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Community Networks: Progress Toward Measuring Results

EXECUTIVE SUMMARY

Summary

Community Public Health and Safety Networks were created by the 1994 Legislature as a means of involving citizens in improving local conditions for children and families. Fifty-three networks were established across the state, with oversight by the state's Family Policy Council. The legislation directed networks to reduce negative behaviors such as delinquency, teen pregnancy, and substance abuse, relying on close measurement of program results (outcomes). The Institute is evaluating the networks' progress toward these goals at legislative direction.

This review examined ten networks to gauge their understanding of the outcome measurement approach and legislative expectations. The interviews revealed substantial progress by the networks in defining and measuring results connected to community projects. Barriers to the networks' overall accomplishments were identified, in particular, unstable funding that made it difficult for the networks to accomplish their plans. The legislature could assist networks in fulfilling their mandate by removing the 10 percent administrative cap and appropriating flexible funds. Clarification from the Family Policy Council regarding definitions of outcomes would also aid the networks' progress.

Legislative Direction

The 1994 Washington State Legislature passed the Violence Prevention Act, an omnibus bill with the primary purpose of reducing the rate of violence—particularly youth violence—in the state. In addition to juvenile violence, the legislature identified the following “at-risk” behaviors for focused efforts of reduction: teen substance abuse, teen pregnancy and male parentage, teen suicide attempts, dropping out of school, child abuse or neglect, and domestic violence.¹ Reductions in out-of-home placements of youth were also expected.

The Act created Community Public Health and Safety Networks for grassroots participation throughout the state in reducing violence. A total of 53 networks were created—most encompassing entire counties, some covering small, local communities. The networks were required to submit comprehensive plans for their communities to the Family Policy Council (FPC).² The plans documented the networks' decisions on chosen problem behaviors, identification of existing services and support, strategies to fill gaps in support systems, and methods to monitor and evaluate progress. The networks have distributed two rounds of funds to date.

¹ RCW 70.190.130(1)(h).

² RCW 70.190.130(1).

By legislative direction, the networks are expected to focus on prevention with respect to violence, especially youth violence. Preventative efforts take time to show their effects; thus, the Legislature directed that an external evaluation of the networks and their programs occur after five years of network operation. The Legislature assigned the Washington State Institute for Public Policy (Institute) to conduct this evaluation.

While this external evaluation is wisely delayed, important interim reviews are available from the Institute. A 1996 publication examined the establishment, government structure, and operation of a sample of networks.³ A February 1998 publication examined the projects funded by the networks as well as the performance measures.⁴ These documents identify challenges facing the networks if they are to succeed in changing outcomes related to youth violence.

The networks had faced difficulties due to funding complexities as well as authorizing legislation that was open to various interpretations. This evaluation builds on the previous reviews, with a focus on identifying steps that can strengthen the networks.

The enabling legislation directed that networks define and measure their effects on risk behaviors of youth. For the sake of brevity, this direction will be referred to as an “outcome orientation.” The Institute found in its 1998 report that initial contracts between networks and providers often included measures of activities instead of outcomes. Moving from the traditional focus on activities, which has dominated social services and criminal justice for decades, and adopting a focus on outcomes is not easy, and thus this initial finding is to be expected.

Additionally, grassroots organizations like the networks must develop consensus among disparate interests, which can complicate decision-making. On the other hand, grassroots and community efforts are presumed necessary to effect the type of changes envisioned by the Act.

Purpose of this review. The approach taken in this review differs from that used for the Institute’s February 1998 report. The earlier document examined written reports submitted by the networks to the FPC. In instances where the reported measures were unclear, the Institute contacted networks for clarification.

This review concentrates on in-depth interviews with network members, staff, and service providers from a sample of ten networks. In-depth interviewing was selected to better understand both the strengths and the obstacles facing networks in defining and achieving outcomes. With that understanding, potential solutions and interventions can be fashioned.

The networks were selected to represent the state across several dimensions. The Institute’s 1996 study relied on seven networks to illustrate Washington’s geographic and population diversity. Six of these networks—Clallam, Kittitas, Mason, Snohomish, South King, and Spokane Counties—are included in this report. In addition, Spokane Tribe was substituted for Jamses town S’Klallam Network, and three networks were added—Asotin/Garfield, Pacific, and Tacoma Urban Network—to offer more geographical diversity as well as inclusion of networks that emphasized involvement of public health officials.

³ Roxanne Lieb, Edie Harding, and Carol Webster, *Community Public Health and Safety Networks: Case Studies and Governance Structure*, Olympia, WA: Washington State Institute for Public Policy, April 1996.

⁴ Sharon Silas, Scott Matson, and Roxanne Lieb, *Community Public Health and Safety Networks: Projects and Performance Measures*, Olympia, WA: Washington State Institute for Public Policy, February 1998.

The interviews covered the following topics:

- Network definitions of outcomes;
- Strengths with respect to an outcomes orientation;
- Obstacles networks face in achieving an outcome orientation, especially in a prevention setting;
- Linkages between programmatic efforts and reduction of youth violence;
- Knowledge and skills of outcome theory and measurement;
- Perception of contracted partner's (network or provider) knowledge and skills with respect to outcomes;
- Role public health officials (and other local government representatives) have played in developing and implementing an outcomes orientation;
- Steps being taken to build capacity; and
- What networks believe will help them build capacity and become more outcome-focused.

Findings

Networks have been remarkably focused on outcomes within the context of their preventative work and given the considerable barriers they have faced. This finding differs from the Institute's 1998 report⁵ for several reasons.

- First, and most important, *no framework for understanding outcomes was articulated* for the networks. The networks' understanding of outcomes was not entirely consistent with the Institute's operational definition for their review. The lack of common framework has resulted in confusion, frustration, and a modicum of conflict.
- Second, the networks have invested considerable resources in training service providers on outcome definition and measurement. The networks refer to this activity as “*systems reform*” work, and the Institute's 1998 study examined direct service contracts, which did not incorporate this activity.
- Third, networks have faced significant external barriers in accomplishing their legislative mandate. The primary obstacle has been funding instability, including the level of resources, the timing, and the competing demands from different funding sources.
- Fourth, becoming outcome-focused is a process, and the last step in this process is a clear articulation of reported outcomes. Many networks have a sophisticated understanding of outcomes but are not as accomplished at articulating these understandings in written form. It is not surprising that the first reports from networks revealed weaknesses. Most organizations show uneven results in their first effort at this innovation.

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⁵ Roxanne Lieb, et al., *Community Public Health and Safety Networks: Projects and Performance Measures*, (Olympia, WA: Washington State Institute for Public Policy, February 1998).