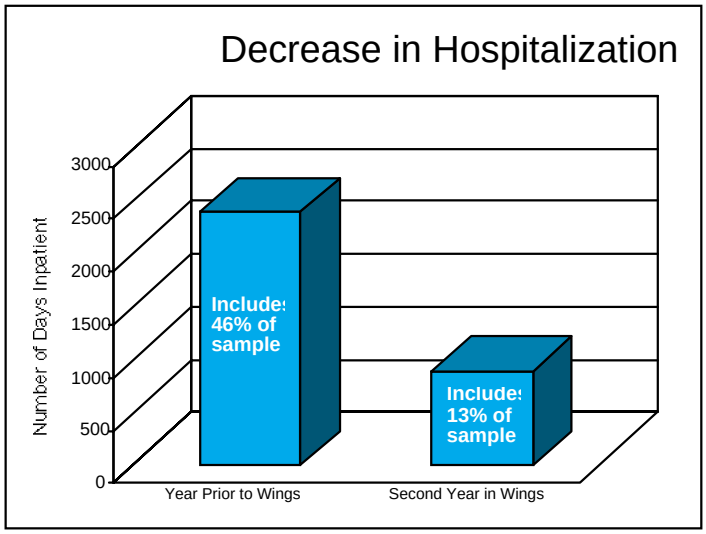
Wings for Children and Families, Inc., Maine

Products

Initially, the *Wings'* data manager and evaluation team produced a quarterly newsletter with the main objective of giving evaluation information back to the participating families. One entire edition was dedicated to data collection, and there was a regular section, called "Evaluation: What is it?", that clearly expressed data findings and the intent of the evaluation project. The newsletter was an effective method for releasing preliminary data to a wide audience and to explain to families the value of the project outside of the context of service delivery and crisis intervention. All current and past clients, staff, clinicians, and other stakeholders received the newsletters, which featured family profiles, user-friendly graphs of costs, and behavioral/functional outcomes.

The *Wings* project also began collecting family stories as part of its ongoing learning and evaluation process. Stories were obtained via interviews conducted by a parent and observed by a researcher. The semi-structured sessions concerned the history of the clients' issues, effects on the family, and their personal experiences in the *Wings* project. Ten final stories, edited and approved by each participating family, resulted in a fascinating and illustrative report recently released and titled "What We've Learned From Families." The report contains individual outcome information for each of the featured children including service mix and placement data, service costs over time (derived from grant expenditures and Medicaid reimbursements), and behavioral/functional assessment scores. In addition, aggregated group data are displayed demonstrating declines in problem behaviors, functional problems, services expenditures, and hospitalizations with concomitant increases in family satisfaction and decision making. (See Appendix B: Selected Pages of *Wings*' Family Report.) Exhibit IV-8: Decreases in Hospitalizations for *Wings'* Participants demonstrates the success of *Wings* in transitioning children back into the community, one of the hallmarks of the project.

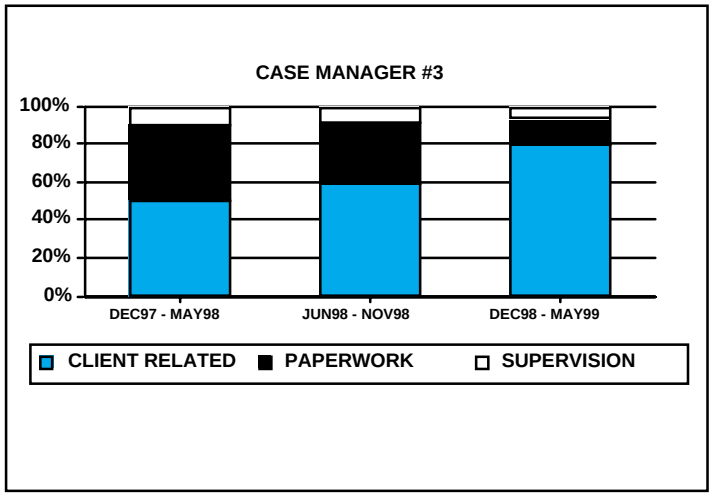
Exhibit IV-8: Decreases in Hospitalizations for *Wings'* Participants



Critical Analyses

One particularly intriguing analysis provided within the routine quality assurance/agency accountability report of *Wings* was based on "time studies." The studies featured the activities of the case managers divided into categories and displayed in bar graphs (See Exhibit IV-9: Representative Time Study of Case Manager's Services in *Wings*). They demonstrated, staff-by-staff and client-by-client, how much time had been spent on tasks such as paperwork, transportation, direct services with families, and assessment. A case manager declared that he used these reports to examine differences between clients and his approach to their service delivery. The analyses have the potential to dramatically impact quality assurance, case management, record reviews, and caseload balancing mechanisms.

Exhibit IV-9: Representative Time Study of Case Manager's Services in *Wings*



Another analysis deemed particularly useful was a cost analysis illustrating expenses accrued the year prior to *Wings* compared with the year of system of care services. The numbers clearly demonstrated the notably high costs of residential placement and how *Wings* could maintain these same children in the community for a fraction of the cost. The cost data also have had an impact at the state level and in local planning meetings. Before, "Maine's high hospitalization rate" was just a concept that was easy for the officials and administrators to disregard. But when the data clearly showed the thousands of dollars being spent on numerous children sent to placement (quite higher than the national average), the state reacted with attentiveness to community-based service planning (refer again to Appendix B: Selected Pages of *Wings*' Family Report for an example of large reductions in service costs from inpatient to *Wings'* community-based services). All of these data sent a resounding message to the state and stakeholders that Maine must implement changes in their system of service delivery to children with serious emotional and behavioral disorders and their families.

Effective Data Uses

Maine's State Department of Mental Health has made major decisions about the children's mental health system utilizing the data from *Wings*. Since there are few data existing in the state from any other system, *Wings'* findings were used to dispel the myths of community-based care. The data demonstrated that a comprehensive system of care model based on flexible funding was not too expensive, that involvement of families could result in more finely-tuned services and less dependence on the system, and that community resources were capable of keeping children in their homes. These findings had a tremendous impact on the planning committee of the State legislature, which ratified a statewide implementation plan with an oversight committee to monitor the developments. The plan supported all aspects of the Children's Mental Health Services Program model and used the empirical data to defend it.[17]

At the local level, the data gave credibility to *Wings* as an agency and helped to build collaborative relationships. The data have been used to market the achievements of *Wings*, to promote the system of care, and to advocate for continued funding. Evaluation reports (especially "What We've Learned from Families") are extremely useful as public relations tools, giving stakeholders a sense of closure on the project and an avenue for sustaining their support.

At the agency level, the evaluation project provided documentation that *Wings* was practicing system of care principles. The site director continually monitored satisfaction and empowerment data to ensure that the feedback documented their routine practice of core values. The director asserted that the group's continual examination of the data and ensuing dialogue led to "very healthy discussions and learning about ourselves. The entire staff and parents have examined things and talked about things that never would have come up without the influence of the evaluation project."[18] As they developed and refined the evaluation system through the years, the site also found that it affected their service planning, helping them to

track and integrate all aspects of the project (including intake data, costs, clinical data, satisfaction data, service plans, and referrals). The evaluation became an integral part of the services and planning process, not a separate aspect. It also quickly encouraged *Wings* to develop a quality-integrated management information system to maintain their model of feedback and inquiry.

Uses and impact of *Wings for Children and Families, Inc.* evaluation reports:

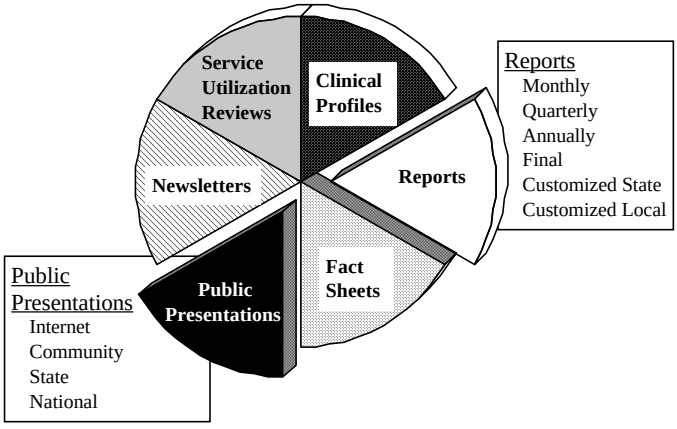
- To defend statewide community-based mental health services;
- To build collaborative relationships;
- To advocate for continued funding;
- To ensure the practice of system of care principles; and
- To encourage development of an integrated management information system.

The *Wings*' evaluation *processes* and *products* are notably illustrative of culturally-sensitive designs incorporating multiple perspectives, qualitative and quantitative evaluation methods, and long-term plans for program sustainability via policy and partnership development.

SUMMARY

This chapter reviewed multiple examples of promising evaluation *products* and how they were constructed, disseminated, and accepted. By developing these products that promote the use of their evaluation data, the promising practices sites profiled in this monograph have communicated convincing messages about the integrity and effectiveness of their service delivery and the import of their evaluation programs, including:

Array of Evaluation Products



(1) Local collection, analysis, and reporting of data should not be delayed. Wide dissemination of reports helps stakeholders to understand, to support, and to invest in evaluation projects. An evaluation culture generates effective data reports, and conversely—useful reports build an evaluation culture. It is imperative to make quick and routine use of your evaluation information.

(2) Data on outcomes can build morale, resolve disputes, and improve service delivery decision making. The analysis and publication of local data compels people to pay attention, to accept responsibilities, and to act.

(3) With the influence and direction of family members, outcome information can keep the service delivery system innovative, dynamic, and effective.

(4) Advocacy efforts can be strengthened by outcome information. National, state, and local groups have successfully increased appropriations to children's mental health services using meaningful and strategic displays of data.

(5) Data management is an investment in the future and a dividend that, in the long run, pays for itself.

The final chapter of this monograph explores some remaining ancillary, yet critical, issues to evaluation data publication, including: how to maximize the impact of data use; steps to building proficient and practical interagency management information systems; and methodological, political, and ethical challenges to sustaining and growing evaluation programs.

Notes:

[1] Doyle, P. (1998, Spring), pp. 8.

[2] The evaluation information has helped agencies in the *Community Wraparound Initiative* to assess what they call the "acuity-dosage" issue. The evaluators have tried to use their data to answer the pressing question, "When is it best to use the wraparound approach? — At moments of crisis or when children/families are found to be at-risk?" The data have provided evidence to assess when the greater outcome may be achieved: they have examined and presented outcome and cost data of clients who received services during early stages of at-risk behaviors and compared them to data from clients referred to the system of care at times of crisis.

[3] At intake, 11% of the children with family histories of substance abuse had been arrested compared with only 4% of the children with no substance abuse in the family

[4] "Improver/Deprover" data analyses examine youths' reported behavior in the context of two distinct outcome groups: (a) "Improvers" whose behavior was rated by their caregiver as above clinical range on the Child Behavior Checklist (see Chapter III, Achenbach, T. [1991]) at intake and then improved (to below clinical range) after six months in the system of care; and (b) "Deprovers" whose behavior was rated below clinical range and then declined (to above clinical range) after six months. Researchers from the *MISC* Evaluation Team analyzed differences between child and family risk factors and the services received by the groups to uncover what works in a system of care and how to serve youths in a culturally competent manner.

[5] Author (personal communication, May 14, 1999).

[6] The California State Department of Mental Health initiated a statewide policy in April 1998 to collect outcome information on all children served in public mental health. The outcome information includes repeated administration of the Child Behavior Checklist, the Child and Adolescent Functional Assessment Scale, residential placement information, and satisfaction surveys. Additional information about this project and reports of the preliminary data may be found on-line at the State Web page: <http//www.dmh.cahwnet.gov/rpod/children.html>.

[7] Author (personal communication, May 14, 1999).

[8] Author (personal communication, May 14, 1999).

[9] According to Patton (1990), pp. 67, *ethnographic studies* focus on the question, "What is the culture?" The primary method of study is "participant observation", which immerses the researcher in the culture under study. In this case, researchers from the University of South Florida were trying to understand the culture of the groups giving and receiving services in the Stark County system of care, their understanding of "success," and their service experiences.

[10] Author (personal communication, June 18, 1999).

[11] Author (personal communication, June 17, 1999).

[12] Author (personal communication, June 30, 1999). "Deep end" typically refers to children with problems that are both persistent and severe in the extent to which they impair functioning and require comprehensive services.

[13] Ogles, B. B., Davis, D. C., & Lunnen, K. M. (1998). *The Ohio scales manual* Unpublished manuscript, Athens, OH: Ohio University at Athens. The *Ohio Scales* are brief measures of clinical outcome reflecting the perspectives of the youth (ages 12 or older), a parent or guardian, and a mental health worker rating similar content areas. The primary domains of assessment include: problem severity, level of functioning, satisfaction, and hopefulness/well-being.

[14] Rouse, *et al*. (1998).

[15] Rouse, *et al*. (1998). A depiction of this feedback loop was displayed in Exhibit 3-4: Feedback Loop in *Texas Department of Mental Health and Mental Retardation Children's Services.*

[16] Author (personal communication, May 20, 1999).

[17] Legislative Document 1744 (LD1744) was passed in Maine's State Senate calling for a change in the service delivery and planning of children's mental health. This, consequentially, impacted LD2295, which implemented a new children's mental health system (enmeshed with the *French Lawsuit*). During the process of planning the children's service delivery, *Wings* played a pivotal role in sharing evaluation data for publication in LD1744. It compared the national averages (based on services delivered to children and families in the Children's Mental Health Services Program Sites) to the *Wings* data, and these figures were used in the planning process for legislative change.

[18] Author (personal communication, May 18, 1999).

Chapter V–Conclusions and Implications

A quality, comprehensive evaluation program for child and family services requires a long-term investment of human and financial resources. The system will grow and develop over time from simple to complex, and it will address different evaluative tasks and issues at different stages of development. Similarly, evaluation feedback mechanisms will follow their own developmental progression; agencies need time to plan, to pilot, to modify, and to widely disseminate data reports that address issues relevant to the developmental stage of service delivery. In fact, according to Plantz, *et al*.:

> *"It easily could take an agency seven months or more of preparation before collecting any data, and it easily could take three to five years or more before the findings from a program's outcome measurement system actually reflect the program's effectiveness. Rushing the development process decreases the likelihood that the findings will be meaningful. Once implemented, the outcome measurement system must also be monitored and improved continuously. Programs change and programs learn. The system must keep up."*[1]

The promising practices sites demonstrated that evaluation feedback systems need to be robust and flexible enough to withstand political climates, service delivery changes, and stakeholder concerns that vary in their support of systems of care, due to reasons ranging from catastrophic occurrences such as school violence, to funding ambiguities in legislature sessions. Hernandez and Hodges, authors of *The Ecology of Outcomes*,[2] state that *leadership* and *political support* are prerequisites to building and sustaining effective outcome systems. These prerequisites, as well as the plan and implementation of the evaluation project, lay the foundation on which "accountability can be built and thrive."[3] In this final chapter, the authors provide a practical, user-friendly summary of these and other ingredients used in the promising practices sites that, if applied strategically and with sensitivity, can facilitate the development of successful evaluation feedback and quality improvement efforts in any service delivery system. The establishment of supportive, local evaluation cultures and data reporting methods that have consequential impact on systems change can take years to develop fully, but at any developmental level, evidence presented in this monograph verifies that evaluation data can cleary impact the managing, improving, marketing, and sustaining of children's services.

HELPING AN EVALUATION CULTURE TO THRIVE

Each selected promising practices site had valuable suggestions to offer regarding the ongoing formation of meaningful evaluation data feedback loops and utilization strategies. Assurances that families, staff, and other stakeholders are committed to evaluation, understand its value, will incorporate data into

decision-making, and will support its growth are critical from the project's inception and throughout its duration. Some summary excerpts from the sites' shared experiences and lessons learned in sustaining their evaluation cultures follow.

Rally Diverse Partnerships in Conceptualization of Evaluation Products

To build consensus that will sustain an outcomes project, all sites recommended that key players should be involved in the initial plans concerning use of the evaluation data—especially service providers and family members from diverse backgrounds. They attested that acceptance and utilization was more convincing after input was solicited and applied in the formation of the data reports—rather than imposing processes and products developed without stakeholder consent and contribution. In addition, many sites developed relationships with broader consumer bases and addressed their interests in the formation of the evaluation reports. For instance, the business community—which may not be directly involved in service delivery, strongly supported program objectives related to the reduction of work absences. Achievement and publication of this outcome in two sites had a profound impact on business partners' support for the systems of care and their eventual sustainability.

Stakeholders in various sites (as well as numerous researchers in the field) strongly advocated for evaluators to facilitate the collaborative development of a "model of service delivery" and "theory of change" in their sites. Once that model was developed and articulated in a process involving all stakeholders, it provided the basis for outcome evaluation and data utilization, and it communicated an overall vision for accomplishments in various stages.[4] The program's model and theory of change was incorporated into intensive training, providing the foundation for data collection, analysis, and utilization.

Lessons Learned

- Rally diverse partnerships in plans for data use;
- Build skills and relationships with family members;
- Supervise and expedite data collection;
- Insure accountability by imprinting strong leadership; and
- Maximize the impact of data reporting.

Build Skills and Relationships with Families

The sites that had the most success in incorporating family leadership into their evaluation projects made commitments to family members from the beginning that their opinions and interpretations would have an impact on the development and utilization of evaluation information. Furthermore, when parents and caregivers participated in focus groups and/or discussions, sites ensured that the forums occurred in neutral places (such as places of worship, libraries, and restaurants) with impartial facilitators.

Initial projects that included family members were those focussing on the articulation of the site's shared values and goals—such as their development of system logic models. These activities helped to give the evaluation project local meaning and to assist families in learning the "language" of research and evaluation. Investing time with families to discuss long-term benefits of evaluation and building in incentives for data completion were critical components for (a) sustainability of the grant and (b) valid interpretation of the children's and families' actual progress. Building personal relationships between family members and the evaluation team also was instrumental in building enthusiasm for the evaluation and in forming future collaborative roles. Most projects discovered that family advocates, supported with valuable evaluation data, could have a strong impact on agency administrators for providing effective, individualized services and on local, state, and national legislators for future program funding.

Supervise and Expedite Data Collection

The evaluation program can be perceived as an extra bureaucratic function that intrudes on providers' main responsibility of serving clients; therefore, sites recommended that evaluators do everything they could to enable and simplify data collection, from technical assistance and monitoring to preparation of materials and reporting feedback. An important principle practiced in many sites was "To measure only the things that services are expected to impact." Evaluators found it critical to reduce the burden of data collection by determining, quickly, the most useful aspects of the data, streamlining the collection and data entry procedures, and only using tools that corresponded to critical measures.

In addition, most of the selected children's mental health services sites found it imperative for the evaluation staff to be constantly present and part of the implementation of service delivery. They believed that staff and family members should have the opportunity to interact with them on a daily basis, to be comfortable requesting information from them, and to be aware of their routine operations in collecting and utilizing the data. When the evaluators' hard work and reliance was evident, it increased the constituents' motivation to invest in the reporting and use of evaluation information.

Ensure Accountability by Imprinting Strong Leadership

Experience showed many of the sites that the most powerful motivators for compliance with evaluation requirements were contract measures, which tied accountability for data collection and outcome targets to funding and promotions. They recommended that evaluators, in collaboration with agency administration and leadership, incorporate evaluation tasks into job descriptions, and build orientation, supervision, and accountability procedures around data collection. In the end, achieving a balance between flexibility and stringency to data regulations was achieved by site leaders sending consistently supportive messages for the evaluation program.

Sustaining the leadership role was a challenging task at some of the sites. Due to funding, political climate, personal decisions or career opportunities, and/or structural changes within the systems, champions of the evaluation projects sometimes varied or were deposed. Fluctuations in the leadership roles made it imperative to integrate data-based decision making into routine aspects of the service delivery system, to find sustainable mechanisms to support continual evaluation and quality assurance systems, and to preemptively plan for staffing and resource changes. Well-resourced, pro-active projects were able to ride out the unsteady waters of public services by maintaining a system-wide commitment to outcomes management.

Maximizing the Impact of Data Reporting

In their description of the impact of data reporting, Hernandez and Hodges assert that, "The degree to which information is incorporated into the organization's decision processes reflects the utility and impact of outcome information."[5] Their "ecology of outcomes" framework assumes that using outcome information as a tool for self-evaluation requires a continual process of interpretation and adjustments in service delivery. "This process of ongoing feedback," they state, "must achieve and maintain a certain momentum in engaging decision-makers and other stakeholders."[6]

The selected promising practices sites had valuable suggestions to offer regarding the format, content, and dissemination of data reports for maximum utility by various stakeholders. Maintaining a consistent flow of quality information throughout the system required well-established feedback loops, clear communication of data, and innovative analyses. Some excepts from the sites' shared experiences and lessons learned in creating useful evaluation products for diverse stakeholders follow.

Practice Timely and Relevant Feedback

By reinforcing the notion that the data belonged to the local site, evaluators helped their providers to be less threatened by evaluation, to take ownership of their data, and to use the information to improve and market their services. To accomplish this effectively, evaluation information was delivered to the families and other community members in a timely manner and in meaningful formats. The data were presented in various formats and stages corresponding to the implementation and complexity of the service delivery and evaluation system. Critical analyses in early stages included depicting target population characteristics, services delivered, and individual profiles on standardized measures; later stages incorporated statistical analyses of change and group differences.

According to the sites, the data reports consistently offered stakeholders relevant information to suit their needs and interests. For example, *families* used the evaluation information to place their experiences in the context of the group; the aggregated and longitudinal data helped them to understand the cycles and

situations of others while giving them hope in their own process of recovery. *Staff*, who seldom were able to observe the outcomes of their work, gained perspective on their efforts and experiences with clients. *Policymakers* were greatly influenced by a combination of quantitative data (which showed costs and outcomes across all children and families) and qualitative data (which provided rich, personalized perspectives).

Coordinate Interagency Management Information

In an age of managed behavioral healthcare with electronic transfer of information occurring at rapid speeds, it is essential for service sites to advance their technological capabilities to compete. Outcome indicators, clinical/functional measures, administrative data, and service/cost statistics can provide invaluable information about the efficacy and cost effectiveness of children's services. Without efficient, interagency management information systems that integrate data within and across child-serving organizations, however, these data elements are not sufficient to ensure quality improvement. Programs must be able to calculate expenditures and cost savings, to determine service utilization, and to assess individual child and family outcomes across systems. To monitor service usage, to suggest program adjustments, and to contribute to decision-making, stakeholders need timely and integrated evaluation data. Yet, sites cautioned that selecting and implementing an interagency management information system for children's services is a complex and costly endeavor that requires unwavering commitment of resources, determined leadership, expert knowledge, bureaucratic flexibility, trusting relationships, and supportive policies.

Many child-serving systems, recognizing the value and utility of integrated information, have developed databases spanning multiple agencies. Their goal has been to consolidate data that could aid in planning, analysis, accountability, and quality assurance of their services. Some sites have used existing information or a combination of existing and new data to create composite systems that give a comprehensive picture of children's services.[7] These systems range from paper-and-pencil computations to more advanced electronic solutions and relational information management systems. Most have resulted from piloting numerous coding schemes and/or software programs. All have developed finally, but only after years of trial and error.

Ted Tighe, an evaluator of *Families First/Access Vermont*, offered suggestions to sites creating database solutions for storing and reporting evaluation information, including:

- Carefully plan a database development process that will not interfere with the operations of your agency;
- Promote realistic expectations for how the database will change your agency's work and will examine the questions that are most important to your stakeholders;

- Make a reasonable estimate of the human, technological, and financial resources the database development will require; and
- Design your database to be relational (databases linked by unique identifiers for each client), purposeful, confidential, and flexible.[8]

"One of the most certain ways to convince a person that the database is valuable," Tighe also has said, "is to produce a report for someone who uses it to explain the system to his/her boss and becomes 'hooked' on this information."[9] He underscores the importance of having strong data content before you put a software structure around the information, and the significance of producing meaningful local reports to stakeholders who must solve problems and improve services on a daily basis. Timely and accurate information are essential for planning and decision making on all levels, and information technology can support clinical practice, administration, and quality assurance in service delivery.[10]

Other selected promising practices sites demonstrated impressive electronic-based solutions and clever data analyses that assisted in the publication and utilization of crucial information at strategic decision-making events. For example, (1) *KanFocus* was able to enact Child Behavior Checklist reporting procedures within a 24-hour turnaround; (2) the *Texas Department of Mental Health and Mental Retardation Children's Services* and *Wings for Children and Families, Inc.* in Maine both were able to immediately report to their State advocates with outcome data relevant to imminent funding decisions for children's services; and (3) the *Multiagency Integrated System of Care* in Santa Barbara, California and the *Stark County Family Council* in Ohio routinely demonstrated to their constituents and administrators their dramatic cost savings and reductions in out-of-home placements, respectively—eventually leading to sustained collaborative partnerships and evaluation in those systems. Having automated information systems, relational databases, and multistakeholder involvement in data interpretation and reporting were all necessary components for producing responsive and timely data reports.

CHALLENGES TO SUSTAINING AND GROWING EVALUATION PROGRAMS

A number of ethical and methodological issues confront researchers in the arena of children's services evaluation. These issues include attention to confidentiality and respect for personal privacy; the challenges of implementing fair and effective performance-based contracting for providers; the controversial trend of "buying outcomes" in health care reform efforts; maintaining cultural competence in assessment and reporting practices; and the challenges of respecting multiple child-serving organizations' professional codes of ethics in interagency research projects. Various scientists and researchers have brought attention to the

complicated moral, ethical, and professional dilemmas to be faced, but they have also offered some diverse remedies and suggestions to allow evaluators to measure program performance without breaking ethical codes or harming personal consciences.

According to Vermont researchers Pandiani, Banks, and Schacht, "The tension between personal privacy and public accountability produces one of the major ethical dilemmas facing behavioral health program evaluators and service system researchers".[11] Although well-designed mental health program evaluation using rigorous scientific procedures is imperative for accountability and quality assurance, the value of personal privacy and confidentiality of medical records has often outweighed the implementation of services research. These innovative scientists and analysts have offered a mathematical approach as a resolution of this ethical dilemma: by applying statistical technology and probability theory to person- or event-level data stripped of personal identifiers, they have measured statewide, longitudinal treatment outcomes without access to information about individual service recipients. This technological methodology promises to ease some tensions between system of care partner agencies with their multidisciplinary practitioners and the program evaluators striving to provide studies of effectiveness and accountability in the public domain.

Mathew Mason, director of the Center for Research and Public Policy at the Pressley Ridge Schools,[12] believes that linking outcomes to funding can be potentially damaging to children's services. It can penalize prevention programs (or other services) with longer-term outcomes or cost-savings; it can promote "creaming" so that agencies tap and measure only the easy-to-remedy problems; it can inhibit innovation and risk-taking in achieving outcomes in harder-to-reach populations; and it can discourage interagency cooperation to provide services to children and families with multiple needs. Even comparing the outcomes of seemingly similar programs can be misguided: differences in program objectives, target populations, geographical locations, clinical staffing, service methodology, funding levels, and many other details must be considered in assessing effectiveness. Examinations of differential outcomes may pose interesting questions as to why programs *differ*, but Mason cautions that they should not be used to determine which program is *better*.[13]

Researchers Vaughn and Buss also caution that the simple act of measuring the performance of public programs may change the way programs are run: in re-deploying resources to meet measured objectives, agencies may likely cut back on how well they meet non-measured objectives. They suggest that to avoid these undesirable outcomes, funders and agency administrators should carefully craft performance measurements. To avoid "creaming" for instance, indicators should specify *who* the program must serve while also making allowances for difficult-to-serve clients; and incentives could be offered for *raising test scores* while also *reducing dropout rates*.[14]

The selected promising practices sites, in response to these methodological and ethical concerns, suggested the following strategies to support the appropriate and mutually beneficial uses of data:

(1) Develop processes that support mutually beneficial evaluation and responses to negative results

Site directors and evaluators stressed the importance of achieving a consensus about values to be practiced in the system of care that encourage shared responsibility, collaboration, and a focus on outcomes. These shared values also must incorporate a plan for the use of data and dissemination of findings—*both positive and negative*. Most sites achieved early agreement concerning the beneficial effect of negative evaluation findings—these results often have more immediate and lasting consequences on program improvement. But, issues and reactions that may threaten cross-systems collaboration and system of care principles need up-front discussion and preparation for their occurrence at all stages. Sites should proactively prepare for negative findings, establish a process for interpretation and dissemination of these results, achieve agreement for immediate attention and action based on these findings, and initiate follow-up and readjustment processes to assess impact.

(2) Present data with scientific integrity to reveal potential bias

In presenting data to any audience, it is imperative that the evaluators cite the sources of data (including descriptions of the instruments and their psychometric properties, data collectors, and respondents) in order to assist interpretation of context and potential bias. The American Psychological Association publishes a manual on the publication of assessment and evaluation information, and sites have supported the strict adherence to these principles as well as other professional standards in reporting their data.[15] Most importantly, these standards recognize the rights of individuals in their consent to participate in investigations, technical standards with which measurements should comply (validity and reliability, etc.), and the appropriate analysis, interpretation, and uses of data.

(3) Involve multiple stakeholders in interpretation

Data conversations among multiple stakeholders should assist parents, staff, and partners in speaking freely and critically about the *quality of* and their *satisfaction with* the service delivery system without the fear of loss. Sites that have been showcased in this monograph have held multiple venues for dialogue concerning data interpretation, which dissuaded stakeholders from being threatened by the evaluation projects or their findings. Ownership of data and publication rights to any data reports/analyses are critical issues that need to be discussed as the evaluation project is formed. Plans for disclosing or publishing any evaluation results (especially those including interpretive analyses) should be discussed with a committee of stakeholders including partner agency administrators.

(4) Assess and improve cultural competence in evaluation efforts

All the promising practices sites have struggled with issues of cultural competence in evaluation relevant to their respective service delivery populations. Most sites have attempted to inform their systems by analyzing access to services and utilization rates by identified ethnicities of their clients. In fact, the *Santa Barbara County Multiagency Integrated System of Care (MISC)* devoted an entire version of their monthly report to descriptive and outcome analyses by ethnicity (other versions include analyses by county region, participating referral agency, and aggregated data across all children and families). Others have dutifully translated instruments, materials, and consent forms into the regional languages represented in their service sites. Still, attaining cultural competence in service delivery and evaluation is a persistent and complex challenge for each site—beyond issues of translation and data analysis—and the issue gravely demands more attention from multiple arenas.

Recent efforts at the federal and state levels have addressed the need for cultural competence standards and evaluation strategies in mental health service delivery. Principles and guidelines for defining cultural competence in consumer-driven, community-based system of care have been delineated. These standards also have included recommended performance indicators and outcomes at the system and clinical level as well as provider competencies in cultural knowledge, skills, and attitudes. Until these competencies and evaluation principles are more widely researched, disseminated, and implemented, sites face a difficult challenge in effectively responding to the multiple and diverse needs of an ever-changing community of public mental health consumers.

(5) Collaborate with communications, social marketing, and media resources within the community

Effective use of data and evaluation findings necessitates the use of communication resources for public awareness and public education about the systems of care. Social marketing is a process of using marketing techniques to support health and social programs, such as launching information campaigns to increase public awareness and change attitudes. It is a powerful strategy for effecting social change on a broad scale, but it requires careful planning, market research, and management to implement effectively.[16, 17]

System evaluation projects, whenever possible, should borrow from the methodology and the expertise of the communications arena in their materials development, implementation, and marketing research so that their campaigns have the strongest effect. Most data reports do not balance effectively science and the art of communication, often resulting in scientifically sound messages that are not conducive to retention and do not have significant impact on audiences. As Lefebvre recommends, to effectively market social programs, "art is employed to present the science."[18] Social marketing is based on the art of persuasion, and for persuasion to work, the public must receive, understand, believe, agree with, and act

upon information.[19] The best of communications campaigns employ the same strategies that an effective outcomes management system employs: they know their audience, select relevant outcomes, identify appropriate ways to present information, develop and evaluate their materials, assess their effectiveness, and use feedback to refine their programs. The guidelines and principles of communications can play an essential role in the dissemination of evaluation information, and evaluation efforts and children's services sites have much to gain from their mutual collaboration.

CONCLUSION

Most of the processes described above have been incorporated into the selected promising practices sites at various stages and to differing degrees, but their stakeholders have urged that more focus is needed on these complex technological, methodological, and ethical issues. In order for evaluation projects to proceed and thrive in the public mental health sector—for evaluation programs to have the opportunity to mature to levels where they can successfully facilitate the management, improvement, marketing, and sustainability of children's services—it is important for them to establish cultures and products that will adapt and endure in unpredictable political climates and challenging service systems. These promising practices sites offer other service delivery programs a glimpse of what collaborative, innovative, and mutually beneficial evaluation programs can accomplish when they are championed by diverse stakeholders and directed by bold and creative collective wisdom.

Notes:

[1] Plantz, *et al*., (1997), pp. 24-25.

[2] Hernandez & Hodges (1996).

[3] Hernandez & Hodges (1996), pp. 13.

[4] For a definitive text on articulation of a theory of change in service programs, see: Hernandez & Hodges (1996).

[5] Hernandez & Hodges (1996), pp. 26.

[6] Hernandez & Hodges (1996), pp. 25.

[7] Law, C. E. (1996). Children's information systems: State of the art in the States. *TA Brief, 2* (1), 3. Boston, MA: Judge Baker Children's Center.

[8] Tighe, T. (1998). *How to Create a Database for All Seasons*. Unpublished manuscript. Waterbury, VT: Vermont Department of Developmental and Mental Health Services and the University of Vermont.

[9] Tighe, T. (personal communication, May 27, 1999).

[10] Benbenishty R. & Oyserman, D. (1996). How can Integrated Information Systems (IIS) be a support? In P. J. Pecora, W. R. Seelig, F. A. Zirps, & S. M. Davis (Eds.). *Quality improvement and evaluation in child and family services: Managing into the next century* (pp. 237-263). Washington, D.C.: Child Welfare League of America Press.

[11] Pandiani, J. A., Banks, S. M., & Schacht, L. M. (1998). Personal privacy versus public accountability: A technological solution to an ethical dilemma. *Journal of Behavioral Health Services and Research, 25* (4), 456-463.

[12] Pressley Ridge Schools is a nonprofit children's service agency that provides support to about 1,500 children and their families with social, mental health, and special education services. Their schools are located in Pennsylvania, West Virginia, Ohio, and Maryland. For more information, write to: The Pressley Ridge Schools, 530 Marshall Avenue, Pittsburgh, PA 15214.

[13] Mason, M. (1997). How to get more out of your outcomes. *Perspectives on outcomes* (Vol. 1, pp. 19-23). Pittsburgh: Corporation for Standards & Outcomes.

[14] Vaughn & Buss (1998), pp. 98-99.

[15] *Standards for educational and psychological testing*. Washington, D.C.: American Psychological Association. This manual is prepared and continually reviewed by the Committee to Develop Standards for Educational and Psychological Testing, supported by three cooperating organizations: The American Educational Research Association, The American Psychological Association, and The National Council on Measurement in Education.

[16] Lefebvre, C. (1992). Social marketing and health promotion. In R. Burton & G. MacDonald (Eds.), *Health promotion: Disciplines and diversity* (pp. 153-181). London: Routledge.

[17] Lefebvre, C., & Flora, J.A. (1998). Social marketing and public health intervention. *Health education quarterly, 15*, 299-315.

[18] Lebebvre, C. (1992), p. 163.

[19] National Institutes of Health. (1992). *Making communication programs work: A planner's guide*. Bethesda, MD: Office of Cancer Communications, National Cancer Institute, National Institutes of Health.

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Appendix A–Techniques in Designing Evaluation Reports

This appendix borrows from the literature on marketing and communications to identify strategies that increase the impact of data. Guidelines for production of evaluation reports, components of data reports, visual and graphic aids, and design considerations will be discussed and illustrated with examples from actual evaluation products.

PRESENTATION PRINCIPLES

Ideally, the presentation of data is determined largely by the needs and priorities of the intended audience. This means that researchers must write and present data in language and formats that are appropriate to disseminate to family organizations, administrative and managerial staff, providers, legislators, and various other audiences. In addition, it is recommended that reports be available in multiple formats: in popular newsletters, on the Internet, on audiotapes, and translated into other languages.[1]

One of the most important principles for the production of evaluation reports is to *know your audience*. The data report will differ because of the purpose of your presentation, the members of the audience, the amount of time relegated for the presentation, the familiarity of the audience with research, and the intended uses of the data. Questions to address and consider before preparing a report of evaluation findings include the following:

When presenting evaluation reports…Know your audience!

- Who is the audience?
- What is the purpose in presenting the information?
- In what information is the audience interested?
- How much time is available to review the information?
- How much does the audience know about the program?
- How familiar is the audience with your language? —With evaluation terms?
- How will the data be used?
- How often and in what form does the audience need the information?[2]

VISUALS: CRITERIA FOR HIGH IMPACT PRESENTATION

Basic design rules also exist for creating effective visuals that are relevant to the reporting of research findings and technical information to wide audiences. Graphs are often the solution to common problems of reporting data because: (1) they can quickly and efficiently communicate specific findings,[3] (2) they are visually appealing to various audiences; and (3) they are more easily translated and absorbed than narrative reports or sets of tables. When reducing data to charts and graphs, evaluators should strive to avoid clutter and squeezing too much information into limited space. The most critical principle to keep in mind is to keep it simple. But other design elements need to be considered for the most effective methods of communication, including the proper selection of visual aids (charts and graphs vs. tables and flow charts), legibility and harmony of the display, and focus of content.

…Keep it simple!

Visual Aids and Purposes

Before choosing a graphic to display a message, it is important to determine the type of comparison to be illustrated by the data. Most messages in data reports will imply a graphic that shows one of four comparisons: (1) parts of a whole, (2) relative rankings of separate but comparative entities, (3) different points in time, and (4) the correlation of two variables.[4] The type of comparison that the data illustrate will determine the visual aid that is best suited for that purpose. Some guidelines in designing effective and efficient graphics are documented below:

- To show fluctuations or trends over a period of time, use a line graph;
- To compare amounts or sizes, use bar or line graphs;
- To show a whole divided into parts, use a pie chart;
- To illustrate an overview of a complicated process, use a flow chart;
- To organize information, use tables and charts;
- To gain interest, use a photograph; and
- To demonstrate items required, use a checklist.

Exhibit A-1: Group Home Expenditures in California and *Santa Barbara County's Multiagency Integrated System of Care (MISC)*

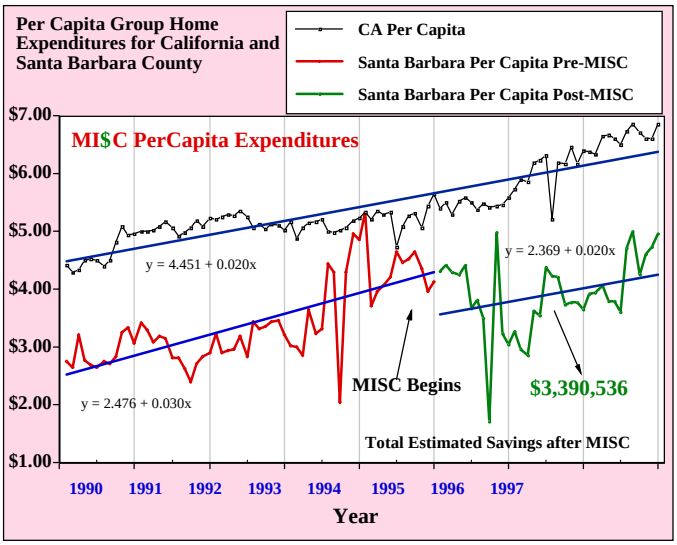


Exhibit A-2: *K'e Project*: Navajo Traditional Assessment

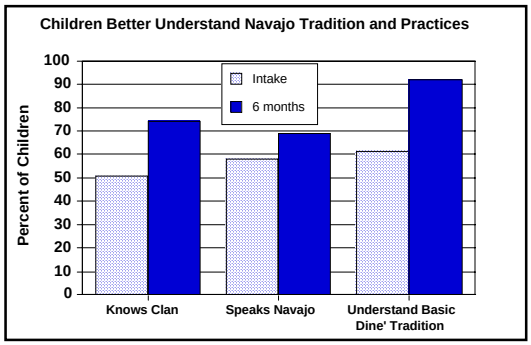
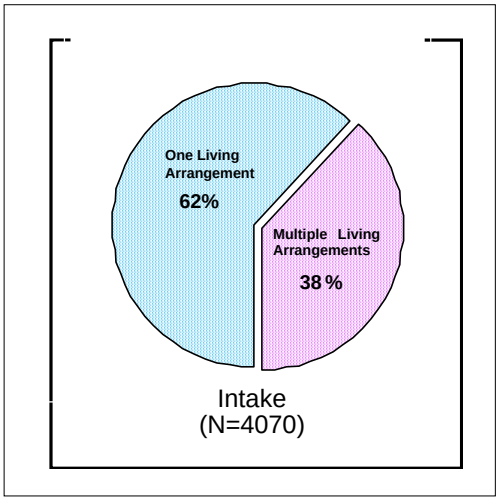


Exhibit A-3: National Evaluation Data of The Children's Mental Health Services Program: Residential Placement, 1998



General Guidelines for Charts and Graphs

- Keep graphs simple. Too many bars, slices, or lines will force the audience to spend excessive time deciphering the data.
- Make the point in the title. For example, the title "1998 Client Population," is less effective than "Enrollments Are Up!"
- Keep axis labeling and marking as simple as possible.
- Vertical axis values should be selected carefully. Decreasing the scale can decrease the impact of an otherwise dramatic change in data. Likewise, increasing the scale can increase the impact of an insignificant change.

Preparing Visual Aids

Authors Steven A. Beebe and Susan J. Beebe, in their public speaking text, offer the following guidelines and suggestions:

- Include a manageable amount of information in each visual aid. A rule of thumb is no more than six lines and six words in a line.
- Typefaces can be divided into four different types of fonts: serif (Palatino, Garamond, New York, Times), sans serif (Arial, Helvetica, Impact, Monaco), script (Nuptial Script), and decorative (cow spots, page clips, stars & stripes).
- Use two typefaces on a visual aid from two different font categories. The most common combination is a sans serif font for titles (to convey strength and clarity) and a serif font for subtitles or text (for readability).
- The minimum point size you should consider for (projected) visual aids are 36 point for titles, 24 point for subtitles, and 18 point for text. (Other visual aids not projected on a screen should be adapted to fit the medium.)
- In any medium, avoid using all upper case letters for emphasis, except in short titles. Longer stretches of text in all caps is hard to read because our eyes are used to seeing contrasting letter sizes."[5]

Design Considerations

Simplicity

- Strive for simplicity. Simplify text, charts, and concepts. Break up complex charts and concepts into smaller, more digestible segments. Keep the number of visual elements and special effects to a minimum to avoid distracting your audience.
- Focus on one point with each visual. Do not mix topics.
- Keep colors to a minimum—too many will distract the viewer from the message. Dark or bright colors draw attention to the most important elements of a graph/chart.

Legibility

- Be sure to select background and foreground colors with enough contrast to make charts easily readable. Avoid white or light backgrounds. Also avoid using shades of the same color for background and foreground.
- Be sure the text and graphics are large enough to be visible in the situation in which you will make your presentation. Spacing between lines of text should be open to enhance readability.
- Use traditional orientation—make visuals read from left to right, top to bottom.

Harmony

- Use a consistent background and color scheme throughout the presentation. If you wish to use some variety, simply vary color combinations to create "modules." Use modules to segment the presentation just as chapters or sections divide a book.
- To make the presentation hold together, keep all major graphic elements, such as placement of title and logos consistent.
- Use one or two font families throughout your presentation. Also keep the number of sizes you use to three or less. Any more will confuse your audience.

Software Tools

Today there are several computer software programs available to assist in the construction of graphics. Some more popular ones include: CA-Cricket Graph, Delta Graph, Harvard Graphics, Lotus Freelance, Lotus Graphwriter, Microsoft Excel, Microsoft PowerPoint, and Quattro Pro. But evaluator and consultant Michael Hendricks cautions, regardless of the program used, constructing an effective graphic is

not simple: it requires a blend of statistical and artistic sensitivities. He suggests that the graphic be pilot tested and revised if necessary. Ask different stakeholders, "What does this graphic say to you?" *without including the title* and see if the same message is revealed. More frequently than not, messages may be distorted due to data inconsistencies or confusing graphics.[6]

CONCLUSION

The many suggestions of this appendix may best be summarized into the fundamental principle "Know your audience." The most important goal is for the audiences to understand the results, to grasp their many implications, to realize what corrective actions may be needed, and to follow-up on the impact of those actions.[7]

Notes:

[1] Friesen (1998).

[2] Gabbard, G. (1998, spring). Family experiences: Ways to lead change through telling your story. *Early Childhood Bulletin* (pp. 1-7). Chapel Hill, NC: National Early Childhood Technical Assistance System.

[3] Henry, G. T. & Dolan, K. (1997). Conclusion: Keys to good graphing. In G. T. Henry (Ed.). *New directions for evaluation: Creating effective graphs: Solutions for a variety of evaluation data, 73*(pp. 101-106). San Francisco: Jossey-Bass.

[4] Hendricks, M. (1994). Making a splash: Reporting evaluation results effectively. In J. S. Wholey, H. P. Hatry, & K. E. Newcomer (Eds.). *Handbook of practical program evaluation* (pp. 549-575). San Francisco: Jossey-Bass.

[5] Beebe, S. A.,& Beebe, S. J. (1997). *Public speaking: An audience-centered approach* (pp A-20—A-21). Boston: Allyn and Bacon.

[6] Hendricks (1994).

[7] Hendricks (1994); Sonnichsen, R. C. (1994). Evaluators as change agents. In J. S. Wholey, H. P. Hatry, and K. E. Newcomer (Eds.). *Handbook of practical program evaluation* (pp. 534-548). San Francisco: Jossey-Bass.

Appendix B–Evaluation Report Samples

B-1: *Community Wraparound Initiative* Evaluation Report

B-2: Community Services Report, Bennington Region, VT (select pages)

B-3: "*Access* Update" Newsletter, Special Issue, Spring 1998

B-4: Vermont Mental Health Performance Indicator Project, Memorandum

B-5: *KanFocus* Evaluation Report (January '99)

B-6: *MISC* Evaluation Quarterly Report (select pages)

B-7: *Wings*' Family Report (select pages)