FOUR KEYS TO SUCCESS

RTC PLENARY 2009
SYSTEM OF CARE VALUES
IN RESEARCH AND EVALUATION

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Overview
- HIGH HOPES AND CHALLENGES
- FOUR KEYS TO SUCCESS
- PARTICIPATION
  - THEORY
  - IMPLEMENTATION
  - EVALUATION (EMPOWERMENT EVALUATION & GTO)
- RESOURCE/SYSTEM SUPPORT
- FOUR KEYS TO SUCCESS AND FAMILY PARTICIPATION—ELAINE SLATON

HIGH HOPES
A COALITION IS
"AN ORGANIZATION OF DIVERSE INTEREST GROUPS THAT COMBINE THEIR HUMAN AND MATERIAL RESOURCES TO EFFECT A SPECIFIC CHANGE THE MEMBERS ARE UNABLE TO BRING ABOUT INDEPENDENTLY” (BROWN, 1984)

OPTIMISM
HIGH HOPES
CHALLENGES
DISAPPOINTMENTS

Figure 2. Overview of the development of a community coalition.
**CHALLENGES**
WHY DON’T MORE COMMUNITY COALITIONS SHOW RESULTS?

**FOUR KEYS TO SUCCESS**
- THEORY (A GOOD IDEA)
- IMPLEMENTATION
- EVALUATION
- RESOURCE/SYSTEM SUPPORT

**THEORY**
- PARTICIPATION

Definition: “is a process in which individuals take part in decision making in the institutions, programs, and environments that affect them” (Heller, Price, Reinhart, Riger, & Wandersman, 1984, p. 339)

Relevant to Systems of Care (e.g., Family-Driven, Youth-Guided)

**ADVOCATES OF EXPERT PLANNING**
- ON THE BASIS OF THEIR EDUCATION AND EXPERIENCE, PROFESSIONALS ARE ABLE TO DEVELOP AND IMPLEMENT SERVICES AND SYSTEMS EFFICIENTLY AND EFFECTIVELY

**ADVOCATES OF PARTICIPATION**
- IMPROVES QUALITY OF PROGRAM, STRATEGY, SYSTEM
- INCREASES FEELINGS OF CONTROL AND IMPROVES FIT (MEETS NEEDS AND VALUES BETTER)
- INCREASES FEELINGS OF HELPFULNESS, CREATIVITY, AND RESPONSIBILITY AND DECREASES ALIENATION AND ANONYMITY

**THEORY**
- A FRAMEWORK OF PARTICIPATION
INDIVIDUAL LEVEL

• If participation is such a good thing, why doesn’t everyone participate?
• Who participates, who does not, and why?

ORGANIZATIONAL LEVEL

• Why do some organizations survive and thrive, while others die out?

THE NEIGHBORHOOD PARTICIPATION PROJECT

• Colleagues included:
  David Chavis
  Paul Florin
  Gary Giamartino
  Doug Perkins
  John Prestby
  Donald Unger

NPP Design

<table>
<thead>
<tr>
<th>Blocks with orgs</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
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</thead>
<tbody>
<tr>
<td>Blocks without orgs</td>
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</tbody>
</table>
Member • External • Outcome • Impacts • Leadership • Decision Making, Problem Solving, and Conflict Resolution • Benefits & Costs

Organization Becomes INACTIVE
Organization Remains ACTIVE

Action Strategy Activities Maintenance Activities

Figure 1. Tended an open system framework of organizational viability.
IF THE FINDINGS ABOUT ORGANIZATIONAL VIABILITY ARE OBVIOUS, WHY DO SO MANY DIE OUT?

HOW CAN ACADEMICS COLLABORATE WITH COMMUNITY ORGANIZATIONS TO IMPROVE ORGANIZATIONAL VIABILITY?

THE BLOCK BOOSTER PROJECT

- COLLEAGUES INCLUDED:
  DAVID CHAVIS
  PAUL FLORIN
  JOHN PRESTBY
  DOUG PERKINS
  RICHARD RICH

RESEARCH

COALITIONS

- COLLEAGUES INCLUDED:
  FRAN BUTTERFOSS
  MATT CHINMAN
  CINDY CRUSTO
  BOB GOODMAN
  PAM IMM
  MAURY NATION

The Block Booster Process

1. Organizational Assessment
2. Develop Block Booster Profiles
3. Feedback Block Booster Profiles
4. User Handbook Presents Possible Interventions
5. Individual Action Plan
6. Requesting Additional Detailed Information
7. Evaluation

Implementing Suggestions: Monitoring Implementation: Action:

Figure 3: The Block Booster Process
Figure 2. Overview of the development of a community coalition.

Table 1. Evaluation of MPA by Developmental Phases, Ecological Levels, and Stages of Readiness

<table>
<thead>
<tr>
<th>Developmental Phases and Measures</th>
<th>Intra-personal</th>
<th>Inter-personal</th>
<th>Organizational</th>
<th>Community</th>
<th>Public Policy</th>
<th>Stages of Readiness</th>
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<tbody>
<tr>
<td>Phase 1: Coalition Formation</td>
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<td>Phase 3: Impact</td>
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IMPLEMENTATION

- FORECAST

EVALUATION IN EVERYDAY LIFE

In 2008, more than 97 million votes were cast.

David Cook accepts the win in the 2008 competition

David Cook, 2008 American Idol winner
"DON'T BE SCARED—DATA IS YOUR BEST FRIEND"
"USE DATA IN YOUR PRACTICE TO HELP IMPROVE YOUR SYSTEM"
MARIE MURILUS-BLACK (FORMERLY FROM ERIE COUNTY SYSTEMS OF CARE)

Empowerment Evaluation
Evaluation approach that aims to increase the probability of program success by:
• Providing program stakeholders with tools to assess planning, implementation, & self-evaluation of their program
• Mainstreaming evaluation as part of program/organization’s planning & management

Empowerment Evaluation Principles in Practice, Fetterman & Wandersman, Guilford Press, 2005

Core Principles of Empowerment Evaluation

<table>
<thead>
<tr>
<th>Principle 1:</th>
<th>Improvement</th>
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<tbody>
<tr>
<td>Principle 2:</td>
<td>Social Justice</td>
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<tr>
<td>Principle 3:</td>
<td>Inclusion</td>
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<td>Principle 4:</td>
<td>Democratic participation</td>
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<td>Principle 5:</td>
<td>Capacity building</td>
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<tr>
<td>Principle 6:</td>
<td>Organizational learning</td>
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<tr>
<td>Principle 7:</td>
<td>Community ownership</td>
</tr>
<tr>
<td>Principle 8:</td>
<td>Community knowledge</td>
</tr>
<tr>
<td>Principle 9:</td>
<td>Evidence-based strategies</td>
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<tr>
<td>Principle 10:</td>
<td>Accountability</td>
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</tbody>
</table>

GETTING TO OUTCOMES®
• A “HOW-TO” FOR EMPOWERMENT EVALUATION

Colleagues include
- Matt Chinman
- Pam Imm
- Cathy Lesesne
- Gordon Hannah
- Marilyn Ray
- Diane Green

GTO as a Painter’s Palette

RESULTS
#1 Goals
#2 Best Practices
#3 Fit
#4 Capabilities
#5 Plan
#6 Sustain
#7 Improve/ CQI
#8 Outcome Evaluation
#9 Implement Evaluator's Role
What are the underlying needs and conditions that must be addressed?

What are the goals, population of focus, and objectives (i.e., desired outcomes)?

What science-based (evidence-based) models and best practices can be used in reaching the goals?

What actions need to be taken so the selected strategy “fits” the community context?

What organizational capacities are needed to implement the strategy?

What is the plan for this strategy?
Accountability Questions

<table>
<thead>
<tr>
<th>Accountability Questions</th>
<th>Relevant Literatures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the underlying needs and conditions that must be addressed? (NEEDS/RESOURCES)</td>
<td>1. Needs Resource Assessment</td>
</tr>
<tr>
<td>2. What are the goals, target populations, and objectives?</td>
<td>2. Goal Setting</td>
</tr>
<tr>
<td>3. What academic evidence based models and best practice programs can be used in reaching the goals (BEST PRACTICE)?</td>
<td>3. Consult literature on evidence-based and best practice programs</td>
</tr>
<tr>
<td>4. What outcome need to be taken to the selected program (BCS: the community context) (FIT)?</td>
<td>4. Feedback on Comprehensiveness and Fit of Program</td>
</tr>
<tr>
<td>5. What organizational capacities are needed to implement the program? (CAPACITIES)</td>
<td>5. Assessment of Organizational Capacities for Implementation</td>
</tr>
<tr>
<td>6. What is the plan for this program (PLAN)?</td>
<td>6. Planning</td>
</tr>
<tr>
<td>7. Is the program being implemented with quality (PROCESS)?</td>
<td>7. Process evaluation</td>
</tr>
<tr>
<td>8. How well is the program working? (OUTCOME EVALUATION)</td>
<td>8. Outcome and Impact Evaluation</td>
</tr>
<tr>
<td>9. How will continuous quality improvement strategies be included? (IMPROVE)</td>
<td>9. Total Quality Management: Continuous Quality Improvement</td>
</tr>
<tr>
<td>10. If the program is successful, how will it be sustained?</td>
<td>10. Sustainability and Institutionalization</td>
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</tbody>
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GTO as a Painter's Palette

RESOURCES/SYSTEM SUPPORT

GTO System Model
GTO RESULTS


Results: Process Evaluation
- GTO participation varied widely
  - 60% trained, 40% got TA
  - Significant intervention bleed, greater at Time 3
- Staff perceptions
  - GTO helped with planning, organization, reporting, evaluation, created consistency across programs
  - Resources of time, staff, and computers biggest barrier
  - MANUAL: good resource, but too long and complex
  - TRAINING: good intro, but needs to be more applied
  - TA: helped staff adapt, translated complex ideas
- Technical assistance hours
  - Hours of TA across programs varied, but most wanted assistance with planning (46) and process & outcome evaluation (4,5 & 8)

Results: Outcome Evaluation
- Individual staff prevention capacity
  - Intent to treat: No change over time in skill & attitudes
  - Using GTO Participation Index, GTO participation was associated with significant increases in knowledge, attitudes, & skill across almost all areas targeted by GTO
- Prevention Program Performance
  - GTO programs showed greater % improvement
    - After 1 yr: 15% vs 7%; After 2 yrs: 47% vs 8%
  - GTO programs added in Yr 2 remained flat, then improved
  - Across all 6 GTO programs, correlation between TA hours & change in performance r (11) = .50, p = .
Getting To Outcomes Evaluation:

Conclusions

- GTO can improve practitioner capacity and performance of tasks known to be associated with high quality prevention (planning, evaluation, etc.)
- Those with greater exposure to GTO demonstrated more gains in capacity
- TA hours show that practitioners mostly want & got help with evaluation activities
- GTO can be difficult to absorb, therefore, ongoing TA critical to the success of GTO
- Organizational issues a major factor
  - Conversion to "learning organization" not complete
  - Resources are significant barrier to adoption, implementation, and sustainability
  - Incentive structure within which coalitions operate not aligned with CQI

Key #1 Theory (a good idea)

Families' ideas have driven many system of care innovations:

- Parent Peer-to-Peer Support
- Respite Services
- Focusing systems on both mental health & substance abuse
- Identifying gaps in services
- Insisting on emergency services & crisis intervention
- Identifying law enforcement as a critical collaborator

Key #2 Implementation

Plans call for services to be culturally appropriate and family friendly. Families play a role in the hiring and training of staff to assure that staff are culturally appropriate and family friendly.

Key #3 Evaluation

Family-driven success stories:

- Families in GA knew how to solve the MIH Clinic’s no-show problem by conducting the right survey aimed at the right parts of the problem – they asked families who didn’t show what the issues were!
- In the early 1990’s, families co-presented evaluation based presentations by reading slides they had been assigned – today, families conduct their own studies and present their own studies – as well as ask critical questions of findings, helping to sort out & advocate appropriate application of current research

Key #4 Resource/System Support

Leadership & Workforce resources

Natural community leaders are among families with life experiences and knowledge that comes from raising a child with special needs

Community based resources

Families bring connections to local faith communities

Sustainable funding

Families lend their influence to legislation that mandates and funds system of care

FOUR KEYS TO SUCCESS AND FAMILY PARTICIPATION

Elaine Slaton
National Federation of Families For Children’s Mental Health
eslaton@ffcmh.org

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REFERENCE


It Links Together

1975 2009