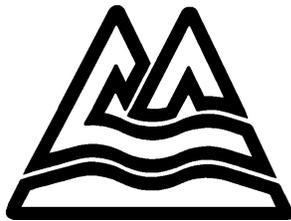


Evaluation Capacity in Multnomah County Programs

Evaluation in Multnomah Analysis

Multnomah County, Oregon



Department of Support Services

MAY 1996

www.co.multnomah.or.us/budget/eru/

Text of May 7, 1996 Presentation to
Board of County Commissioners
Evaluation Capacity in Multnomah County Programs

prepared by: Jim Carlson, Evaluation Specialist
Budget & Quality Office
and Barbara Glick, Ph.D., Principal Investigator
Multnomah County Health Department

I. Where we are now?

We are here today to report on progress made toward evaluating the efficiency and effectiveness of Multnomah County programs. I am Jim Carlson, Evaluation Specialist for Multnomah County. With me is Dr. Barbara Glick, Co-Director of the Program Design and Evaluation Services unit of the Multnomah County Health Department. A major purpose of my job is to help build the capacity to evaluate our programs. I was pleased while making the rounds learning about what is going on to discover that the Health Department already has that capacity, due in no small part to Dr. Glick's leadership. She will be presenting today on the evaluation unit she has been able to assemble and also to share some thoughts as to possible futures for program evaluation in the County. I will report on an overview of where we now stand in all Departments and briefly summarize my activities in the 15 months that I have been employed here.

Last June the Department Directors asked me to meet with them to report on my activities during my first few months of employment. At that time they recommended that a Program Evaluation workgroup be started to determine how we could work together to advance our evaluation capacity.

The first thing we did was to survey our evaluation capacity. The report of our findings is included in your packet of materials today. Basically, what we found is that there are very few evaluation staff and that most of our effort is directed toward evaluation of services for which the County contracts; there is very little time left for evaluation of services which the county directly operates.

There are some islands of excellence, foremost of which is the unit which Dr. Glick has been able to create. Another has been created by the Community and Family Services Department. Bob Donough, who directs their Evaluation and Contracts Unit, will be reporting to you this afternoon as part of CFSD's budget presentation. Making use of the evaluation position the Board authorized last year, the Juvenile Justice Department has been able to create a Contracts and Program Evaluation Unit, one purpose of which is to build outcome measures into all JJD contracts. Aging Services Department has also excelled in building a customer focus into their contract monitoring and is beginning training in outcome measurement for their contractors.

Evaluations of County operated programs has been less widespread but there are some nice accomplishments. Dr. Glick was able to divert some of her staff from their normally assigned duties to evaluate both the School Based Health Centers and a demonstration project for Postponing Sexual Involvement. The Sheriff's office completed an evaluation of the Gresham temporary hold facility. The Department of Community Corrections contracted for an excellent evaluation of their Structured Sanctioning process. I have put time into: 1) measuring the benchmark on satisfaction of citizen volunteers; (2) initial evaluation of the mental health pre-trial release pilot project and; (3) have assisted the Juvenile Justice Department on a project to identify the predictors of juvenile recidivism. I should also mention the library system, which through membership in its national association is able to compare its performance with similar library systems throughout the country. In this regard—the use of benchmarking (comparing our performance against others) the library is several years ahead of other County programs. And finally, using funds authorized by this Board, we have recently awarded a contract for evaluation of the new juvenile sex offender residential treatment program—ensuring that evaluation is built into that program from its beginning.

So that summarizes where we are to date. At this time Dr. Glick will share with you more information about the evaluation capacity she has created in the Health Department.

After that both Dr. Glick and I will share some thoughts about where we see evaluation going over the next few years.

Dr. Glick's comments

I am Barbara Glick, Principal Investigator with Multnomah County Health Department. For the past three years, I have been helping the Health Department to develop the capacity to conduct scientifically valid assessments of program effectiveness. I am part of a team of research and evaluation specialists that serve both the county and the state. The team includes people with expertise in anthropology, psychology, sociology, medical epidemiology, statistics, public health, and business administration. We currently have 13 technical staff and 3 office support staff. The purpose of the team is to design interventions, collaborate on implementation, and evaluate the results. Evaluation results are disseminated through technical reports, presentations, and publications.

Our evaluation team started when Jeanne Gould began bringing in large federal grants for HIV services for intravenous drug users. Those grants came with a requirement for rigorous outcome evaluations of the effectiveness of the services offered. The Health Department contracted with the State Health Division for the first evaluations. As more grants were secured, the team grew. We currently have 12 projects in various stages of implementation and evaluation. The majority of these projects are supported by federal grants. Federal grants that support delivery of health services used to require only collection of process measures (such as the number of clients served and client demographics). But all of these grants now come with the requirement of rigorous evaluation of outcomes. And our ability to secure these funds now depends not only on our ability to deliver services, but to comply with evaluation requirements. We have received national recognition for a number of our projects, and this increases our ability to bring in service grants.

Although we have the capacity to provide evaluation services, our efforts are tied to our funding streams. We are what is called a "soft money" unit. That is, our staff depend on outside grants to maintain employment. The result of this is that we have very little time to spare for unfunded projects. The two program evaluations that I presented to the Board during the past year were unfunded. They are the School Based health Center evaluation and the Postponing Sexual Involvement evaluation. Although there were no dollar resources for these projects, we believed in the importance of having valid data on these programs. I was able to divert some staff time, including my own, to conduct these projects. We have made some progress this year

in institutionalizing evaluation within the Health Department. Billi Odegaard recognizes the value of evaluation to her agency, and has now dedicated some resources specifically for this purpose.

After Jim describes his view of where he sees evaluation going over the next few years, I will describe some example of how we in county government can enhance our ability to both provide services to clients and measure the effectiveness of these services.

II. Where We're Going

Jim Carlson's comments

At its second meeting the Program Evaluation Workgroup reviewed the inclusion of evaluation goals into the RESULTS Roadmap. This is important because making better use of evaluation is just one of many things we must do to improve the efficiency and effectiveness of County services. Other things include improving our ability to plan, better managing and involving our workforce, improving our information technology, and using quality tools to do what we do more efficiently. All these goals are now part of an integrated plan to do what we do better--the RESULTS Roadmap.

So what does the evaluation portion of the Roadmap look like?

Note in your handout on page 4 the chart called RESULTS Goal #7--Make Decisions Based on Data. We are starting with the initiative that the Board started even before RESULTS—our program based budget and Key Results. This past year I have been to several departments and provided some basic training on improving their measures. By this Fall we should be at the place where it would be productive for you to meet with Departments again and review their progress on collecting and using Key Results. Our goal is that by the 1996-97 fiscal year that all departments review Key Results and other key performance measures at least quarterly.

Using Key Results as a foundation we hope to gradually expand our evaluation capacity. The Program Evaluation Workgroup has reminded me that this is resource dependent. Our "State of the Art" report showed that our evaluation resources are limited and primarily focused on evaluation of contracts. There is limited ability to divert these resources to other evaluations. We will run into this limitation first as we plan for our

initiatives around children and families and public safety. As Chair Stein noted in her budget address, we may be able to fill some gaps in our public safety evaluation capacity using funds from the public safety bonds. I would also urge you to consider, as you authorize new programs, that funds be set aside for evaluation of those programs. You have already followed this model with the juvenile sex offender residential treatment program.

Note on page 5 of your handout a more detailed listing of activities we will be carrying out to reach our evaluation goals. Starting this year the Program Evaluation Workgroup has decided to start a series of educational forums on program evaluation. We think we can work smarter by cross-training each other. We will continue to focus on Key Results and begin to identify factors which influence whether or not we reach those Key Results. This will form a foundation for future program evaluation. That is our 5-year Roadmap. I look forward to coming back to you again to report further progress.

At this time Dr. Glick will share some thoughts as to the future of program evaluation in the County. It is appropriate that these comments come from someone who is already 3-5 years ahead of the rest of us.

Dr. Glick's comments

I am going to spend a few minutes talking about the issues that I believe are important to consider for government agencies to be successful in their efforts to do program evaluation. Successful has two meanings to me in this context: first, a successful evaluation depends on true scientific rigor. Rigorous evaluation requires that the design of the study allows us to conclusively link the program with the desired effects. That means that all extraneous variables that might be acting to influence the desired effects to be controlled for in the design of the study. Then, and only then, can we say that a particular program is effective in achieving a particular outcome. If this is not done, data may be collected which seem to show that a program is effective, but administrators cannot rely on the findings to make programmatic and funding decisions.

The first step to success in developing capacity for countywide evaluation should, therefore, be pulling staff (or hiring staff) with the technical expertise to set up rigorous study designs. This is what federal guidelines require, and this is what we should work toward.

Second, a successful evaluation also requires that the findings be put to use. That is, that program administrators use the evaluation data to make programmatic and funding decisions that: a) continue the program as is; b) lead to specific improvements suggested by the findings; or c) result in termination of the program, and renewed efforts to address the original problem.

The second step to success should, therefore, be a requirement that agencies be accountable for addressing the need for change or termination of projects according to evaluation results. And if the evaluations are scientifically rigorous, administrators can rely on the data to make decisions that might otherwise be difficult. This leads to the best use of limited resources.

I would also like to share with you some ideas for collaboration across agencies that can increase access to evaluation dollars as well as service dollars. The two examples I have relate to the Benchmark areas of teen pregnancy and juvenile violence. The first is an example of increase access to evaluation dollars. As you know, Multnomah County was the first in the State to implement and evaluate the Postponing Sexual Involvement (PSI) program. The State now uses PSI as the educational component of its teen pregnancy prevention program called STARS. Our intermediate outcome measures suggested the potential of this program to really make a difference for students who are at greatest risk of getting pregnant. But we need to follow students who received the program during the first year in Multnomah County over several years. This year, we are delivering booster sessions to our first cohort of students. We need to evaluate the effectiveness of the boosters to determine if they make a difference.

We currently have no money to continue this evaluation work, but we have identified an opportunity to collaborate that will provide the needed resources. The STARS Foundation would like to contract with me to run their statewide evaluation. Since Multnomah County is 25% of the State, part of these resources will be directed to evaluate programs that, for lack of resources, would otherwise not be evaluated.

The second is an example of increasing access to service dollars, while at the same time sharing technical resources across agencies and providing evaluation in a critical Benchmark area. The director of the State Criminal

Justice Service Division has contracted with me to develop a statewide evaluation of how Byrne Memorial Funds are spent. The allocation of these funds to Oregon is \$5.6 million a year.

Out first efforts for this work have involved doing a national review of programs in the area of juvenile violence prevention and treatment, and assisting in the development of the 1996 Request for Proposals for the Byrne Fund by identifying programs that show potential through existing evaluation data. The director of CJSD recognizes that Multnomah County ranks high among counties in Oregon for need for violence prevention and intervention services. Grants up to \$750,000 per year for 4 years are available to deliver services in 3 areas of juvenile violence: Primary prevention in the schools; Secondary prevention in communities; and Tertiary prevention in neighborhoods, schools, and communities.

These juvenile violence grants will carry with them a requirement for cross agency collaboration, as well as a requirement to participate in a statewide evaluation. There is a national movement to bring a public health perspective to juvenile violence interventions, because many of the most effective programs are now health based. A collaborative effort between the county Health and Juvenile Justice Departments to deliver and evaluate these programs in Multnomah County would be the best use of resources. While Juvenile Justice would bring a strong service component, it is my understanding that they currently have limited capacity to do evaluation. Partnering these agencies would increase our ability to secure Byrne Funds and would facilitate the best delivery and evaluation of services.

To summarize, there are 4 things I would like to recommend to begin a countywide process of evaluating client outcomes.

- 1) Allocate Resources - dedicate resources for discretionary evaluations within agencies, or attach resources to specific programs;
- 2) Develop Capacity - identify or hire strong technical staff with research experience;
- 3) Foster Collaboration - encourage best use of resources across agencies, and
- 4) Require Accountability - make sure that evaluation results are put to use.

Good evaluation is costly, but not knowing whether we're making a difference in client services is more costly.