



An Evaluation of the Caring Community Initiative of the Leaders Roundtable

Executive Summary

Prepared for

The Leaders Roundtable

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Executive Summary

The purpose of this evaluation was to describe the Caring Community Initiative, and to evaluate its accomplishments in terms of:

- *Organizational Effectiveness,*
- *Systems Integration, and*
- *Community Engagement.*

This report summarizes the evaluation of the Caring Community Initiative (CCI) conducted by the Northwest Professional Consortium through a contract with Multnomah County and the Leaders Roundtable. This is the first evaluation of the CCI since its inception in 1991. Data were

collected between November 1998 and July 1999 through a variety of qualitative and quantitative methods, including Key Stakeholder interviews, mail surveys, focus groups, and document review.

What is a Caring Community?

The definition below, taken from the Leaders Roundtable Caring Community Suggested Operating Guidelines (1997) highlights some of the key elements of the CCI:

- Community-based, multi-disciplinary teams,

"A Caring Community is....

.....a community-based team working within a specific geographic area (usually defined by school boundaries) whose objective is to engage families, schools, youth, human service and community agencies, governments, businesses, and other community support organizations in actions that lead to collaborative, interactive service delivery for individuals, children and families."

- Working on a variety of community issues and problems,
- With a shared philosophy of enhancing existing services and resources,
- Leading to enhanced outcomes for children and families.

Currently, eight individual Caring Communities are supported through the CCI: East County Caring Community; Grant-Madison Caring Community; Inner Southeast Caring Community; Jefferson Caring Community; Mid-County Caring Community; Caring Community of North Portland; Outer Southeast Caring Community; and West District Caring Community.

Goals of the Caring Community are listed below. In addition to these three overarching goals,

The three shared goals of the Caring Community Initiative are:

1. *Enhancing systems integration and coordination.*
2. *Helping communities achieve 100% school completion for all students.*
3. *Building and strengthening communities.*

there are a number of other goals that are held by individual Caring Communities. This diverse array of goals is both a strength and a challenge of the CCI. While community based goal-setting and decision-making support the goal of building and strengthening communities, it has also meant that there is tremendous variation between the eight Caring Communities in terms of specific activities and desired outcomes.

Funding for the infrastructure of the Caring Communities comes from a variety of sources. In 1998–99, Multnomah County provided \$268,000, which was evenly distributed between the eight Caring Communities. Two of the Caring Communities also received state Department of Human Resources funding totaling \$56,000. Additional sources of core funding include school districts, the City of Portland, the City of Gresham, and others. In-kind support from a variety of sources is also critically important to the Caring Communities. ***It is important to note that core funding, such as that provided by the county, has only been available for all eight of the Caring Communities since July 1, 1998.***

What Has the Caring Community Initiative Accomplished?

The evaluation focused on four primary outcomes: (1) Organizational Effectiveness; (2) Systems Integration; (3) Community Engagement; and (4) Other specific accomplishments.

Key Outcome #1: Organizational Effectiveness

Establishing an effective organizational structure is one of the keys to success for community collaborative groups (Kumpfer, 1993). Results suggest that the CCI has had considerable success in supporting the individual Caring Communities to become viable organizational entities. Four key indicators of organizational effectiveness that characterize the CCI are:

- 1) *Engagement of a variety of community partners*, most notably the schools, social and health services providers, and public safety;
- 2) *Consistently high levels of member commitment* to the Caring Community and its work;
- 3) *Strong leadership*, including the coordinators, chairpersons, and action team/subcommittee leaders; and
- 4) *Effective communication with members*, especially in terms of responsiveness to individual requests.

All four of these indicators have been shown to be associated with improved productivity in community collaborative groups (Kegler, Steckler, Malek, & McLeroy, 1998).

Key Outcome #2: Systems Integration

Three types of systems integration can be distinguished: (1) *policy level systems integration*,

Evaluation findings suggest that Caring Communities have resulted in:

- *Significant improvements* in coordination and collaboration between providers;
- *Some improvements* in individual client-level service coordination; and
- *Fewer changes* in policy-level systems integration.

including changes in policy, service districts, and regulations to allow better integration of services; (2) *provider level systems integration*, which involves collaboration and coordination of an array of services within a community; and (3) *client level services integration*, which involves integrating services provided to a given client (Kusserow, 1991). Survey results suggest that there have been some significant

"Some of the Caring Communities have really been able to bring people to the table, and keep them there to work on social problem-solving...."

Key Stakeholder

improvements in both individual and provider-level integration, such as the number of referrals, amount of joint planning, number of joint projects, and opportunities to share resources. Moreover, when asked to identify the *most important* accomplishments of the CCI, almost all Key Stakeholders mentioned improvements in provider-level systems integration and coordination. One of the major provider-level service integration successes of the Caring Communities has been their involvement in planning and establishing the Family Resource Centers. There have been fewer changes in policy-level systems integration, which has been found to be an extremely difficult outcome to achieve (Kusserow, 1991).

Key Outcome #3: Community Engagement

Evaluation results suggest that while the Caring Communities have made some progress in

Caring Communities were perceived by survey respondents to have:

- *High levels* of participation by social services and schools;
- *Moderate levels* of participation by recreational providers, the faith community, employment/business, public safety, youth, and government/civic groups; and
- *Relatively low levels* of participation by transportation and housing providers, parents, and general residents.

reaching out to the non-service provider community, there still is room for improvement in this area. The specific non-provider groups who are absent differ depending on the specific Caring Community, although community residents and transportation providers were perceived as being absent from most Caring Communities. Many of the Caring Communities have only recently begun to shift towards a broader community focus. This shift will no doubt take time, and will require additional discussion and clarification of how this emphasis fits with existing Caring Community goals and activities. Progress

towards increasing community engagement has already occurred through some of the activities of the Caring Communities. Specifically, some of the Caring Communities have been involved in developing projects through the Community Building Initiative, and in convening community meetings to discuss issues such as county budgets, neighborhood violence prevention, and other topics.

The ability of Caring Communities to be responsive to neighborhood needs is another key indicator of how well Caring Communities are connected to the communities. Currently, there are many examples of Caring Communities acting in ways that are responsive to community input; however, more systematic ways of engaging the broader community in defining these needs and developing ways to respond will be increasingly important, given the new emphasis on community resident engagement.

Key Outcome #4: Other Accomplishments

Because each individual Caring Community is engaged in such a wide variety of activities, there are a number of other achievements that do not easily fit within any of the major categories defined by the Initiative as a whole. Examples of these accomplishments include:

- Facilitating the Take the Time Assets surveys and mini-grants;
- Planning and/or facilitating health fairs, health and immunization screenings and health clinics;
- Working to support the School Attendance Initiative; and
- Facilitating volunteer support to a variety of mentoring and tutoring programs for youth.

These project-specific accomplishments are a large part of the ongoing work of the Caring Communities.

What are the Remaining Issues for the Caring Community?

Results of this evaluation highlighted six key issues that need to be addressed in order to strengthen the CCI. These include: (1) Funding and Sustainability; (2) Organizational and Structural Issues; (3) Clarification of Goals; (4) Visibility; (5) Accountability; and (6) Support and Technical Assistance.

Key Issue #1: Funding and Sustainability

Without doubt, one of the biggest challenges facing the Caring Communities is how to ensure ongoing support for coordination. The role of the coordinator is central to Caring Community effectiveness; the importance of paid staff to collaborative efforts has been documented (Kegler et al., 1998). Core funding from Multnomah County helps to pay part of the coordinator's salary; however, many of the coordinators need to actively pursue other grants and funding sources to

support their work. In addition to funding for the coordinator, some of the Caring Communities lack a variety of other resources that could contribute to their productivity, such as support staff and hardware and software resources and support. Finally, additional funds for Caring Community-sponsored events and activities are generally in short supply, although many of the Caring Communities have had at least some success finding or leveraging resources.

Key Stakeholders agreed:

Sustained funding for coordination is one of the biggest challenges for the Caring Community Initiative.

Key Issue #2: Organizational and Structural Issues

Although the Caring Communities have many of the desired characteristics of effective organizations, there is some room for improvement. In particular, the individual Caring Communities need to work to:

- Develop clear and defined decision-making procedures.
- Develop and clarify a shared vision, goals and outcomes, and establish clear means for achieving them (see below).
- Enhance the timeliness and usefulness of coordinator communication regarding meetings and other general information.
- Develop mechanisms to ease problems associated with staff and member turnover.
- Develop ways to address the challenge of serving large, diverse, and often geographically defined “communities” rather than naturally existing “neighborhoods.”
- Ensure that discussion and planning moves efficiently towards action.

Future evaluation should make efforts to document that these organizational systems are in place for each Caring Community. Further, the CCI may want to consider including resident engagement in the Caring Communities as an important criteria for organizational effectiveness, given the new emphasis on community building.

Key Issue #3: Clarification of Goals

Several issues related to clarifying the goals and realistic expectations for the Caring Communities became apparent during the course of the evaluation. These issues, and possible strategies for resolving them, are discussed below.

3A. Merging of Systems Integration Goals with Community Building Goals

Further discussion and clarification of the underlying assumptions and expected outcomes for community engagement should occur before realistic outcomes can be established for this domain. Additionally, the implications of the shift towards a broader community focus for the

A process is needed for ensuring that the progress made in systems integration is not lost with the shift towards broader community engagement.

systems integration mission of the Caring Communities should be explored. The needs and interests of the service provider community in terms of information sharing, collaborative planning, etc., may be quite different than the needs, interests, and priorities of community residents.

3B. Appropriateness of School Completion Goal

Although a common goal uniting the different Caring Communities is 100 percent school completion, there is reason to question whether this is an appropriate or meaningful goal. Many of the Caring Communities are not engaged in activities that might be expected to have direct or

School completion is an extremely long-term goal for most Caring Community activities. It is unrealistic to expect any immediate changes in this outcome as a result of the Caring Community Initiative.

immediate effects on school completion. Instead, many of their activities are importantly *but indirectly* related to rates of school completion, such as early childhood prevention programs.

Other programs, such as the School Attendance Initiative, are investing considerable resources in activities designed to directly impact school completion outcomes; however, this outcome is difficult to impact even for these more focused programs. The goal of school completion is only appropriate if it is clearly understood that holding the CCI accountable for achieving this outcome is probably not realistic.

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3C. Top-Down vs. Grass-Roots Goal Setting

In defining goals for the Caring Communities, one recurring issue is finding a balance between

The Caring Community Initiative may want to institute better systems for ensuring close, strong linkages between Initiative-wide goals and local objectives and activities.

goals that are established in a “top-down” fashion by policymakers and funders versus those goals that stem from grass roots community level concerns. While community level decision making is important, and in fact, having a high level of local ownership regarding

goals and activities has been found to be associated with the productivity of collaborative groups (Kegler et al., 1998), this does lead to diffusion and variability across the individual Caring Communities.

One compromise might be to work towards consensus about a set of parameters within which action teams can be developed and activities planned. Planned activities could then be evaluated by an Initiative-wide leadership group to determine whether the activities are adequately connected to Caring Community goals. Evaluation results suggest that some of the activities that are planned or currently ongoing bear only a tangential relationship to the Caring Communities short- and long-term goals.

Key Issue #4: Visibility of Caring Communities

Results from both Key Stakeholder interviews and Member Surveys suggest that the Caring Communities may need to increase their visibility as community organizations. Although some have

The Caring Communities should be recognized as a central part of the community services and events with which they are involved. This recognition would help to strengthen the visibility, influence, and support for the Initiative.

suggested that the Caring Communities should play a “behind the scenes” role in supporting community activities, and therefore that name recognition and visibility are not important, increased visibility may help to support the long-term sustainability of the Caring Communities. Visibility would also be strengthened by greater

involvement from key political leaders for ongoing support at the policy level.

Key Issue #5: Accountability and Documentation

Currently, each coordinator has her own idiosyncratic system for documenting and tracking

To improve accountability, the Caring Community Initiative may want to:

- *Develop a consistent way to report on the role of the Caring Communities in activities, as well as the type of activities and outputs generated;*
- *Streamline reporting systems;*
- *Consider closer monitoring of the types of activities and goals chosen by individual Caring Communities.*

information about their Caring Community. A common system for documenting and reporting activities would help to ensure accountability as well as ease the reporting burden on coordinators. One consistent aspect of the documentation process is the Caring Community workplan. During the past two years, the CCI has developed a common workplan format that is used by all Caring Communities. This workplan provides a well-organized format for reporting progress and outputs. A streamlined reporting system that is more closely linked to the workplans and which defines the types of activities to be documented might help to reduce unnecessary paperwork.

One of the challenges in documenting the Caring Communities' activities and outcomes is that the role of a Caring Community in a given project can vary considerably. A Caring Community might be centrally involved in planning, facilitating, and implementing a particular program, or they might be tangentially involved in a supportive role. Describing these different roles is important both for understanding the activities of the Caring Communities, and to make judgments about the level of accountability that is appropriate for a given program or event.

To address this, the CCI might consider developing a "typology" of activities that could be used for reporting. This approach has been used to evaluate community collaboratives of a variety of types (Mitchell, Stevenson, and Florin, 1996). Documenting the level of different kinds of collaborative group "outputs," such as the number of activities implemented, planning groups convened, or grants written, has been considered an important method for measuring their effectiveness (Kegler et. al, 1998).

Key Issue #6: Support and Technical Assistance

The current system for supporting and supervising the coordinators is stretched extremely thin. Supervision for some coordinators is almost nonexistent, and organizational support is provided by

Caring Communities have significant needs for additional training and support in areas such as:

- *community organizing,*
- *public relations,*
- *documentation and reporting, and*
- *conflict resolution/mediation.*

a single person for all eight Caring Communities. With another Caring Community coming online in 1999–2000, the need for additional organizational support for the Caring Communities is particularly acute. Further, the complexity of the CCI continues to expand, further draining the existing support structure.

Centralized supervision might be a mechanism to enhance cross-community consistency; minimally, closer, ongoing supervision of the coordinators is needed.

Summary of Issues

In preparing this report, a decision was made by the Caring Communities Evaluation Team that the report would serve to raise issues for future action, rather than making concrete recommendations. It is the hope of the Evaluation Team that a subsequent working group will be developed that has responsibility for recommending concrete action steps for the Caring Communities. The following is a list of the key areas that are in need of action to support the continued improvement of the Caring Communities:

Organizational and Structural Issues

1. Systems for ensuring core funding and resources for the infrastructure of the Caring Communities.
2. Systems for ensuring high levels of organizational effectiveness (e.g., quality leadership, communication, member involvement) across all Caring Communities.
3. Improvements in the level of organizational support, accountability mechanisms, supervision, and technical assistance available to the Caring Communities.
4. Methods for increasing the visibility of the Caring Communities.

Issues Related to CCI Goals & Accountability

1. Clarification of the goals and expectations regarding community engagement and

appropriate evaluation efforts to assess these goals.

2. A process for ensuring that the progress made by Caring Communities in regards to systems integration is not lost with the shift towards community engagement.
3. Consideration of the appropriateness of the school completion goal.
4. Consideration of a smaller set of Initiative-wide goals and parameters for appropriate activities, while maintaining the ability of the Caring Communities to respond to grassroots community issues.
5. Systems for ensuring that Caring Community activities are directly and appropriately related to expected outcomes.
6. Systems for improving accountability, especially in terms of understanding the Caring Communities' different roles in community events and ensuring high quality across all Caring Communities.

Conclusions

The CCI has grown and changed since its inception eight years ago. This evaluation was an attempt to describe the CCI and begin to evaluate its effectiveness. The evaluation highlights both the strengths of the CCI and areas that may need improvement. Participants in the evaluation shared both a commitment to the work of the Caring Communities as well as concerns about its future directions. The strengths of community-based action teams with strong local decision-making power were highlighted; at the same time, the need for increased consistency and quality across Caring Communities was apparent. Significant achievements in improving coordination and collaboration between community-based providers were documented, while other outcome areas, such as community engagement, need further definition before outcomes can be meaningfully established.

Additionally, the sometimes wide variation in the level of functioning on the major outcome domains (organizational effectiveness, systems integration, and community engagement) *between* individual Caring Communities makes it clear that **the success of the CCI rests upon maximizing the effectiveness of each individual Caring Community**. Efforts are needed to ensure a strong system of individualized technical and organizational support. This system should include clear, simple, measures for documenting the role of the Caring Communities in community-based projects, the links between activities and expected outcomes, and a clearly

defined set of both individualized and shared outcomes.

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