

**Community Public Health and Safety Networks:
*1998 Evaluation Plan***

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WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

MISSION

The Washington Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute, hires the director, and guides the development of all activities.

The Institute's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State. The Institute conducts research activities using its own policy analysts, academic specialists from universities, and consultants. New activities grow out of requests from the Washington Legislature and executive branch agencies, often directed through legislation. Institute staff work closely with legislators, as well as legislative, executive, and state agency staff to define and conduct research on appropriate state public policy topics.

Current assignments include a wide range of projects in criminal justice, youth violence, social services, and K-12 education.

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EXECUTIVE SUMMARY

The Washington State Institute for Public Policy was directed by the legislature to evaluate the 1994 Violence Prevention Act. As part of that responsibility, the Institute has produced several documents analyzing trends in risk behaviors, as well as case studies and process assessments of the Community Public Health and Safety Networks.

A 1998 Institute publication examined the projects funded by the Networks as well as the performance measures for those projects. As the next step in its evaluation, the Institute is examining the second round of funding decisions in terms of their performance measures and exploring in depth the purpose and role of an outcome orientation in the context of this prevention effort. The Institute has contracted with Kay Knapp for this project. Kay is a national expert on the topic of outcome evaluation and has direct experience applying these concepts in “real world” settings.

The evaluation will address the following questions:

- What is the framework within which the concept of outcomes is understood?
- Are Networks equally comfortable with an outcomes orientation with respect to systems reform and client change?
- What are the Networks’ strengths with respect to an outcomes orientation? What are their weaknesses?
- To the extent Networks are not outcome-oriented (under liberal definitions of the concept), what are the barriers? Lack of understanding, lack of skills, or fear on the part of Network members or providers?

The purpose of this utilization-focused evaluation is to improve the functioning of the Networks. The primary method for the study will involve interviewing Network members, staff, and providers in a sample of ten Networks, including Clallam Network, Pacific Network, Mason Network, Tacoma Urban Network, South King County Network, Snohomish Network, Kittitas Network, Spokane Tribal Network, Spokane County Network, and Asotin/Garfield Network. This group of Networks includes the majority of those originally studied by the Institute as part of its case studies, with some sites added to increase geographical diversity.

Network contracts with the Family Policy Council and quarterly reports for all Networks will also be reviewed.

Kay Knapp will present her preliminary findings at the Fall Summit. Network members will have ample opportunity to ask questions and offer comments at that time.

For further information on the evaluation, please contact Roxanne Lieb at (360) 586-2768.

EVALUATION SETTING, FOCUS, AND PURPOSE

Background

The Community Public Health and Safety Networks were established as part of Washington State's Violence Prevention Act (Act). The approximate implementation timeline is as follows: legislation passed in 1994, 53 Networks formed in 1995, comprehensive Network plans submitted in 1996, and contracts and project funding established in fiscal year 1997. The Networks are expected to be outcome oriented and to focus on prevention with respect to violence, especially youth violence. Because preventive efforts are not always immediately evident and because grassroots infrastructure takes time to organize and develop, an outcome evaluation of the Networks' effectiveness will be initiated after five years of Network operation.

While evaluation of the Networks' effectiveness is wisely to be delayed, important process evaluations of the Networks are available from the Washington State Institute for Public Policy (Institute). A 1996 evaluation examined the establishment, government structure, and operation of a sample of Networks. A 1998 evaluation examined the projects funded by the Networks as well as the performance measures for those projects. These process evaluations identify challenges facing the Networks if they are to succeed in effecting outcomes that will reduce youth violence. Identifying and clarifying obstacles to effectiveness is critical to developing successful Networks. We propose to build upon the Institute's findings by examining the most pressing of the identified issues and assisting the state in utilizing that information to improve the Networks.

Focus

The enabling legislation anticipated a strong outcomes orientation on the part of Networks. The Institute found that initial contracts between Networks and providers often included measures of activities instead of outcomes. It is not surprising that the initial projects funded by the Networks lacked an outcome focus. Moving away from an activity orientation which has dominated social services and criminal justice for decades to an outcomes orientation is not easy. Grassroots organizations like the Community Public Health and Safety Networks are particularly prone to activity or process orientations. On the other hand, grassroots and community efforts are presumed necessary to affect the type of changes envisioned by the Act. Thus serious effort is warranted in supporting Networks in moving to an outcomes approach.

The first step in supporting Networks with respect to outcomes is to better understand obstacles that may exist:

- What is the framework within which the concept of outcomes is understood? Are there significant differences in that understanding? If so, what has been done to develop a common understanding?
- Are Networks equally comfortable with an outcomes orientation with respect to systems reform as they are with client change?
- What are the Networks' strengths with respect to an outcomes orientation? What are their weaknesses?

- To the extent Networks are not outcome-oriented (under liberal definitions of the concept), is the failure due to a lack of understanding of outcomes, particularly in a prevention framework? If so, is the lack of understanding on the part of Network members or providers or both? To the extent there is understanding, are the Networks and providers in concert with the understanding of the Family Policy Council (FPC) which monitors the Networks?
- Does fear play a role in the Network's experiences with outcomes? If so, is it on the part of the Networks or the providers or both? What is the nature of the fear?
- Are there skills needed for these tasks that are missing? Are the skills lacking on the part of Networks or on the part of providers or both?

Once we have a more thorough understanding of the strengths and obstacles, potential solutions or interventions can be explored. For example, the lack of a common definition regarding the concept can be addressed through discussion and consensus building or can be established by policy. A lack of understanding of outcomes can be addressed through training. The nature of the training would depend upon the specific lack of understanding (e.g., inability to distinguish between activities and behaviors or outputs and outcomes; or inability to understand the linkages between outcomes of preventive programs and longer term reduction of youth violence). A structural solution might be indicated, such as more active involvement of outcome-oriented public health officials or closer relationships with outcome-oriented local government agencies.

The obstacle of fear can be addressed through the development of materials that specifically address the fears that are articulated, through other means of communication or through contract language and structure. Depending upon the location and nature of fear, the primary communication might be between the Family Policy Council and the Networks, or between the Networks and the providers. Fear usually revolves around the utilization of outcome information—what kinds of decisions will be made on the basis of that information? Will it be used to improve programs or to terminate the contractual relationship with them? When will it be used for the former and when for the latter?

Lack of skills in implementing an outcomes approach might look to the same types of solutions as with lack of understanding—training and/or revising structural relationships.

Outcomes orientation and governance structure. An outcomes orientation is a fundamental feature of the Act. This approach requires a level of knowledge, skills, experience, time, and energy that might be difficult to obtain and maintain within the current Network structure. While there is little doubt that citizens and other volunteers can gain necessary knowledge regarding an outcome orientation if they are willing to devote time and energy to the task, transferring the knowledge to new volunteer members on an ongoing basis could be problematic. In addition, implementing an outcomes approach takes substantial time and effort: outcomes must be negotiated with providers, contracts monitored, and the information on outcomes utilized. This staffing effort might also be difficult to achieve with a volunteer Network membership. While the volunteer effort can be supplemented with contractual workers, that arrangement might not provide the necessary consistency and predictability necessary to institutionalize an outcomes approach.

A key issue to examine is whether the current Network governance structure appears capable of institutionalizing an outcomes approach. We will analyze the issue in terms of possible legislative modification to the Act, if modification appears appropriate and useful.

Purpose

The purpose of this utilization-focused evaluation is to improve the functioning of the Networks. Ultimately, the Network members will have to improve their own Networks, but this evaluation will provide information, analysis, and a framework within which that improvement can occur.

METHODOLOGY

A utilization-focused evaluation is a participatory evaluation. It assumes the active engagement of Institute staff, Family Policy Council and staff, and others with a significant stake in the Networks. We expect to negotiate the design and its implementation with Institute staff to ensure that the evaluation is useful and will be used.

Design

The primary method of data collection will be interviews, both in person and by telephone. The Institute has already done extensive data collection and analysis. We want to build on that work rather than repeat it. For example, the Institute reviewed and summarized the 1997 contracts between FPC and the Networks. We propose to review the 1998 contracts and compare them with the findings from the 1997 contracts. This review will provide excellent background prior to interviewing Network members and providers.

Given the foci of this proposal—determine whether there are common understandings with respect to the concept, identify Network strengths regarding an outcomes orientation, identify obstacles when Networks are less outcome focused than desired, and determine what can be done to improve the outcome orientation—the most appropriate methodology is to ask the participants. This will require careful sampling. The goal of sampling is to select representative Networks across a few dimensions. The Network sample size should be large enough to engender credibility, but also be sensitive to cost issues. There are a limited number of obstacles to outcome orientation, and the applicable ones will surface relatively quickly. Similarly, there are two points of contact that might be problematic with respect to an outcome orientation: Networks and providers. Again, the various permutations will undoubtedly surface relatively quickly.

The Institute's 1996 Case Studies and Governance Structure study selected seven Networks to illustrate Washington's geographic and population diversity. Those two dimensions are equally important for this study for credibility purposes. Unless there are reasons to the contrary, including the same seven Networks would meet the criteria of geographical and population diversity as well as provide continuity to the evaluation studies. Another dimension for the sample is signified by the role local public health officials play in the Network: active or passive. The legislation modeled a public health approach and dictated a significant role for public health, presumably because of their long-standing disciplinary commitment to an outcomes approach. We will explore the role that they have played with respect to fostering an outcomes orientation. A final dimension is the extent of outcome orientation reflected in their reporting. We will include a Network that is relatively outcome-oriented as well as Networks that are less outcome-oriented, as evidenced by their reporting. We tentatively suggest 9 to 12 Networks for in-depth interviewing, assuming that the dimensions can be addressed with that number. We will consult with the Family Policy Council and Institute staff in selecting the specific Networks for inclusion in the sample.

(After discussions with the Family Policy Council, Institute staff, and review of contracts, the following Networks were identified for initial inclusion in the sample: Clallam Network, Pacific Network, Mason Network, Tacoma Urban Network, South King County Network, Snohomish

Network, Kittitas Network, Spokane Tribe Network, Spokane County Network, and Asotin/Garfield Network.)

Prior to interviewing in the sample Networks, we will review the data collection forms on projects submitted to the Family Policy Council. This will provide specific background for discussing outcomes in the Networks.

In each Network, we propose to interview the primary staff person and/or chairman, the public health representative, another local government representative, and a citizen member. In addition, we will interview staff of two or three contracted providers. In light of the fact that members are volunteers with busy schedules and staff are often part-time, and the fact that there is considerable turnover in membership in some Networks, we might substitute former members or others as is appropriate. The specific individuals will be selected in consultation with FPC and Institute staff. Where necessary or appropriate, the chairman of the Network will be consulted as well. Interviews will be conducted in person to the extent feasible. Those that cannot be arranged within a reasonable travel schedule will be interviewed by telephone. Follow-up telephone calls will be made as necessary to clarify issues and to check the utility of proposed solutions.

The interview will cover the following areas:

- Network definitions of outcomes, their strengths with respect to an outcomes orientation, the feedback Networks received regarding outcomes reported to the FPC.
- The obstacles Networks see to being outcome oriented, especially in a prevention setting.
- The linkages Networks see between their programmatic efforts and reduction of youth violence.
- Networks' perception regarding their knowledge and skills with respect to outcome orientation.
- Networks' perception of their contracted partner's (Network or provider) knowledge and skills with respect to outcome orientation.
- The role that public health (and other local government) has played in developing and implementing an outcomes orientation.
- Steps Networks are taking to build capacity.
- What Networks think they need to build capacity and become more outcome-oriented.

The interviews will provide data on the nature of the issue, participants' plans to rectify any problems regarding their outcome orientation, and their perceptions of additional things necessary to become outcome-oriented, to the extent they are not. We will summarize the data, indicating issues regarding outcome orientation. Given the nature of the issues, we will analyze and describe approaches to resolve differences and to rectify problems with sufficient detail that implementation can follow. For example, if training is indicated, detail will be provided regarding the content, structure, audience, and timing of the training.

Deliverables. Deliverables will include summaries of Network findings; a report summarizing the obstacles to outcome orientations in the Networks, as well as strengths and improvements in outcome orientation, including a summary of the changes between 1997 and 1998 contract

performance measures; and a report outlining a detailed strategy for supporting the improvement of outcome orientation in the Networks and analysis and recommendations regarding governance structure.

Design Review and Revision

A utilization-focused evaluation requires the participation of those affected. Therefore, the first step is to interview key participants to explain the evaluation plan and to get feedback on that plan. We will use the interview process to learn more about the Networks and their operation as well as identify additional questions or issues that were not anticipated in the preliminary design. While the evaluation might be expanded to include additional issues, we prefer to keep the evaluation focused on the key issue of outcome orientation and on gathering information that can be used to improve the Networks. As with programs, a focused approach tends to be more effective.

We will consult with Institute staff in developing the list of participants for design review and discussion. We preliminarily suggest the Family Policy Council director and at least two FPC staff members, at least one legislator from each house (perhaps from the Institute Board of Directors, or those more actively engaged with the Act), and the chairpersons of two Networks. The interviews will explain the evaluation design and ask for their reactions. Participants will be asked what they think are key issues in addition to Networks becoming outcome oriented and any other observations they have regarding the Networks or suggestions that they have for the evaluation.

The interviews will be summarized and discussed with Institute staff. We will jointly decide whether design revisions are indicated and will revise the design if needed.

TIMELINES

<p>Week 1</p> <ul style="list-style-type: none"> • Consult with Institute staff on participant list • Contact participants and arrange to meet with them 	<p>Week 2</p> <ul style="list-style-type: none"> • Review design with seven participants • Summarize and meet with Institute staff to review interview data • Revise design as needed • Review 1998 contracts • Consult with FCP and Institute staff on sample Networks • Review data collection forms of sample Networks
<p>Week 3</p> <ul style="list-style-type: none"> • Select participants from sample Networks in consultation with FPC, Institute, or chairman as appropriate • Letter to participants (from FPC or Institute) • Review data collection forms, continued 	<p>Week 4</p> <ul style="list-style-type: none"> • Contact participants via telephone; schedule interviews • Draft unstructured interview schedules
<p>Week 5</p> <ul style="list-style-type: none"> • Interview in three Networks 	<p>Week 6</p> <ul style="list-style-type: none"> • Telephone interviews in three Networks • Written summary of Network findings • Discuss findings with Institute and FPC staff
<p>Week 7</p> <ul style="list-style-type: none"> • Interview in three Networks 	<p>Week 8</p> <ul style="list-style-type: none"> • Telephone interviews in three Networks • Written summary of Network findings • Discuss findings with Institute and FPC staff
<p>Week 9</p> <ul style="list-style-type: none"> • Interview in three Networks 	<p>Week 10</p> <ul style="list-style-type: none"> • Telephone interviews in three Networks • Written summary of Network findings • Discuss findings with Institute and FPC staff
<p>Week 11</p> <ul style="list-style-type: none"> • Interview in three Networks 	<p>Week 12</p> <ul style="list-style-type: none"> • Telephone interviews in three Networks • Written summary of Network findings • Discuss findings with Institute and FPC staff
<p>Week 13</p> <ul style="list-style-type: none"> • Draft report on nature of problem 	<p>Week 14</p> <ul style="list-style-type: none"> • Review draft report on nature of the problem with Institute and FPC staff • Draft report on strategy for improving outcome orientation
<p>Week 15</p> <ul style="list-style-type: none"> • Revise report on nature of the problem • Review draft report on strategy for improving outcome orientation with Institute and FPC staff 	<p>Week 16</p> <ul style="list-style-type: none"> • Revise report on strategy for improving outcome orientation with Institute and FPC staff