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THE PROGRAM EVALUATION MODEL AT THE DELLCREST CHILDREN'S CENTRE

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Abstract: This article focuses on the internal evaluation model that existed at the Dellcrest Children's Centre in Toronto, Ontario, for more than a decade. The model was characterized by a systems approach to organizations in which the organization is seen as an interactive network of systems and functions. Key elements of the Dellcrest approach were: (a) the organization as goal-based; (b) evaluation results as an integral part of the organization's feedback system; and (c) evaluation as a management responsibility. A review of 10 years of evaluation research revealed the essential soundness of the model but highlighted certain difficulties in its application.

Résumé: Cet article est axé sur le modèle d'évaluation interne qui est en cours depuis plus de dix ans au Dellcrest Children's Centre à Toronto, Ontario. Le modèle s'est caracterisé par une approche systématique des organisations qui perçoit l'organisation comme un réseau interactif de systèmes et de fonctions. Les éléments-clés de l'approche de Dellcrest étaient: (a) l'organisation dirigée vers un but; (b) les résultats de l'évaluation comme responsabilité de gestion. Un bilan des dix ans de recherche d'évaluation à révélé la fiabilité essentielle du modèle mais a souligné certaines difficultés dans son application.

The Dellcrest Children's Centre is a nonprofit children's mental health centre whose primary mission is to provide services to children, youth, and their families. Presenting problems range from minor childhood adjustment problems to more serious difficulties, including severe aggression, suicide attempts, and offenses under the Criminal Code. Dellcrest's services focus on preventing, alleviating, or minimizing the dysfunction of the children and youth and maximizing their potential in the family, school, and community. Its mission is comprehensive—services range from prevention to early intervention to intensive treatment, on an inpatient and outpatient basis.

The secondary mission of Dellcrest is to improve overall services to children and their families by working to increase the body of knowledge available in the field of children's mental health. This includes activities in the following four areas:

1. research and evaluation,
2. training and consultation services to organizations that serve troubled children and families,
3. public information concerning services, and
4. advocacy on behalf of troubled children and their families to obtain the services they need.

At the present time, the centre has four treatment programs—residential treatment, day treatment, and two outpatient programs—as well as six programs for young offenders, and two prevention programs.

The residential treatment services program provides family-based treatment to severely disturbed children and young adolescents (ages 7–12), including family treatment, residential care, and individual therapy for children.

The day treatment program, in collaboration with the North York Board of Education, provides an integrated treatment/educational program for children and adolescents (ages 5–16) experiencing significant, chronic emotional difficulties that are manifested mostly in the school setting. Services include assessment, case management and coordination, family therapy, parent training and/or parent groups, individual therapy and/or group therapy for children, and a therapeutic school setting.

The outpatient treatment programs (ages infancy–17) provide mental health treatment services, such as individual, family, and group therapy. Service may take place in the office, community, or the family's home. The primary focus of the work is to strengthen individual and family interactions, dynamics, and functioning. These two programs also provide some outreach services to community centers, such as women's shelters, ethno-specific community centers, and specialized interagency group programs (i.e., sex abuse, family violence).

The two prevention programs provide community-based services to preschool and school-aged children, parents, and community caregivers in the local community. The community is characterized by a high degree of unemployment, working poor, single parents (mostly mothers), socially isolated and depressed parents, teenage mothers, recent immigrants, and a large number of publicly assisted housing units. Services

include home support of a specialized nature, parent information programs, parent groups to enhance positive parenting, children's groups to develop social and problem-solving skills, and consultation/training for community caregivers.

The Dellcrest Youth Services, which have existed for the past six years, serve youths 12 to 17 years of age who have been convicted of a crime. Services now include three residential youth homes that provide assessment and individualized programming; two day programs that provide Section 25 classrooms, social skills development groups, job readiness training, recreation, art therapy, crafts, and values clarification groups; and an assessment service, which provides rapid mental health assessment and consultation to other open-custody residences.

PROGRAM EVALUATION AT A MANAGEMENT LEVEL

This article focuses on the internal evaluation model that evolved and existed at Dellcrest over more than a decade. This evaluation model was characterized by a systems approach to organizations, in which the organization is seen as an interactive network of systems and functions (Shaw, Chase, & Frankel, 1978).

Dellcrest's systems approach was based on the work of Simon (1960, 1964) and Drucker (1954, 1974), and included Simon's idea of an "open" system and Drucker's (1974) idea of management by objectives.

The key elements of the Dellcrest approach are (a) the goal-based organization, (b) evaluation results and information as an integral part of the feedback system, and (c) evaluation as the responsibility of the managers (A.J. Love, personal communication, September 18, 1989).

DELLCREST'S SYSTEMS APPROACH TO PROGRAM EVALUATION

The centre has five information systems—the client system, the staff system, the professional practices system, the financial system, and the management system. Each program both receives information from and submits information to each of the five systems.

The client system defines the key information on each client, including needs, service goals, a service plan, and outcome information. The staff system defines the role of each staff member, job goals, and performance ratings. The professional practices system focuses on the quality of service on behalf of clients and includes service standards, the actual service

provided, and a rating of the service against the standards. The financial system identifies financial goals and compares actual budgets with target budgets. The purpose of the management system is program planning and evaluation: it integrates the flow of information from each of the programs and information systems and uses this information in agency decision-making.

The model uses a goal-based approach at all levels (Shaw, 1984). Thus, each employee at the centre has individual goals, each client has goals, programs have goals, and the agency has goals. In addition to regular review of individual client and employee goals, the agency has a system of review for employees, programs, and centre management as a whole. This latter system of review is characterized by an annual planning cycle that provides concurrent goal setting, monitoring, and evaluation at the board, management, and program levels. At the board level, senior management, in collaboration with board committee members, develop strategic plans and directions for the agency. At the program level, the program director, in consultation with the program senior staff team, presents material relevant to each of the information systems to the agency's senior management team. At these program reviews, previous program goals are reviewed, and new program goals are set by the program senior staff teams and approved by senior management. The management system uses community and organizational information to regulate the organization's performance in relation to needs and goals (Shaw & Ricks, 1973). The management system was planned to enable the organization to improve its responses to community needs by receiving continuous feedback data on effectiveness and efficiency (Shaw, Chase, & Frankel, 1978).

Program-specific evaluation information is included in the program reviews in the form of average client-goal-attainment ratings, and reports and recommendations of effectiveness studies. Aggregate total attainment ratings and information and recommendations from agency-wide studies are presented to the centre management committee, which includes all clinical, support, and administrative program managers and the senior management team. Some issues raised by evaluation data are discussed further at the senior management committee and/or board level.

CONSULTATION AT A SERVICE DELIVERY LEVEL

Dellcrest has had an Evaluation and Research Department since 1966. Originally, this department was designed to carry out four major functions:

1. To provide individual service programs with information about their treatment effectiveness and efficiency. Each program conducted annual evaluation studies with consultation from an Evaluation and Research staff member. The resulting data were reviewed by program and senior management staff, and program changes, where indicated, were made. A few examples of this process are presented later in this article.
2. To collect and monitor agency-wide statistics on client characteristics and service utilization patterns. These statistics included the number and types of clients served, type of service delivered, amount of service delivered, size and duration of waiting lists, and information about discharged clients. With the establishment of a Data Services Department, this function was transferred to that department.
3. To undertake evaluation and effectiveness studies of concern to the entire agency (e.g., referral source surveys or client satisfaction surveys).
4. To set standards on the quality of evaluation and research designs and ensure that these standards were met. To this end, each evaluation proposal was reviewed by the Evaluation Department's staff team and by the agency's senior management team.

Dellcrest decided that an internal or in-house capacity for evaluation, rather than external evaluators, was essential to meet its information and planning needs.

The agency's policy was that evaluation of the services provided by programs was primarily the responsibility of the program managers and service providers. Thus, the role of program managers and clinicians was to define their information needs, and the role of program evaluators was to supply the required data on a continuous basis. The program evaluation staff were therefore seen as advisors to program personnel, and the evaluator's function was to provide evaluation expertise. It was thought that the inside evaluator, who was directly involved with the program planning process, would be able to collaborate effectively with the staff in designing studies that met the program's needs.

Each of Dellcrest's programs is designed to meet the needs of specific client groups. Each program has a multidisciplinary senior staff team, consisting of the program manager, a clinical consultant, and program supervisors. This team is responsible for program planning and staffing decisions.

The evaluation model that existed for the entire decade covered by this article had program evaluation consultants from the Evaluation and Research Department as active participants on these senior staff teams. Their participation was regarded as essential to the successful implementation and utilization of evaluation studies. As full members of the senior staff team, the evaluation consultants were expected to attend all team meetings and contribute their knowledge and expertise to any area of program planning and decision making. It was thought that, as a result of their intensive involvement with the program, evaluation consultants would be knowledgeable about mental health and treatment issues relevant to the program and aware of the crucial program variables that needed to be measured. The multidisciplinary nature of the planning team ensured that evaluation consultants had access to a variety of kinds of expertise when resolving conceptual or design issues and implementing the evaluation. In addition, it was assumed that the model ensured that the evaluation designs would be geared directly to the program's specific information needs.

Consequently, if the senior staff team saw little or no use for a particular study, that study would not be undertaken. All the evaluation studies done at the centre were designed and developed with the senior staff team. An approval-in-principle was obtained from senior management at the program review. Following this approval, the study design and terms of reference were developed, and senior management approval to begin the study was obtained. The senior staff team of the program had to approve the study report. When that approval was obtained, the program director presented the results to the senior management team.

The need for agency-wide studies was decided by either the senior management team, or the centre management committee. The Evaluation and Research Department program director, as a representative of the centre management committee, was involved in discussions that indicated a need for agency-wide studies, which were designed by a staff member of the Evaluation and Research Department in conjunction with senior management.

POSITIVE AND NEGATIVE ASPECTS OF THE PROGRAM EVALUATION MODEL

Some of the studies had a positive impact on planning at the program or agency level. For example, a consumer satisfaction evaluation of Dellcrest's clients (Theodor & Skinner, 1988) was implemented as an agency-level goal and, in addition to attracting numerous positive comments from

clients, resulted in discovery of some dissatisfactions and implementation of a number of changes. Consumers expressed concerns about continuity of care, the physical facilities, and the need for more aftercare and individual therapy. The centre had been reasonably sure that continuity of care was an issue before the study was implemented and so had proposed changes to the intake procedures, but the study helped motivate clinical staff to accept and implement these changes. Concerns about the physical facilities were addressed by redesigning the waiting area, making provision for refreshments for clients and parents, and replacing the treatment room furniture. To address concerns about the need for more aftercare and individual therapy, there was an effort to run post-treatment aftercare groups for parents, with clients from all programs eligible to attend. In addition, the amount of individual treatment was increased, with training in individual therapy provided for a number of therapists.

Another evaluation study found that one of the services offered by the training and prevention program was not reaching a "high-risk" population (Hall, 1980). A number of changes, intended to shift the focus to a more high-risk population, were recommended, including: (a) allocation of resources based on a program service's potential for reaching high-risk populations; (b) development of new proposals for projects with a high-risk focus; (c) program specification of high-risk characteristics; and (d) refinement of outreach strategies intended to reach a high-risk population. As well, it was suggested that the program collect data regularly to ensure that a high-risk population was indeed being reached.

A follow-up evaluation of the day school program (Erlenbusch, 1977) indicated that students did not successfully reintegrate into regular classes owing to difficulties in coping with the demands of a regular classroom. This finding had a major impact on the design of the day school program. The day school added a follow-through service component, consisting of a teacher and childcare worker to provide consultation and assist the child and teacher through the transition period. This enabled the teacher to receive child management advice from this team and to have pre-discharge involvement with Dellcrest. In addition, a transitional classroom was added to the day school program. A subsequent study (Pancer, 1981) again led to a change in the program's design. The results of that study indicated that the children involved with the transitional classroom did not show any changes in social and emotional adjustment at the end of the transitional classes. Consequently, the transitional classroom was dropped from the day school program. On the other hand, the benefits of follow-through activities were confirmed, and this component of the Day School program was maintained.

The aforementioned are examples of some of the benefits of systematic evaluation and planning. These benefits reflect gains in the quality of agency programs, realized principally from improved use of staff time and from the efficiencies that result from program redesign. As well, the gains in quality are reflected in the benefits that the client and service provider receive.

Although some studies did help direct agency change, many other studies did not. The idea of systematic program evaluation at the centre developed into an expectation that each program would be involved in an effectiveness study every year. Although the participation of a multidisciplinary team in planning research studies was believed to provide a check so that programs carried out *only* studies that were directly relevant and useful, the expectation of annual participation by each program seemed to have a negative effect on the quality of some of the studies.

Interviews with program senior staff and an examination of documents relating to program evaluation studies done at Dellcrest over a 10-year period, from 1974–1984 (Skinner & Theodor, 1985), revealed that at least 62 studies had been carried out and completed. In addition, it appeared that many other studies were begun but never completed.

Interviews with program directors indicated that many studies that were completed had little or no compact, apparently owing to the constant, driving requirement that each program be involved in a study. Often, the program staff were more interested in achieving their organizational goal of being involved in a study than in obtaining the information the study was ostensibly intended to address. In addition, the programs were small, and often the studies taxed their resources, either because those studies were too ambitious or too time-consuming or because the persons who were interested in a particular aspect of the program were no longer there by the time the study was completed. It appeared that the resources of both the programs and the Evaluation and Research Department were strained. For these reasons, although many studies were undertaken, only some were completed and utilized.

In addition to the concerns already mentioned, the review of the studies conducted over this 10-year period indicated that most of the studies were intraprogram and the measures used varied from study to study and program to program. Therefore, the utility of these studies in cross-agency comparison and planning was limited. The goal attainment scale results, although helpful to clinical planning on individual cases, were

found to be of limited helpfulness in program or agency planning, as the measure was not sensitive enough to pick up individual and program differences.

The results of the 10-year retrospective study gave rise to the following considerations in planning a new model for evaluation research activities at the Dellcrest Children's Centre:

1. There is a need for more cross-program studies, as opposed to an emphasis on intraprogram studies, so that agency planning and public communication can be facilitated.
2. The potential benefits of any study must be clearly outlined.
3. A brief summary of the impact of the study and of changes made as a result of the study should be added to the study report one year after its completion.
4. Studies should be conducted on an as-needed basis, not as a requirement of the program.
5. More front-line staff input should be solicited in order to help establish the program's research needs.
6. It is essential to encourage front-line staff involvement and interest in research by providing them with more information and feedback of results.

CURRENT STATUS OF THE RESEARCH AND EVALUATION DEPARTMENT

At the present time, the centre is in the process of redesigning its evaluation and research activities, in order to accommodate more community-based collaborative ventures, balanced with the systematic collection of continuous information about clients and families.

The agency has decided to put in place a regular, systematic evaluation component of risk characteristics and outcome information for all registered clients. The purpose of this ongoing collection of information is to provide the agency with consistent, standardized cross-program information about the children, youths, and families who receive treatment at the centre.

For all registered clients, the Research and Evaluation Department now regularly collects information on presenting problems, risk indicators, and demographic information, plus information on individual goal attainment. The Service Effectiveness Scale is under revision to make it more relevant and useful. The plan also includes regular collection of

data via a standardized child behavior measure, and a family measure for all registered clients at entry and termination. Feedback is regularly provided to case workers. Summaries are presented annually to the centre management committee. Each program manager is asked to discuss the information with his or her staff and relate it to program planning.

This reformulation of the evaluation and research model is seen as part of an evolutionary process, to meet the changing needs of the centre and the various communities it serves.

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