

The Family Center Demonstration Project Evaluation: An Interim Report to the 1994 Legislature

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FOREWORD

This report has been prepared in response to Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992 and Act 356, Session Laws of Hawaii 1993, which requires the Legislative Reference Bureau, in consultation with the Department of Human Services, to monitor and evaluate the Family Center Demonstration Project.

Among other things, this study attempts to (1) assess the impact of the family centers upon the communities served, (2) discuss legislation that may facilitate the continuation or expansion, or both, of the demonstration project, and (3) describe one process by which family centers could be allocated resources.

The Bureau has no particular expertise with respect to family support and education programs, and program evaluation. As such, the Bureau is sincerely appreciative of the time, thought, and knowledge contributed to this study by:

- Conroy Chow, Planning Officer, Department of Human Services;
- Dan Watanabe, Executive Director; Maeona Mendelson, Senior Planner; and Banks Lowman, Planner, Hawaii Community Services Council;
- Kathleen Wilson, Associate Professor, University of Hawaii-Manoa;
- Marion Higa, State Auditor, Office of the Auditor;
- Michael Heim, Evaluation Specialist, Department of Education; and
- All the individuals who responded to the Bureau's surveys about the demonstration project and the family centers.

The generous assistance and cooperation of these individuals contributed substantially toward the preparation of this report and made its timely completion possible.

Samuel B. K. Chang
Director

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TABLE OF CONTENTS

	<u>Page</u>
FOREWORD	ii
1. INTRODUCTION	1
Monitor, Evaluate, and Report.....	1
Timeframe	2
Scope and Structure of this Study.....	2
Comments Regarding the Preliminary Draft of this Report	4
Endnotes	4
2. STRUCTURE AND FUNCTIONS	10
Purpose.....	10
Family Center Demonstration Project	10
Governor's Family Center Advisory Committee	11
Family Centers.....	12
Performance Standards	12
Lead Agencies, Family Centers, and Locations	16
Community Liaison Committees	16
Office of the Director	17
Endnotes	18
3. CAUSATION, OBSERVATIONAL AND EXPERIMENTAL STUDIES.....	20
Reliability and Validity	20
The Concept of Causality.....	21
Artificial (Spurious) Association	21
Indirect Association	21
Causal Association	22
Establishment of Causal Associations	22
Strength of Association	22
Consistency of Association.....	22
Temporal Correctness.....	22
Specificity of Association	22
Coherence with Existing Information.....	23
Observational and Experimental Studies.....	23
Observational Studies	23
Experimental Studies	24
Endnotes	25

	<u>Page</u>
4. RESEARCH AND EVALUATION.....	26
Research versus Evaluation.....	26
The Basics of Program Evaluation.....	27
The CIPP Evaluation Model.....	28
Types of Decisions Served by the Model.....	28
Types of Evaluations Comprising the Model.....	28
Decision-Making in the Change Process.....	29
Decision-Making and Accountability.....	29
Data Requirements for Accountability.....	29
Criticisms of Deficiencies in Program Evaluations.....	30
Description and Valuation.....	31
Effectiveness and Efficiency.....	32
Program Plans and Outcome Objectives.....	32
Evaluability Assessment.....	33
Jacob's Five-Tier Approach to Evaluation.....	34
Preimplementation.....	35
Accountability.....	36
Program Clarification.....	36
Progress Towards Outcomes.....	37
Program Impact.....	38
Commentary.....	38
Endnotes.....	39
5. PLANNING AND IMPLEMENTATION.....	42
Too Little Time.....	42
No Foundation for Change.....	54
Summary.....	55
Too Little Time.....	55
No Foundation for Change.....	56
Related Policy Issues.....	57
Endnotes.....	57
6. SURVEYS AND METHODOLOGY.....	62
The Nature of Surveys.....	62
Types of Surveys--Their Advantages and Disadvantages.....	63
Record Surveys.....	63
Mailed Questionnaires.....	63
Telephone Surveys.....	63
Group Interviews.....	63
Individual Interviews.....	64
The Methodology of this Study.....	64
Time and Personnel Limitations.....	64

	<u>Page</u>
Mailed Questionnaires	64
Likert Scales	66
Open-Ended Questions	66
Multiple and "Run-On" Explanations.....	67
Categorization of Explanations	68
Mean Difference	68
Coding	70
Quotations	71
Parents and Children Together (PACT)	71
Summary	72
Endnotes	73
7. PURPOSES, ACTIVITIES, AND PROBLEMS.....	74
Purposes and Implementing Activities	74
Purposes.....	75
Implementing Activities	75
Problems and Symptoms of Problems	76
Findings from a Previous Evaluation.....	78
Customer Analysis.....	78
Intent & Accomplishments.....	79
Planning and the Demonstration Project	79
Survey Data	80
Problem Definition	80
Implementing Activities	81
Purposes.....	84
Summary	94
Problem Statement.....	94
Implementing Activities	94
Purposes.....	95
Endnotes	96
8. OBJECTIVES AND OUTCOMES	101
Purposes and Short-term and Long-term Objectives	101
One View.....	103
One Vision.....	106
Summary.....	110
Endnotes	111
9. INDICATORS AND IMPACT	112
Purpose, Short-Term and Long-Term Objectives, Measurable Indicators of Success, and Data Collection	112

	<u>Page</u>
Proxy Indicators of Success.....	112
Finances & Activities.....	115
Survey Data.....	116
Explanations.....	116
Dispositions.....	117
Finances.....	120
Summary.....	123
Explanations.....	123
Dispositions.....	123
Finances.....	123
Endnotes.....	124
10. VALUE ADDED, VALUE DENIED.....	127
Purposes.....	127
Results.....	127
Value Added.....	129
Value Denied.....	130
Summary.....	131
Endnotes.....	132
11. QUESTIONS AND ANSWERS.....	136

TABLES

1. Questionnaire Surveyee Matrix.....	65
2. Summary of Results from Part III of Questionnaire No. 1.....	85
3. Summary of Results from Part II of Questionnaire No. 1.....	87
4. Summary of Results from Part I of Questionnaire No. 1.....	90
5. Summary of Results from the Free-Response Sections of Questionnaires No. 7 and No. 8.....	118
6. Summary of Results from the Structured-Response Sections of Questionnaires No. 7 and No. 8.....	119
7. Summary of Results from Questionnaires No. 4 and No. 5.....	121
8. Summary of Categorical Responses from Questionnaire No. 6.....	128

APPENDICES

A.	Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992, and Act 356, Session Laws of Hawaii 1993	138
B.	Surveyees	142
C.	Questionnaire No. 1: Planning, Effective Period, July 1, 1990 - June 30, 1993	144
D.	Questionnaire No. 2: Evaluation (Family Center Demonstration Project), Period of Interest, July 1, 1990 - June 30, 1993	150
E.	Questionnaire No. 3: Evaluation (Family Center), Period of Interest, July 1, 1990 - June 30, 1993.....	151
F.	Questionnaire No. 4: Finance (Family Center), Period of Interest, July 1, 1991 - June 30, 1993.....	152
G.	Questionnaire No. 5: Finance (Family Center Demonstration Project), Period of Interest, July 1, 1991 - June 30, 1993	154
H.	Questionnaire No. 6: Programming (Family Center), Period of Interest, July 1, 1990 - June 30, 1993.....	156
I.	Questionnaire No. 7: Impact (State-Level), Period of Interest, July 1, 1990 - June 30, 1993.....	159
J.	Questionnaire No. 8: Impact (Community-level), Period of Interest, July 1, 1990 - June 30, 1993.....	161
K.	Questionnaire No. 1: Summary.....	163
L.	Questionnaire No. 3: Summary.....	191
M.	Questionnaire No. 2: Summary.....	195
N.	Five Basic Principles of Family Service Strategies for Hawaii (as determined by the Governor's Family Policy Academy).....	199
O.	Family Well-Being Goals & Outcomes (as determined by the Governor's Family Policy Academy)	200
P.	Questionnaires No. 7 and No. 8: Summary.....	201
Q.	Questionnaire No. 6: Summary.....	208
R.	Transmittal Letter to and Response Letter from Ms. Winona Rubin.....	212
S.	Transmittal Letter to and Response Letter from Mr. Dan Watanabe	214

Chapter 1

INTRODUCTION

Monitor, Evaluate, and Report

Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992 and Act 356, Session Laws of Hawaii 1993,¹ which is included in this report as Appendix A,² requires the Legislative Reference Bureau (Bureau), in consultation with the Department of Human Services, to monitor and evaluate the Family Center Demonstration Project (demonstration project or project). The Bureau is also required to submit preliminary and final evaluation reports on its findings to the Legislature at least twenty days prior to the convening of the Regular Sessions of 1994 and 1995, respectively.

The preliminary and final evaluation reports prepared by the Bureau are to include:

- (1) A descriptive summary of the operation of the family centers, including:
 - (A) The services provided and a copy of the service plan developed by the centers;
 - (B) The number of recipients of services at the family centers;
 - (C) The allocation of funds;
 - (D) Staffing information; and
 - (E) The role and responsibility of the family centers' community liaison committees;
- (2) An assessment of the impact of the family centers upon the communities served;
- (3) The composition and role of the family centers;
- (4) Recommendations regarding the continuance of the demonstration project and plans for the implementation of other project sites;
- (5) Recommendations regarding the process by which family centers are allocated resources;
- (6) A projected budget for the expenditures required to continue or expand the demonstration project; and

- (7) Proposals for legislation necessary to facilitate the continuation or expansion of the demonstration project.

Timeframe

This study covers the period up to June 30, 1993. Additionally, this study covers only those mandates contained in Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992.³ The mandates contained in Act 356, Session Laws of Hawaii 1993,⁴ are not covered in this study since insufficient time has passed since the approval of Act 356 to make a fair evaluation of the demonstration project possible.

Scope and Structure of this Study

This study builds upon previous evaluations of the demonstration project conducted by the Hawaii Community Services Council (HCSC) and is not intended to confirm or refute the findings and recommendations of the HCSC or its independent evaluators. The purpose of this study is not to duplicate any of the work previously or presently being performed by the HCSC; rather, its purpose is to build upon the knowledge created by the previous evaluations in order to increase the depth and breadth of this knowledge and, consequently, people's understanding of the demonstration project.

Activities such as the development of descriptive summaries of the operations, compositions, and roles of the family centers have been and are presently being performed by the HCSC and are not duplicated in this study. According to the most recent evaluation of the demonstration project conducted by the HCSC (July 23, 1993),⁵ the project has not developed a consistent method for collecting, reporting, and analyzing project data. The Bureau does not believe that duplicating the efforts of the HCSC to develop a consistent method for collecting, reporting, and analyzing project data will appreciably increase people's understanding of the demonstration project. Readers interested in these kinds of summaries should refer to the abovementioned evaluation and the initial evaluation of the demonstration project (November 1991).⁶

Among other things, this study attempts to (1) assess the impact of the family centers upon the communities served, (2) discuss legislation that may facilitate the continuation or expansion, or both, of the demonstration project, and (3) describe one process by which family centers could be allocated resources. Among many other things, this study does not describe those activities undertaken by the family centers to facilitate access to existing human services and, consequently, does not assess whether the family centers were successful or unsuccessful in facilitating access to these services. The Bureau had neither the time nor the resources needed to describe these activities and assess their impacts.

INTRODUCTION

This study does not (1) make any specific recommendations concerning the continuation (versus, presumably, the discontinuation) of the demonstration project and plans for the implementation of other project sites, or (2) estimate the expenditures required to continue or expand, or both, the demonstration project. The Bureau believes that making specific recommendations concerning the discontinuation of the demonstration project would be premature at this time unless there is clear evidence that the project is harming people, communities, or the State's human services system. The Bureau also believes that estimating the expenditures required to continue or expand, or both, the demonstration project is infeasible at this time since the project has not developed a consistent method for collecting, reporting, and analyzing these kinds of data.⁷

Including this introductory chapter, this study consists of eleven chapters. Chapter 2 describes the structure of the Family Center Demonstration Project, and the functions of the Governor's Family Center Advisory Committee, a family center, a community liaison committee, and the Project Director's Office.

Chapter 3 provides a foundation for describing what types and kinds of data the Legislature appears to need for policy and decision making purposes, and for describing the capabilities and limitations of these data. Chapter 4 applies the previous considerations to the specifics of the demonstration project, and describes the capabilities and limitations of program evaluation.

Chapter 5 describes and explains some of the mitigating factors that the Legislature may wish to consider when it evaluates the outcomes of the demonstration project. It also describes and explains some of the policy decisions that the Legislature may wish to address when it reviews the development and implementation of the project.

Chapter 6 describes the capabilities and limitations of surveys, and discusses the advantages and disadvantages of different survey types. It also describes the methodology of this study, which makes extensive use of surveys, with respect to the foregoing capabilities and limitations, and advantages and disadvantages.

Chapter 7 examines the planning of the demonstration project to assist the Legislature, the Department of Human Services, and the Hawaii Community Services Council in clarifying the purposes of the project, the implementing activities of the project, and the problem statement for the project, in order to assist all three in determining whether or not the purposes and specific implementing activities of the project are addressing the causes of problems, or the symptoms of more deep-seated problems. Chapter 8 examines the planning of the demonstration project to assist the Legislature in clarifying the purposes and short-term and long-term objectives of the project with respect to desired outcomes. It also describes one view concerning the purposes and short-term and long-term objectives of the demonstration project, and one "vision" for the future of the State's human services system and the project, to provide the Legislature with two methods and starting points for expressing its own views concerning these purposes and objectives. Chapter 9 examines how valuable

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

government agencies, social service providers, businesses, charitable foundations, and others perceive the demonstration project to be. It also examines the perceived impact of the demonstration project from the state level and community level. Chapter 10 identifies the value added through the creation of the family centers, the value that would be denied through the discontinuation of the demonstration project, and those policy decisions that can be made by the Legislature to ensure that the project is given every reasonable opportunity to attain its maximum potential. Chapter 11 discusses, in a question and answer format, those issues that may be of greatest interest to legislators.

Comments Regarding the Preliminary Draft of this Report

On December 1, 1993, the Bureau transmitted to the Department of Human Services and the Hawaii Community Services Council a preliminary draft of this report. The Bureau asked that these agencies make any comments, cite any errors, state any objections, or suggest any revisions to the draft. The Bureau's transmittal letters, and the responses of the Department of Human Services and the Hawaii Community Services Council to the draft, are included in this report as Appendices R and S, respectively. When deemed appropriate by the Bureau, revisions to the draft were made and the agencies' comments and suggestions incorporated into this report.

In the interest of accuracy and fairness, and to facilitate the external review process, the Bureau submitted early rough drafts of this study to those individuals who were quoted extensively in this report. These individuals were allowed to rephrase their comments as they saw appropriate.

Endnotes

1. 1990 Haw. Sess. Laws, Act 329; 1992 Haw. Sess. Laws, Act 188; 1993 Haw. Sess. Laws, Act 356.
2. Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992 and Act 356, Session Laws of Hawaii 1993:
 - (1) Establishes a five-year demonstration project, known as the Family Center Demonstration Project, to be conducted by the Department of Human Services (DHS), effective July 1, 1990 to June 30, 1995; and makes the DHS responsible for the planning, implementation, and establishment of family centers under the demonstration project;
 - (2) Defines the term "family" to mean the family as an enduring personal support system with the functions of nurturing, caring for, and educating children, youths, adults, and the elderly;
 - (3) Establishes the Family Center Council--also known as the Governor's Family Center Advisory Committee (GFCAC)--for the purpose of planning and implementing the establishment and development of the demonstration project; and requires the GFCAC to be appointed by the Governor and to consist of representatives from the public and private sectors of the community;

INTRODUCTION

- (4) Requires the GFCAC to develop a plan to make the demonstration project permanent; and requires the plan to focus on the implementation of a permanent family center project in 1995 and to address and make recommendations on:
 - (A) The continuance of the family center project;
 - (B) The development of an administrative structure promoting family center concepts;
 - (C) The development of a funding structure promoting collaboration and integration between agencies, both public and private, and with the different sectors of the community;
 - (D) The incorporation of training components and community action;
 - (E) The provision of technical assistance to communities, agencies, and interested community members relating to the development of family centers;
 - (F) The development of an evaluation and assessment component that includes, but is not limited to, the review, assessment, and development of project methodology and process, and the evaluation of project results and accomplishments;
 - (G) The development of a process by which family centers are allocated resources;
 - (H) The development of a process by which family center sites are selected; and
 - (I) The preparation of a projected budget for the expenditures required to continue or expand the family center project;
- (5) Specifies that the purpose of the demonstration project is to coordinate the provision of core services to families at community-based centers to develop each community's capacity to identify and resolve its problems;
- (6) Requires each family center to be:
 - (A) Responsive to its community and involve its participants as equal partners in program development and execution; and
 - (B) Advised by a community liaison committee, which is to be composed of community members;
- (7) Requires each family center to offer an array of services tailored to the specific needs of its constituents; requires these services to be developed pursuant to family support principles, which direct that services must:
 - (A) Be offered at convenient times in accessible locations;
 - (B) Build on strengths, rather than search for deficits;
 - (C) Involve participants and the community in planning and implementation;
 - (D) Show respect for participants;

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (E) Serve the best interests of children;
- (F) Strengthen families;
- (G) Be presented in coordination with other agencies and services in the community;
and
- (H) Focus on community strengthening and development;

and prohibits any single service from overshadowing the others, and requires these services to be provided in a coordinated manner;

- (8) Requires the family centers, with input from parent constituents, to develop a service plan, using a systems management approach, for the provision of services; makes the staff of each family center responsible for ensuring that all components of the service plan are carried out; and allows the staff of family centers to intervene in a given situation to carry out the service plan by:
 - (A) Accompanying parents to appointments with other agencies;
 - (B) Advocating on behalf of parents;
 - (C) Reminding parents of appointments with other agencies; and
 - (D) Providing short-term counseling to parents concerning referrals for services;
- (9) Requires each family center to consider the following services, activities, and components when developing its core services:
 - (A) Enhancement of parenting skills, including community- or neighborhood-wide events and activities that promote family relationships in a positive and enjoyable manner;
 - (B) Infant and child stimulation activities to maximize child growth and development;
 - (C) Outreach services targeted at community organizations, families, youths, and others to ensure community awareness, acceptance, and participation;
 - (D) Health care, family planning, counseling, and other services to avoid unwanted pregnancies;
 - (E) Assessment and treatment planning for developmental problems of the parent or the child;
 - (F) Temporary developmental child care for the offspring of parents receiving services on-site;
 - (G) Peer support activities, including recreational and social activities;
 - (H) Educational services, such as post-high school classes and instruction, to those attempting to earn general equivalency diplomas; and

INTRODUCTION

- (I) Job preparation and skill development services to assist young parents in preparing for, securing, and maintaining employment;
- (10) Allows the Director of Human Services, after conferring with the GFCAC, to:
- (A) Enter into agreements with the federal government, state departments and agencies, and the counties;
 - (B) Enter into assistance agreements with private persons, groups, institutions, or corporations;
 - (C) Purchase services required or appropriate from any private persons, groups, institutions, or corporations;
 - (D) Allocate and expend any resources available for the purposes of the demonstration project; and
 - (E) Do all things necessary to accomplish the purposes and provisions of the demonstration project;
- (11) Specifies that an evaluation component shall be required for the family centers; requires the evaluation component to include:
- (A) Descriptive data on client status;
 - (B) Program utilization data;
 - (C) Profiles of participants;
 - (D) Intervention plans;
 - (E) Participant and community satisfaction ratings;
 - (F) Information pertaining to the lessons learned from operating under family center concepts; and
 - (G) Information pertaining to whether the family center project has changed the human services system, why each change occurred, and, if applicable, why expected changes did not occur;
- and allows the DHS to utilize a portion of the funds available for the demonstration project to conduct evaluations of the family centers:
- (12) Specifies that a training and technical assistance component shall be required for the family centers; requires the training and technical assistance component to include:
- (A) Conducting training sessions for family center directors, staff, and community liaison committee members to promote strengthening families within the community;
 - (B) Conducting community development sessions for local communities;

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (C) Conducting community forums to describe the asset model and philosophy of family centers to private businesses, government agencies, and nonprofit agencies;
- (D) Providing technical assistance to community groups relating to the development of community capacity to address community problems through family centers;
- (E) Providing technical assistance to applicants for family centers in addressing collaboration with existing services within the community; and
- (F) Conducting periodic sessions with family center directors to address on-going networking requirements and share solutions in addressing community problems;

and allows the DHS to utilize a portion of the funds available to conduct training sessions and provide technical assistance in developing and promoting family centers; and

- (13) Repeals the demonstration project on July 1, 1995.

3. Act 188, Session Laws of Hawaii 1992, amends Act 329, Session Laws of Hawaii 1990, by:

- (1) Extending the repeal date of the demonstration project from July 1, 1992, to July 1, 1993;
- (2) Repealing provisions limiting the demonstration project to one family center located on the island of Oahu;
- (3) Adding provisions authorizing the establishment of more than one family center;
- (4) Changing the name of the "Family Support Center Demonstration Project" to the "Family Center Demonstration Project";
- (5) Changing the name of the "Community Family Support Center Board" to the "Community Liaison Committee";
- (6) Adding a provision specifying that services offered by a family center are to be developed pursuant to family support principles, which, among other things, direct that services must focus on community strengthening and development;
- (7) Adding a provision specifying that enhancement of parenting skills (with respect to the services, activities, and components that constitute a family center's core services) includes community- and neighborhood-wide events and activities that promote family relationships in a positive and enjoyable manner;
- (8) Allowing the DHS to utilize a portion of the funds available for the demonstration project, rather than only a portion of those funds appropriated by Act 329, to conduct evaluations of the family centers;
- (9) Adding provisions:
 - (A) Specifying that a training and technical assistance component shall be required for the family centers;

INTRODUCTION

- (B) Describing the minimum content of the training and technical assistance component; and
 - (C) Allowing the DHS to utilize a portion of the funds available for the demonstration project to conduct training sessions and provide technical assistance in developing and promoting family centers;
and
 - (10) Repealing the provision requiring the establishment of two family literacy programs.
4. Act 356, Session Laws of Hawaii 1993, amends Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992, by:
- (1) Extending the repeal date of the demonstration project from July 1, 1993, to July 1, 1995;
 - (2) Adding provisions requiring the GFCAC to develop a plan to make the demonstration project permanent, and specifying the minimum contents of the plan;
 - (3) Specifying that the evaluation component of the demonstration project is to include, among other things:
 - (A) Information pertaining to the lessons learned from operating under family center concepts; and
 - (B) Information pertaining to whether the family center project has changed the human services system, why each change occurred, and, if applicable, why expected changes did not occur;
 - (4) Repealing provisions requiring the DHS to monitor and evaluate the demonstration project, and report its findings to the Legislature; and
 - (5) Adding provisions:
 - (A) Requiring the Bureau to monitor and evaluate the demonstration project, and submit preliminary and final evaluation reports on its findings to the Legislature at least twenty days prior to the convening of the Regular Sessions of 1994 and 1995, respectively; and
 - (B) Specifying the minimum contents of the evaluation reports to the Legislature.
5. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 2, and 115-118.
6. Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991" (November 1991), 101 pp.
7. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 2, and 115-118.

Chapter 2

STRUCTURE AND FUNCTIONS

Purpose

The purpose of the following discussion is to briefly describe the structure of the Family Center Demonstration Project, and the functions of the Governor's Family Center Advisory Committee, a family center, a community liaison committee, and the Project Director's Office. This discussion is not intended to provide an exhaustive description of the foregoing structure and functions, but to provide a basic level of understanding of the demonstration project and its various components.

Family Center Demonstration Project

According to the Hawaii Community Services Council (HCSC), the following is the current structure of the Family Center Demonstration Project.¹

The current structure of the [family center demonstration] project, also known as the "Family Center System," includes the following components:

Four community-based Family Centers, located in West Hawaii, Molokai, Windward Oahu, and the Kalihi neighborhood of Honolulu. Each [family] center is administered through a private human service agency (lead agency) and supported by a community liaison committee [emphasis added] (CLC), which includes local leaders and center participants. A fifth Family Center is scheduled to open in Hanalei, Kauai, during fiscal 1993/94.

The Project Director's Office, located in the offices of the Hawai'i Community Services Council in Honolulu, houses the Project Director and Administrative Staff for the project. The Director's Office acts as the central coordinating body for the project and also conducts training, evaluation, and community education.

The Governor's Family Center Advisory Council consists of volunteers, appointed by the Governor, who represent various sectors in the community, including business, non-profits, human services, education, health, and the military. The Advisory Council serves as a *de facto* non-profit board of governors for the project.

The Hawai'i Community Services Council acts as the administrating agency for the project and provides the physical space for the Director's Office.

STRUCTURE AND FUNCTIONS

Governor's Family Center Advisory Committee

According to *The Family Center Plan*,² the purpose of the Governor's Family Center Advisory Committee (GFCAC) is to maximize and coordinate the availability of resources that enable families to develop social and economic self-sufficiency. The GFCAC oversees the work of the family centers by establishing and administering policies that govern (1) the administrative and programmatic staff and (2) the family centers. The GFCAC is a policy making body that guides the purposes, functions, goals, and activities of the family centers.

The GFCAC is appointed by the Governor and consists of representatives from the public and private sectors of the community and from all islands.³

In order to achieve its mission, the GFCAC:

- (1) Plans, implements, and maintains a statewide system of family centers;
- (2) Sets standards that guide the family centers' program activities;
- (3) Develops statewide family strengthening policies with input from the family centers;
- (4) Monitors the family centers' activities to ensure the maintenance of desired programmatic standards;
- (5) Develops appropriate evaluation designs and coordinates or assists in the evaluation of the family centers' programs;
- (6) Provides technical assistance and training for the family centers' staff and volunteers;
- (7) Develops necessary resources to support the networks of the family centers' activities, including applying for, receiving, and channeling funds;
- (8) Coordinates the family centers' network;
- (9) Provides a clearinghouse of information on and models of family strengthening programs;
- (10) Disseminates information on family strengthening;
- (11) Advocates and identifies culturally appropriate resources that may enhance family functioning; and
- (12) Creates public awareness of the GFCAC and its mission.

Family Centers

Performance Standards. Although:

- (1) *The Family Center Plan* also describes the purpose, composition, and functions of a family center; and
- (2) The two previous evaluations of the demonstration project also described the services provided and activities conducted by each family center during the previous fiscal years;

the Bureau believes that "what" things a family center does or accomplished are not as important as "how" it does or accomplished these things.⁴ The Bureau believes that the amount of emphasis given to the former data may have unintentionally obscured the purpose of the demonstration project and made it more difficult to inform the public about what is being tested within the project. It was difficult even for the Bureau to see a family center and, consequently, the demonstration project as something other than just another human services provider and demonstration program until *A Guide to Performance Standards for Family Centers*⁵ was developed. These performance standards are:

- I. Programs, activities, and services are accessible to the community they serve. Programs reflect and build on the culture, values and beliefs of the participants.
 - a. Programs demonstrate an understanding of the cultural, linguistic and socio-economic backgrounds of the families served.
 - b. Staff and participants learn about the values and beliefs of the participants.
 - c. Programs, activities, and services are easily accessible in terms of location, hours, etc.
 - d. Program environment and content reflect and respond to community issues, resources, and needs.
 - e. Mechanisms are in place to ensure that leadership and staff reflect the backgrounds of participants.
 - f. Staff are prepared to learn about and incorporate culture, language, and socio-economic styles.
- II. An entire family can access services and activities through the organization.
 - a. There is evidence that all family members are incorporated into programs.
 - b. There is evidence that programs are "family friendly."

STRUCTURE AND FUNCTIONS

- c. Contact with families is friendly, timely, and supportive.
 - d. Where there is a site, the atmosphere is clean and welcoming.
 - e. Staff are prepared to integrate all members of families into programs.
- III. Programs reflect a belief that families who are confident and competent are likely to raise healthy and productive children.
- a. There are tools in place that indicate to what extent families are managing their responsibilities.
 - b. Programs are in place to help families manage their responsibilities.
 - c. Staff are prepared to help families manage their own responsibilities.
- IV. Families play an important role in program decisions.
- a. There are specific structures in place to provide families with opportunities for input and decision-making.
 - b. Program decisions evidence the input of families and participants.
 - c. Staff members are prepared to involve families in decision-making.
- V. Staff recognize and build on the strengths of each parent and family.
- a. Programs are designed to promote the perception that seeking help is a way of building strength.
 - b. Programs encourage families to seek support and information both within and outside of the programs.
 - c. Staff are prepared to identify and build on the strengths of families who have multiple problems.
- VI. All staff participate in the development of programs, activities, and services.
- a. Principles of family strengthening and community capacity building are incorporated in staff training.
 - b. Training is ongoing.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- c. Staff meets regularly to discuss/contribute to operations and planning.
 - d. Staff are supported to make decisions about their work and try different approaches.
- VII. Program staff and participants are partners--each one bringing skills and perspectives to the partnership.
 - a. There is evidence that staff and participants respect each other.
 - b. Staff are prepared to work with participants as partners.
 - c. Staff work together to model partnering.
- VIII. Programs help families become resources for each other, both in the program and in the greater community.
 - a. There are mechanisms in place to encourage families to become resources for each other.
 - b. There is evidence that families acting as resources affect the quality of the program.
 - c. Staff are prepared to help families become resources for each other.
- IX. Programs provide families with opportunities to jointly advocate for changes in the community.
 - a. There are mechanisms to help families develop advocacy skills.
 - b. There is evidence that family driven advocacy has led to the development of the community's capacity.
 - c. Staff are prepared to provide opportunities for family driven advocacy.
- X. Educational opportunities for life management skills and parent education are in place.
 - a. There are mechanisms in place to incorporate educational activities.
 - b. There is evidence that life management skills (budgeting, job interviewing, sexuality, goal setting, family stress) are addressed in programs.
 - c. Parent skill development programs are in place.

STRUCTURE AND FUNCTIONS

- d. There are collaborative efforts with other programs to assure appropriate information and coordination of programs.
 - e. Specific program models and curricula are in place.
 - f. Staff are prepared to provide parent training and life skill management skill development.
- XI. Programs serve as a bridge between families and other resources.
- a. Formal and informal agreements are in place with other organizations to collaboratively provide programs and services.
 - b. Follow-up procedures are in place to track the outcomes of providing information and referral.
 - c. Staff refer participants to other agencies.
 - d. Other organizations regularly refer participants to programs.
 - e. In formal relationships, other organizations respond to feedback by making changes in policies and procedures.
 - f. Staff are prepared to collaborate with other agencies.
- XII. Families voluntarily participate in programs.
- a. Mechanisms are in place to catalyze volunteerism.
 - b. Special outreach strategies are used to attract target populations.
 - c. Staff are prepared to encourage and ensure volunteerism.
- XIII. Program is regularly evaluated by leadership, staff, participants, and community.
- a. Easy-to-understand goals and outcomes are determined and continuously improved by all stakeholders.
 - b. Principles of family strengthening are evidenced in the evaluation process.
 - c. Families are involved in the evaluation process.
 - d. Program planning and flexibility is a product of the evaluation process.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- e. Evaluation is based on the collection and analysis of process and outcome data.
- f. Celebrations and recognition of accomplishments and strengths are consistently incorporated into programs and activities.
- g. Staff are prepared to evaluate programs themselves and assist participants in evaluating programs.

Lead Agencies, Family Centers, and Locations.

Lead Agency
Family Center
Location

Parents and Children Together (PACT)
Kuhio Park Terrace (KPT) Family Center
Located in the KPT low-income housing complex.

Molokai General Hospital
Molokai Family Center
Located in a storefront office in Kaunakakai, Molokai.

Kualoa-Heeiea Ecumenical Youth (KEY) Project
KEY Project Family Center
Located in the KEY Project community center in Kaneohe, Hawaii.

West Hawaii Family Support Services
West Hawaii Family Center
Located in a storefront space in the Kona Coast Shopping Center in Kailua-Kona, Hawaii.
(Kau Satellite Center, located in a community center in Naalehu, Hawaii.)

Community Liaison Committees

According to *The Family Center Plan*,⁶ the purpose of a community liaison committee (CLC) is to be a liaison between a community and a family center so that the family center remains sensitive to the assets and needs of the families within that specific locale. A CLC is comprised of persons representing the community at large, as well as the community's organizations. A CLC may:

- (1) Assist the family center staff in assessing both the assets and needs of the families in the community;

STRUCTURE AND FUNCTIONS

- (2) Advise the family center staff on program directions that address the needs and build on the assets of the families in the community; and
- (3) Advocate on behalf of the community to the family center so that the family center's programs are relevant and responsive to families in the community.

Office of the Director

According to *The Family Center Plan*,⁷ the responsibilities of the Project Director's Office are to:

- (1) Staff the GFCAC, which sets policy and standards for the family centers;
- (2) Develop a long-range plan for family strengthening that includes a recommended role for the family centers, and work with the HCSC in developing this plan;
- (3) Develop a neighbor island outreach that defines a neighbor island family center strategy;
- (4) Convene subcommittees as necessary to define the following areas for the demonstration project:
 - (A) Future funding;
 - (B) Site development;
 - (C) Evaluation model; and
 - (D) Future role and responsibilities for "coordinating" family centers;
- (5) Assist the family centers by establishing regular training and problem-solving sessions;
- (6) Educate the community on the "asset" model approach to families, and on family needs and strategies for meeting these needs;
- (7) Promote opportunities, such as forums, for increasing collaboration among agencies, organizations, and other sectors interested in family support;
- (8) Develop a legislative strategy and advocate on behalf of the demonstration project and family needs;

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (9) Coordinate evaluation data collections from the family centers and document the family centers' processes for evaluation and future planning; and
- (10) Develop the budget for the demonstration project.

Endnotes

1. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project. Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 142-143.
2. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), pp. 4-5.

Interview with Linda Harris, Director, The Family Center (Hawaii Community Services Council), November 24, 1993. The Bureau notes that Harris was appointed to the foregoing post on September 20, 1993, and that the scope of this study extends only until June 30, 1993.

3. Refer to Appendix B for a listing of the members of the Governor's Family Center Advisory Committee.
4. See:
 - (1) Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991" (November 1991), 101 pp.
 - (2) Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Supplement 1, Period of Evaluation: August 1991 - March 1992" (May 1992), 28 pp.
 - (3) Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), 150 pp.

for detailed descriptions of the specific services provided and activities conducted by each family center.

According to the Hawaii Community Services Council:

If we accept that the purpose of the project is to reduce fragmentation of services, then all of the other activities and intentions of the project can be seen as strategies, as means to that end.

Consider the example of a toy lending library. If it is successful, this service satisfies the purpose of "meeting unmet needs" (i.e., the need of families for age-appropriate, low-cost toys). However, meeting this particular need is not the end of the process. The need for toys was not, in itself, the reason that the demonstration project was created. The toy lending library is a "hook" to bring in young families, who then interact with the Family Center staff, articulate other needs, receive support, and learn how to find resources in the community. Meeting the need for toys is thereby beginning to satisfy a broader purpose of reducing the fragmentation and confusion of the service delivery system.

Most of the individual activities of the Family Centers and Director's Office could be seen in light of how they do or do not reduce fragmentation within the service delivery system. The next step in the evaluation process then becomes exploring exactly how a particular activity satisfies the project intent. How does a talk with the [Kuhio Park Terrace] Friendly Store cashier turn into a way to reduce fragmentation in services? How does an I&R [Information and Referral] Coordinator's answer to a question help to reduce

STRUCTURE AND FUNCTIONS

the fragmentation?

These are the "how to" questions which many people are looking to the Family Center Demonstration Project to answer. In fact, answering these "how to" questions is at the heart of what the project must demonstrate, i.e., how its specific activities satisfy its broader intent. Much work remains to be done on illuminating this connection, including a reassessment of what kind of data the project collects and uses. The data discussed in Section 1 [of the evaluation report] reveals the activities of the Family Center System [Demonstration Project], but it does not reveal how these activities translate into a less fragmented human services delivery system.

The radical part of the restatement of purpose to focus on fragmentation of services is that it shifts the emphasis of the project off of families and communities and places it on the service delivery system. The methods chosen for reforming service delivery are community-driven and focus on the well-being of families, but the intent still operates at the level of service delivery. That is a big shift from the way most of the project has been operating, which is to meet the needs of families and communities first and then see how what has been done affects the service delivery system.

The point here is not that meeting family needs is not a legitimate part of the project's intent--it is. The point is that meeting needs is not enough. It must be clear how meeting those needs fits into a larger strategy. The comments of the various customers in Section 2 [of the evaluation report] make it quite clear that reducing the fragmented nature of services is a common priority among all visions of the project. The project must demonstrate how its approach can change the larger "system".

It is important to recognize that individual Family Centers and lead agencies made their own statements of intent in their initial proposals. These statements and the broader project intent should be in accord with one another, if not identical. In refining the statement of project intent, it is important to pay attention to these other statements of intent and not to go "over the head" of the Family Centers and Director's Office where the project's intent is carried out.

Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 136-138.

5. Hawaii Community Services Council, "A Guide to Performance Standards for Family Centers" (undate), pp. 5.

"A Guide to Performance Standards for Family Centers" is a revised version of "Quality Standards for Family Centers", also developed by the Hawaii Community Services Council.

The latter document existed only in draft form and had not been validated by the family centers when the Bureau began this study in May 1993. Interview with Maeona Mendelson, Senior Planner, Decisions/Impact, Hawaii Community Services Council, November 8, 1993.

6. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), p. 8.

Harris interview, November 24, 1993.

7. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), p. 31.

Harris interview, November 24, 1993.

Chapter 3

CAUSATION, OBSERVATIONAL AND EXPERIMENTAL STUDIES

The purpose of this chapter is to illustrate the complexities of designing and conducting research and evaluation studies that are useful, feasible, proper, and accurate.¹ Put simply, it is easier to talk about designing and conducting research and evaluation studies than it is to actually design and conduct these studies. Loosely paraphrasing Max Michael, Thomas Boyce, and Allen Wilcox, authors of *Biomedical Bestiary: An Epidemiologic Guide to Flaws and Fallacies in the Medical Literature*,² however, a good researcher can see the flaws in research and evaluation studies but is not hopelessly paralyzed by them. Flaws are an inherent part of research and evaluation studies, and unflawed studies are as improbable as germ-free handshakes. The challenge to researchers is to know what these flaws are, and how to contain the damage they do.

In this particular case the discussion revolves around a hypothetical community's program to reduce the incidence of curfew violations. While the community's program to reduce the incidence of curfew violations may be hypothetical, the concepts upon which this discussion is based have their roots in epidemiology--or the study of the distribution and determinants of diseases and injuries in human populations.

This chapter is based substantially on the work of Judith Mausner and Anita Bahn, authors of *Epidemiology: An Introductory Text*.³

While researchers may differ as to whether epidemiology is a "deficits-based" approach to research and evaluation and therefore incompatible with the "assets-based" approach of the demonstration project, the Bureau does not believe that such a discussion would be timely or appropriate. Only the Legislature can extend the enabling legislation for the demonstration project beyond its June 30, 1995 repeal date, and only legislators know what types and kinds of data they need and want about the project. The Bureau believes that the most important question for researchers *and* legislators to discuss at this time is "what types and kinds of data does the Legislature need and want for policy and decision making purposes?" This chapter attempts to provide legislators with a foundation for describing these types of data, and to provide researchers with a foundation for describing the capabilities and limitations of these data.

Reliability and Validity

Some error is involved in any type of measurement. Measurement error occurs systematically or randomly and both types of error limit the certainty to which a community's progress in reducing the incidence of curfew violations⁴ can be measured. For the purposes of this discussion, the term "incidence" is defined as the number of curfew violations divided

by the number of children at risk, in a one-year period. Additionally, the term "children at risk" is defined as children between eleven years of age and sixteen years of age.⁵ Overly simplified, instruments are considered to be "reliable" if measurement error is slight and consistent when measuring a community's progress in reducing the incidence of curfew violations. For example, if researchers attempted to measure the incidence of curfew violations simply by surveying children at risk about the frequency of behaviors relating to curfew violations in a one year period, the study's reliability might be questioned because of the distinct possibility that the children might either exaggerate the frequency of these behaviors to gain notoriety with researchers, or withhold information out of fear of being disciplined by authority figures.

Generally, instruments are considered to be "valid" if they measure what they are designed to measure, in this case, a community's progress in reducing the incidence of curfew violations. Attempting to measure the incidence of curfew violations by counting the number of citations issued by police officers for curfew violations in a one-year period might be of questionable validity because some police officers may be more fervent about issuing citations for curfew violations than others, and it is not possible for police officers to apprehend every child who violates curfew. Furthermore, citations may be issued erroneously and thus are not undisputable evidence that a curfew violation occurred.

The Concept of Causality

Notwithstanding concerns about the reliability and validity of measurement instruments, the central issue in evaluating a hypothetical community's program to reduce the incidence of curfew violations is one of "causality", *i.e.*, did the community's program itself actually cause a reduction in the incidence of curfew violations? While a causal association is the "holy grail" of researchers, the establishment of such an association is elusive and often fraught with controversy.⁶ There are, in addition to causal associations, two other kinds of associations that frequently and effectively pass themselves off as causal associations, they are: artificial associations and indirect associations.

Artificial (Spurious) Association. An artificial association is an association where a community's program to reduce the incidence of curfew violations is associated with the community's progress in reducing the incidence of curfew violations due to chance occurrence (random fluctuation) or some bias (systematic error) in study methods, *e.g.*, only surveying children who attend private schools.

Indirect Association. An indirect association is an association where a community's program to reduce the incidence of curfew violations is associated with the community's progress in reducing the incidence of curfew violations only because both variables are related to some underlying condition, *e.g.*, a change in the curfew law (1) exempting sixteen and seventeen year olds from curfew requirements, or (2) relaxing the curfew hour until 2:00 a.m., thereby reducing the likelihood of violating the law.

Causal Association. A causal association is an association where community progress in reducing the incidence of curfew violations follows directly from the implementation of a community program to reduce the incidence of curfew violations.

Establishment of Causal Associations

As previously discussed, the establishment of a causal association is elusive and often fraught with controversy. Five criteria that are widely used by researchers to evaluate the likelihood that an association is causal are: strength of association, consistency of association, temporal correctness, specificity of association, and coherence with existing information.

Strength of Association. Strength of association dictates that community progress in reducing the incidence of curfew violations should be greatest for those communities making an "all out" effort to reduce the incidence of curfew violations and smallest for those communities making absolutely no effort to reduce the incidence of curfew violations. The likelihood of a causal association is strengthened if increasing levels of community effort to reduce the incidence of curfew violations correspond to increasing levels of community progress in reducing the incidence of curfew violations. Realistically, however, the opportunity to experiment with people, whether children or adults, in a rigidly controlled environment rarely presents itself because of moral and ethical issues. While natural experiments are more common, they are relatively difficult to control since very little can be done to affect their design before or after they begin.⁷

Consistency of Association. Consistency of association dictates that the association between a community's program to reduce the incidence of curfew violations and the community's progress in reducing the incidence of curfew violations must be consistent under other circumstances, with other study populations, and with different study methods. The more often the association appears under diverse circumstances, the more likely the association is to be causal in nature. On a cautionary note, systematic error occurring in multiple studies, e.g., not making allowances for exceptions in cases of necessity or when permission to violate curfew has been granted by a judge of the Family Court,⁸ can produce an apparent but spurious consistency.

Temporal Correctness. Temporal correctness dictates that a community's progress in reducing the incidence of curfew violations should be preceded by the community's implementation of a program to reduce the incidence of curfew violations. On a cautionary note, temporal correctness should be consistent with any necessary period of induction and latency, e.g., the minimum time needed to learn and utilize new parenting skills.

Specificity of Association. Specificity of association dictates that there should be a one-to-one relationship between a community's program to reduce the incidence of curfew

violations and the community's progress in reducing the incidence of curfew violations. The problems with this criterion, however, are that a community's progress in reducing the incidence of curfew violations can also be caused by the singular effect of several other ongoing community programs, such as neighborhood watch programs, or by the cumulative effect of several other ongoing community programs. In the former instance, a community's other programs act independently of one another to cause a change in the community's progress in reducing the incidence of curfew violations since each program is sufficient by itself to reduce the incidence of curfew violations. In the latter instance, a community's other programs act collectively to cause a change in the community's progress in reducing the incidence of curfew violations since no single program is sufficient by itself to reduce the incidence of curfew violations.

Coherence with Existing Information. Coherence with existing information dictates that a community's progress in reducing the incidence of curfew violations should be consistent with current knowledge about curfew violations and the community's program to reduce the incidence of curfew violations. On a cautionary note, "paradigms", *i.e.*, the general theoretical assumptions and laws and techniques for their application that the members of a particular scientific community adopt, may cause findings that cannot be incorporated into the existing body of knowledge to be regarded at the outset with extreme skepticism. For example, a program that finds gainful employment for persistent curfew violators may be regarded at the outset with extreme skepticism by members of the law enforcement community who believe that curfew violations stem from a lack of respect for parents and the law, as opposed to boredom or poor parenting skills, or both.

Observational and Experimental Studies

There are two kinds of studies: observational and experimental. Generally speaking, the two types of studies differ in that differences between communities are "observed" in the former instance and "created" experimentally in the latter. Each kind of study has its own advantages and disadvantages, as well as methodological limitations. Choice of methodology is often influenced by factors that, for various reasons, are beyond the control of researchers, *e.g.*, the hasty and less than desired implementation of a pilot project by state officials to meet a legislative deadline.

Observational Studies. There are two major types of observational studies: retrospective and prospective.

A retrospective study might choose to observe communities achieving a higher than average reduction in the incidence of curfew violations and communities achieving a lower than average reduction and then determining if the two groups differ in the proportion of communities that have implemented a specific program aimed at reducing the incidence of curfew violations.

Some of the advantages of a retrospective study, as compared to a prospective one, are that the retrospective study (1) is relatively inexpensive to carry out, (2) requires a smaller number of communities, (3) yields relatively quick results, and (4) is more suitable for the study of rare events. Some of the disadvantages of a retrospective study are that (1) needed information about past curfew violations may not be available or may be inaccurately recorded, (2) information supplied by informants may be biased, (3) selecting demographic variables and then matching communities with one another according to these variables is problematic, and (4) the calculation of incidence is usually not possible since data concerning the size of the population at risk are oftentimes unavailable.

A prospective study might choose to observe communities that are implementing a program to reduce the incidence of curfew violations and communities that are not implementing a program (collectively called a cohort), and then follow the cohort over time to determine if there are differences in community progress in reducing the incidence of curfew violations.

Some of the advantages of a prospective study are that the prospective study (1) defines the cohort in relation to the presence or absence of a program to reduce the incidence of curfew violations before the study begins, (2) permits the calculation of incidence since data concerning the size of the population at risk can be collected before the study begins or *during the course of the study*, and (3) *permits the observation of multiple outcomes*. Some of the disadvantages of a prospective study, as compared to a retrospective one, are that (1) a bias in the ascertainment of curfew violations may occur, (2) larger numbers of communities are required, (3) a relatively long follow-up period may be needed, (4) communities may drop out of the study over time or choose to implement a program to reduce the incidence of curfew violations, (5) diagnostic criteria and study methods may change substantially over time, and (6) prospective studies are relatively expensive.

A historical prospective study--a variation on the prospective study--might choose to observe communities that had implemented a program to reduce the incidence of curfew violations and communities that had not implemented a program, and then follow the cohort over time to determine if there were differences in community progress in reducing the incidence of curfew violations.

On a cautionary note, it may be difficult to establish a causal relationship using an observational study since very little can be done to affect the design of the study before or after it begins.

Experimental Studies. *The essence of an experiment is the intentional manipulation of a system that is under the control of a researcher. This manipulation creates an independent variable whose effect is then determined through measurement of a subsequent event in the system. This subsequent event constitutes the dependent variable.*

An experimental study might randomly select several communities in which a program to reduce the incidence of curfew violations is to be implemented (the experimental population), and an equal number of demographically-similar communities in which a program is not to be implemented (the reference population), in order to measure community progress in reducing the incidence of curfew violations. The independent variable is a community's program to reduce the incidence of curfew violations, and the dependent variable is the community's progress in reducing the incidence of curfew violations. The advantages and disadvantages of an experimental study are similar to those of a prospective study except that a true experiment, in comparison to natural experiment, is relatively easy to control since much can be done to affect the true experiment's design before it begins. It may be difficult, however, to apply the results of an experimental study to other communities if the communities that participated in the experiment are not representative of the communities to which the results will be applied.

Endnotes

1. See Hawaii, Department of Education, "System for Program Evaluation in the Department of Education" (July 1984), p. 12, regarding standards for evaluations of educational programs, projects, and materials.
2. Max Michael, W. Thomas Boyce, and Allen J. Wilcox, Biomedical Bestiary: An Epidemiologic Guide to Flaws and Fallacies in the Medical Literature (Massachusetts: Little, Brown and Company, 1984), p. xiv.
3. Judith Mausner and Anita Bahn, Epidemiology: An Introductory Text (Pennsylvania: W.B. Saunders Company, 1974), 377 pp.
4. State law prohibits a child under sixteen years of age, except in case of necessity or when permitted to do so in writing by a judge of the Family Court, from going or remaining on any public street, highway, public place, or private place held open to the public after 10:00 p.m. and before 4:00 a.m., if the child is unaccompanied by either a parent or guardian, or an adult person duly authorized by a parent or guardian to accompany the child.

Hawaii Rev. Stat., sec. 577-16. See also Hawaii Rev. Stat., secs. 571-11(2), 577-16.5, 577-18, 577-19, and 577-20.
5. Incidence = (Number of curfew violations/number of children at risk) in a one-year period
6. Consider, for example, the ongoing debate over the health risks of secondhand cigarette smoke and electromagnetic radiation.
7. The accidental exposure of pregnant women and their fetuses to heptachlor-contaminated milk in Hawaii between 1981 and 1982, however tragic and regrettable, created the basis of a natural experiment that would never have been condoned by researchers because of moral and ethical issues.
8. See Hawaii Rev. Stat., sec. 577-16.

Chapter 4

RESEARCH AND EVALUATION

The purpose of this chapter is to illustrate some of the capabilities and limitations of research and evaluation. Program evaluation--defined as the systematic description of a program and an assessment of the program's value--is not a general problem-solving method and will not turn management into a technology, make all programs effective and efficient, and make decision-making and policy development straightforward.

While researchers may differ as to whether a particular model of program evaluation is compatible with the "assets-based" approach of the demonstration project, the Bureau does not believe that such a discussion would be timely or appropriate. As previously discussed in Chapter 3, only the Legislature can extend the enabling legislation for the demonstration project beyond its June 30, 1995 repeal date, and only legislators know what types and kinds of data they need and want about the project. Like the one before it, this chapter attempts to provide legislators with a foundation for describing these types and kinds of data, and to provide researchers with a foundation for describing the capabilities and limitations of program evaluation.

In this particular case the discussion revolves around the context-input-process-product (CIPP) model of program evaluation formulated by Daniel Stufflebeam and his associates, the sequential approach to evaluation information development formulated by the state Department of Education, and the five-tier approach formulated by Heather Weiss.

This chapter is based substantially on the works of Stephen Isaac and William Michael, authors of *Handbook in Research and Evaluation (2nd ed.)*,¹ the Evaluation Section of the Department of Education, which wrote *System for Program Evaluation in the Department of Education*,² and Francine Jacobs, coeditor of *Evaluating Family Programs*.³

Research versus Evaluation

According to Stephen Isaac and William Michael:⁴

Research, having its origin in science, is oriented toward the development of theories and its most familiar paradigm is the experimental method, in which hypotheses are logically derived from theory and put to a test under controlled conditions. Evaluation, on the other hand, has come the way of technology rather than science. Its accent is not on theory building but on product delivery or mission accomplishment. Its essence is to provide feedback leading to a successful outcome defined in practical, concrete terms. . . . Its general steps are: (1) setting objectives; (2) designing the means to achieve these

RESEARCH AND EVALUATION

objectives; and (3) constructing a feedback mechanism to determine progress toward, and attainment of, the objectives. Its basic paradigm, in computer language, is:

input -----> processing -----> output

Paradoxically, this is a sequence that actually is designed in reverse order. First, it is determined what the system must accomplish (output); second, all the intermediate steps to accomplish this outcome must be programmed (processing); and, lastly, all the necessary ingredients to be fed into the system must be determined (input).

In distinguishing evaluation from research, [Daniel] Stufflebeam has said, "The purpose of evaluation is to improve, not to prove."

The statement to improve suggests that a judgment must be made regarding what constitutes worth or value. In other words, the term evaluation typically is associated with how effective or ineffective, how adequate or inadequate, how good or bad, how valuable or invaluable, and how appropriate or inappropriate a given action, process, or product is in terms of the perceptions of the individual who makes use of information provided by an evaluator.

To paraphrase Isaac and Michael,⁵ the purpose of research is to create new knowledge and search for truth, while the purpose of evaluation is to determine whether or not a particular mission was accomplished or a particular product was delivered. The outcomes of research are generalizable conclusions, while the outcomes of evaluation are specific decisions. The value of research is its explanatory and predictive power, while the value of evaluation is its ability to determine worth and social utility. The impetus for research are curiosity and ignorance, while the impetus for evaluation are needs and goals. The conceptual basis of research are cause and effect relationships, while the conceptual basis for evaluation are means-ends processes. The key event in research is hypothesis testing, while the key event in evaluation is assessing the attainment of an objective.

The Basics of Program Evaluation

While program evaluation can be a complex process involving many components and considerations, Isaac and Michael⁶ state that the heart of program evaluation lies in a simple three-step sequence:

Objectives -----> Means -----> Measures

According to Isacc and Michael,⁷ (1) the objectives of a program should be clearly and specifically stated in measurable or observable terms, (2) the various procedures, strategies, and activities that will be implemented to attain each objective should be planned, and (3) the measures by which the attainment of each objective will be determined should be selected or developed.

The CIPP Evaluation Model

Although there are many different models of program evaluation, including Jacob's Five-Tiered Approach (which is the model currently being used by the demonstration project), the following discussion is based substantially on the work of Isaac and Michael⁸ and concerns the context-input-process-product or CIPP evaluation model formulated by Daniel Stufflebeam and his associates. This discussion should not be construed as an expression of approval or disapproval for any particular model of program evaluation, including the CIPP model or Jacob's Five-Tiered Approach.

Types of Decisions Served by the Model. Evaluations serve four types of decisions in the CIPP model: (1) planning decisions; (2) structuring decisions; (3) implementing decisions; and (4) recycling decisions. Planning decisions, which are served by context evaluations, are decisions that determine the selection of program goals and objectives. Structuring decisions, which are served by input evaluations, are decisions that determine the optimal strategies and procedural designs for achieving the objectives that have been derived from planning decisions. Implementing decisions, which are served by process evaluations, are decisions that provide the means for carrying out and improving upon the execution of already selected designs, methods, or strategies. Recycling decisions, which are served by product evaluations, are decisions that determine whether an activity or program should be continued, changed, or terminated.

While planning and recycling decisions are directed toward attaining program goals and objectives (*i.e.*, ends), structuring and implementing decisions are directed toward the means for attaining these goals and objectives. Additionally, while planning decisions and structuring decisions relate to intentions, implementing decisions and recycling decisions relate to actualities.

Types of Evaluations Comprising the Model. The four types of decisions in the CIPP model are served, respectively, by four kinds of evaluations: (1) context evaluations; (2) input evaluations; (3) process evaluations (also referred to as formative evaluations); and (4) product evaluations (also referred to as summative evaluations). A context evaluation provides information about the extent to which discrepancies exist between "what is" and "what is desired" (or "what should be") in relation to certain value expectations, areas of concern, difficulties, and opportunities, *i.e.*, needs, so that program goals and objectives can be determined. An input evaluation provides information about the strong points and weak points of alternative strategies and designs for attaining specified program objectives. A

process evaluation provides information for monitoring a certain procedure or strategy as the procedure or strategy is being implemented so that its strong points can be preserved and its weak points eliminated. A product evaluation provides information to determine the extent to which program objectives are being achieved and whether the strategies, procedures, or methods being implemented to attain these objectives should be terminated, modified, or continued in their present form.

Decision-Making in the Change Process. A context evaluation should be used to decide upon the setting to be served, the goals associated with meeting needs or using opportunities, and the objectives associated with solving problems, *e.g.*, for planning needed changes. An input evaluation should be used to select sources of support, solution strategies, and procedural designs, *e.g.*, for structuring change activities. A process evaluation should be used to implement and refine program design and procedure, *e.g.*, for effecting process control. A product evaluation should be used to decide to continue, terminate, modify, or refocus a change activity and to link the activity to other major phases of the change process, *e.g.*, for recycling change activities.

Decision-Making and Accountability. Based on the CIPP model, decisions concerning the selection of program objectives should be supported by a record of program objectives and the bases for their choice. Additionally, decisions concerning the selection of solution strategies and procedural designs should be supported by a record of chosen strategies and designs and the reasons for their selection. Furthermore, decisions concerning the implementation of solution strategies and procedural designs should be supported by a record of the actual processes being implemented. Finally, decisions concerning the termination, continuation, modification, or installation of an activity or program should be supported by a record of attainments and recycling decisions.

Data Requirements for Accountability. Based on the CIPP model, context evaluations should provide information about what program objectives were chosen, why these objectives were chosen, and why certain procedural designs were chosen. Additionally, input evaluations should provide information about whether or not certain program objectives were adopted, what procedural designs were chosen, and why these procedural designs were chosen. Furthermore, process evaluations should provide information about whether or not certain program objectives were adopted and whether or not certain procedural designs were implemented. Finally, product evaluations should provide information about whether or not certain program objectives were achieved and the effects of certain procedural designs.

The CIPP model allows four questions to be answered: (1) which program objectives should be pursued; (2) which strategies or procedures should be tried; (3) how adequately are these strategies or procedures working; and (4) how effectively are program goals and objectives being accomplished?

Criticisms of Deficiencies in Program Evaluations

According to the Department of Education:⁹

Criticisms of deficiencies in program evaluations generally center on one of two issues. The persuasiveness of the evaluation may be seen as lacking, (due to questionable objectivity, credibility, or independence from bias of those conducting the evaluation or due to technical limitations in evaluation design or measures). The utility of the evaluation may be seen as lacking in terms of meeting the practical but diverse information needs of practitioner, administrator, and policy-making groups. . . .

In our judgment, there are two fundamental problems that are the source of most other problems in program evaluation: 1) inadequate program management, and 2) unrealistic expectations of program evaluation.

Program management should involve five (5) key functions: planning, organizing, staffing, directing, and controlling [citation deleted]. Evaluation is part of the control function. Both the feasibility and utility of program evaluation, however, is strongly conditioned by the adequacy with which all program management functions are performed. Where program planning, for example, has not clearly identified a program's intended target group, major activities and expected outcomes, evaluation of program "effectiveness" would be neither feasible nor useful. In our view, many problems attributed to program evaluation stem from inadequacies in the performance of other management functions.

Unrealistic expectations of program evaluation seem to stem mainly from inconsistent use and understanding of "evaluation" as well as from an oversimplified view of the real-world context in which program evaluation actually occurs. There are, for example, many groups who might be interested in the results of a given program evaluation: policy-makers, program funding agent, program managers, program staff, program participants and beneficiaries, competing program groups, special interest groups, etc. Program evaluation takes place within a social-political context of competition, compromise, and accommodation among groups with diverse interests. It seems unlikely that any one program evaluation could ever satisfy the information needs of all such groups simultaneously.

In our view, some problems attributed to program evaluation stem from unrealistic expectations of program evaluation. It is not a general problem-solving method. Even given the adequate performance of all other program management functions, evaluation will not work as a "quick fix" that will turn management into a technology, make all programs effective and efficient, and make decision-making and policy development straightforward. A more realistic goal for program evaluation within the department is to

provide objective and credible information about the performance of programs for the purpose of informing managerial and policy-level decision-making.

Description and Valuation

According to the Department of Education,¹⁰ a program evaluation includes two basic components regardless of the specific evaluation model employed: (1) a description of the program; and (2) an assessment of the program's value.

According to the Department of Education,¹¹ information about each of the following topics is needed to adequately describe a program: (1) needs assessment, rationale, or statement of a problem that serves to justify the program; (2) program goals; (3) target group definition; (4) outcome objectives or planned measures of program effectiveness; (5) major program activities planned; (6) indicators or measures of program activity implementation; (7) target group identification and recruitment procedures, if applicable; (8) planned sites, facilities, organization, staffing, and program administration; (9) planned operating budget; (9) major program activities actually implemented; (10) target group actually served; (11) sites, facilities, organization, staffing, and program administration actually used or implemented; (12) program expenditures, actual sources of funding; (13) extent of actual program implementation; and (14) extent to which outcome objectives or measures of effectiveness were satisfied.

According to the Department of Education,¹² the interpretation of descriptive information to judge a program's value is central to the conduct of any program evaluation. Program evaluation--defined as the systematic description of a program and an assessment of the program's value--is not limited in scope to only assessments of the worth of program outcomes. An evaluation of a program could be used to assess one or more of the following areas: (1) the merit of the program's purpose; (2) the quality of the program's plans; (3) the extent to which the program's plans are being carried out; and (4) the worth of the program's outcomes. Possible bases for judging the value of program outcomes, for example, include (1) reduction of identified needs of the program's target group, (2) achievement of important program outcome objectives, (3) meeting other agreed upon standards or norms, and (4) achieving outcomes superior to those of similar programs.

Although the achievement of program outcome objectives is probably the most frequently used basis for assessing program effectiveness, the Department of Education warns that the achievement of program outcome objectives should not be arbitrarily used as the basis for judging program effectiveness unless this is justified as an appropriate value criteria. According to the Department of Education:¹³

. . . Ideally, program outcome objectives or measures of effectiveness should clearly relate to the most important target

group needs, and major program activities should clearly be directed toward ameliorating those needs. Where these conditions obtain [are prevalent], program outcome objectives can serve as a reasonably valid basis from which the value of program outcomes or effectiveness can be assessed.

Effectiveness and Efficiency

According to the Department of Education,¹⁴ "[i]f the value assessment of program outcomes is based on the achievement of important outcome objectives, then program *effectiveness* is the extent to which program outcome objectives have been attained. . . . [and program] *efficiency* is the extent to which program strategies are selected from among those [strategies] available such as to maximize [the] attainment of outcome objectives relative to program costs." Program efficiency, unlike program effectiveness, is concerned with answering questions like (1) can the same outcomes be obtained at less cost, and (2) can greater outcomes be obtained at the same cost? It should be noted that cost-effectiveness analysis is dependent on the identification of identical or very similar outcomes since nonidentical or greatly dissimilar outcomes cannot be compared to one another unless there is an agreement that one outcome is intrinsically superior to another outcome and this superiority can be quantified in some way, e.g., twice as good, three times as good, four times as good, etc.

Program Plans and Outcome Objectives

According to the Department of Education:¹⁵

. . . . [P]rogram plans must delineate the program's intended target group, expected scope and level of major activities implementation, and specify outcome objectives or measures of effectiveness. It is simply impossible to adequately evaluate a program if its expected target group, intended scope and level of implementation, or outcome objectives are unclear. One major program requirement for evaluation, then, amounts to good program planning.

* * *

. . . . Program outcome objectives should specify the amount of change expected or the final status expected, in measurable or observable terms, among the program's target group on variables relevant to target group needs. Statements of outcome objectives and their measurement are inseparable. An "outcome objective" for which measurement cannot be feasibly operationalized at present is not an outcome objective.

RESEARCH AND EVALUATION

A well-defined outcome objective contains six elements that answer the questions:

- . Who?
- . Learns or does what?
- . When?
- . Under what conditions?
- . At what performance level?
- . How will performance be measured?

It may be noted that objectives of the form, "To provide...." [sic], are typically process objectives, not outcome objectives. Process objectives cannot functionally replace outcome objectives for the purpose of assessing program effectiveness.

* * *

Where program planning or management of the most basic kinds are lacking, one should ask the fundamental question, "Is it worthwhile to attempt an evaluation of program outcomes for this program?". Resources might be more productively used to improve program planning and management.

The Department of Education cautions that in cases where program monitoring or management information systems have not been installed, attempts at "short-cut" summative evaluation will likely be lengthy, costly, and unsatisfactory because program development functions will be transferred to and become embedded in evaluation processes. In such cases, evaluation resources will need to be expended on (1) the development of basic indicators of program implementation and outcomes, (2) the development, installation, and operation of new data collection and reporting systems, and (3) the analysis and interpretation of preliminary and possibly fragmentary and unverified data.

Evaluability Assessment

According to the Department of Education,¹⁶ an impact evaluation of a program may be a useless and costly effort and a waste of evaluation resources if one of more of the following conditions is present:

- (1) Agreed upon or measurable objectives are lacking;
- (2) The logic linking intended program inputs and activities to intended outcomes is nonexistant or implausible;
- (3) Actual program activities are different from those specified by the intended logic;

- (4) Indicators of program implementation or performance are lacking or are too expensive to obtain with available evaluation resources;
- (5) Program modification is unlikely for political or ideological reasons; or
- (6) No practical management or policy uses for already available program evaluation information can be identified.

After (1) documenting an intended program, (2) documenting measures of program performance, (3) documenting program activities underway in the field, (4) assessing the plausibility and measurability of current program design, and (5) formulating possible alternatives or options for policymakers and program managers, a determination should be made as to whether or not a program is evaluable and, if the program is not evaluable, whether or not additional resources should be allocated to conduct further evaluations of the program at that time. In addition to saving evaluation resources, this evaluability assessment serves the function of providing information for program improvement and focusing program managers' attention on the elements of program design and implementation likely to be crucial for program success. Despite our wishes and intentions, not all programs are evaluable and not all programs should be evaluated.

Jacob's Five-Tier Approach to Evaluation

According to Jacobs:¹⁷

The Five-Tiered Approach organizes evaluation activities at five levels, each requiring greater efforts at data collection and tabulation, increased precision in program definition, and a greater commitment to the evaluation process. At each level, corresponding sets of purposes and audiences are presented [table number deleted]. Although these tiers appear in sequence, programs can and should engage in several levels of evaluation at the same time and should return to previous levels when appropriate. . . .

It should be noted that there is no intrinsic value in ascending to the fifth tier of evaluation. A program could temporarily or leave permanently its evaluation efforts at, for example, the third tier (and decide that no greater effort should be expended on evaluation activities) if the information needs of its major stakeholders (e.g., the funders of program efforts) are being satisfied. If, however, a program intends on conducting a tier 4 or tier 5 evaluation at some time in the future, then the program should be planned and designed with this intent in mind. Crucial decisions made early in the life of a program may determine its strategies and designs for many years, if not its duration.

RESEARCH AND EVALUATION

In reality the selection of an evaluation model for the Family Center Demonstration Project, and the level of evaluation (tier) to be undertaken should depend on the kinds of information that will be needed by the Legislature, the Governor, and DHS to determine whether changes along the lines of the project should be made in the current human services system. Because of their importance to both the imagined and real success of the demonstration project, these kinds of information should be specified in the enabling legislation for the project or, as a last resort, determined by the implementing agencies.

The evaluation model currently being utilized by the demonstration project is an adaptation of the five-tiered approach formulated by Jacobs. The five tiers are designated: preimplementation (tier 1), accountability (tier 2), program clarification (tier 3), progress towards outcomes (tier 4), and program impact (tier 5).¹⁸

The adapted five-tier approach has served as the basis for two complete evaluations of the demonstration project.¹⁹ The Bureau notes that substantial time and effort has been expended by the demonstration project to:

- (1) Collect accountability (tier 2) and program clarification (tier 3) data requested by the Legislature through Act 329, Session Laws of Hawaii 1990;²⁰
- (2) Develop quality standards for family centers;
- (3) Define outcome objectives, in addition to process objectives;
- (4) Collect and compile research instruments for measuring the outcome objectives; and
- (5) Establish individual and collective research programs for the family centers using the instruments.

These are substantial accomplishments for any program, especially one reputed to be a "demonstration project" and placed under the staff and time constraints described earlier in this report.

Preimplementation. The purposes of a tier 1 evaluation are to document the need for the program within the community, demonstrate the fit between community needs and the proposed program, and provide data describing the community. The audiences for such an evaluation include potential funders of program efforts and interested community groups. Evaluation activities include detailing the basic characteristics of the proposed program, conducting community needs assessments to support the establishment of the program, and revising the generic program to coordinate with the assessed needs. The types of data collected include statistics that describe the populations and needs for service, interviews with leaders and other interested parties on the type of program activities that are needed to improve community situations, and interviews or survey data from prospective participants.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

According to Jacob's:²¹

Programs should resist the short-sighted impulse to "take the money and run," for it is likely that at some point in a program's natural life, information from this initial tier will be requested. This material will offer modest protection for the program from the sometimes poor memories and shifting loyalties of funders; it also allows for the broadest range of future evaluation options by providing the necessary baseline data.

Accountability. The purposes of a tier 2 evaluation are to document the utilization, entrenchment, and advancement of the program, justify current expenditures, increase expenditures, and build a constituency. The audiences for such an evaluation include funders, community leaders, other program providers, the media, and interested government agencies. Evaluation activities include describing accurately program participants and services provided, and providing accurate cost information per unit of service. The types of data collected include client-specific monitoring data, and case studies based on interviews with *program participants indicating participants' needs and responses and case studies of reactions to the program.*

According to Jacobs:²²

. . . Evaluation at this tier does not require documentation of success in attaining the client-related [participant-related] goals and objectives detailed at Level One [tier 1]. Nor does it demand that program staff use the information collected to modify the program in dramatic ways, although presumably, utilization figures and case material will raise issues to be addressed regarding service delivery. Second tier evaluation simply documents what exists--client [participant] characteristics, service/intervention descriptions and costs--and it may be the correct place to stop to allow newly organized programs "to catch their breaths".

Program Clarification. The purpose of a tier 3 evaluation is to provide information to program staff to improve the program. The audiences for such an evaluation include program staff and program participants. Evaluation activities include questioning basic program assumptions (e.g., what kinds of services for whom and by whom?), and clarifying and refining the program's mission, goals, objectives, and strategies. The types of data collected include interviews with staff, observation of program activities and staff processes, compiling previously collected staff and service data, interviewing participants on desired benefits of the program, and determining program participant satisfaction with the program.

According to Jacobs:²³

Program goals and objectives should be scrutinized . . . [at this level]. Walker and Mitchell [chapter number deleted] offer a typology of program objectives as a starting point for this examination. They suggest that programs organize objectives as follows: process objectives (what staff will do--how members will behave--to reach program goals); product objectives (what staff will develop, such as curricula or implementation reports, to support these intentions); outcome objectives (how participants will change in the short term); and impact objectives (what differences these changes will make in the long term).

* * *

Programs must push toward consensus on both their broad-ranging goals and more specific objectives; philosophical biases and interprofessional competitions may surface and must be addressed. Through this sometimes painful process much of the growth in programs occurs, and an opportunity for this discussion should be built into each program's annual schedule.

Progress Towards Outcomes. The purposes of a tier 4 evaluation are to provide information to staff to improve the program, and document program effectiveness. The audiences for such an evaluation include staff members, funders, program participants, and other programs in the State and across the nation. Evaluation activities include examining outcomes (short-term), deriving measurable indicators of success for a majority of the outcomes stated, deciding on data analysis procedures, assessing differential effectiveness among individual program participants, and assessing community awareness among individual program participants. The types of data collected include interview material regarding an individual program participant's progress towards the program's goals, standardized test scores for participants (where applicable), participant-specific information from criterion-referenced instruments, participant satisfaction data, and evidence of support or resistance, or both, to the program in the community.

According to Jacobs:²⁴

. . . [A]t Level [tier] Four, the evaluation landscape shifts dramatically. First, there is a move toward objective measurement of program effects. Second, accountability for client [participant] progress (or lack of it) as distinct from accountability for service provision (as at Level [tier] Two) is emphasized. Third, activities are staff and resource intensive: Staff members are required to help formulate measurable indicators of success, collect various new types of data, and maintain written documentation of the units of service delivered. Programs often enlist professional evaluators to help design and implement these evaluations, since the demands for data collection training

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

and data analysis generally exceed the capabilities of individual programs. Finally, issues of program and evaluation dissemination become important, especially if the program is "proud" . . . and eager to replicate (chapter numbers deleted).

Program Impact. The purposes of a tier 5 evaluation are to (1) contribute to knowledge development, individual development, community relations, organizational theory, or the refinement of evaluation practices, or any combination thereof, (2) produce evidence of differential effectiveness among alternative program approaches, and (3) suggest program models worthy of replication. The audiences for such an evaluation include (1) academic, research, and professional communities, (2) policymakers at federal, state, and county levels, (3) the general public, through the media, (4) potential program directors who may wish to replicate within their context, and (5) funders. Evaluation activities include (1) delineating specific impact objectives that are to be achieved, presumably through the accretion of short-term objectives' success, (2) identifying measures that can assess enduring or lifestyle changes, or both, among participants and communities, and (3) developing evaluation plans that reflect common understandings among evaluators, program personnel, and contractors (if different from the program). The types of data collected include (1) quantifiable participant-specific data, including standardized test results collected over time (longitudinal participant data), (2) control group data or comparison group standards, (3) qualitative participant data, including record reviews, participant interviews, *etc.*, and (4) cost-effectiveness information necessary for planning or advising, or both, on program replication.

According to Jacobs:²⁵

At this final program-impact tier both the program and its evaluator have committed themselves to an experimental or quasi-experimental methodology, seeking to identify and measure long- and/or short-term impacts on children or families using random assignment or comparison groups or standards. These evaluations are often multiyear efforts, with intensive and complex data collection and treatment requirements. While occasionally these evaluations provide direct feedback and information to programs, more often they are externally directed, meant to contribute more broadly to developmental theory and clinical or evaluation practice. Only a fraction of family support programs at present conduct such evaluations, which seems appropriate given the nature of these programs and the demands of these evaluations.

Commentary. The five-tiered approach formulated by Jacobs and adapted for use by the demonstration project appears to be a reasonable and appropriate response to the myriad of problems created by seemingly unreasonable demands for immediate proof of program impacts. The problem, however, is that the five-tiered approach may not be sufficiently compatible with a desire to produce results within a short period of time--such as the State's two year budget cycle. For example, the (1) delineation of specific impact objectives that are

to be achieved, presumably through the accretion of short-term objectives' success, (2) identification of measures that can assess enduring or lifestyle changes, or both, among participants and communities, and (3) development of evaluation plans that reflect common understandings among evaluators, program personnel, and contractors (if different from the program) are activities that occur relatively late in the development of a program.

Furthermore, it is difficult to envision how key legislators could be persuaded to defer the evaluation of program impacts until a program is "proud of itself" and ready to be evaluated during times of fiscal austerity and deep budget cuts. The five-tiered approach may be more suitable in situations where decision makers agree beforehand that immediate proof of program impacts is not necessary, or where state moneys do not constitute the majority or a critical level of program funding. While it might be argued that the needs of elected officials should not dictate the evaluation of a program, e.g., how and when to evaluate program impacts, the practical reality is that the interests and concerns of the Legislature should receive priority over other interests and demands if state moneys constitute the majority or a critical level of program funding.

Demands for immediate proof of program impacts based solely on preliminary data may be counterproductive. Conclusions extracted from an inadequate data base may mislead decision makers into making premature decisions about a program. Conversely, the Bureau believes that a program cannot expect to survive in a highly competitive funding environment if decision makers are denied access to the foregoing kinds of data for very long. Preliminary data should be collected and used solely to determine whether the early impacts of a program are generally positive or generally negative; no decisions about a program should be based on these kinds of data unless there is evidence of harm to individuals or the program specifically requests a change to its enabling legislation.

The challenge for the Legislature in this area is to refrain from making premature decisions based on preliminary data, while encouraging programs to disseminate these kinds of data to the Legislature.

Although Donald Campbell has stated that no program should be evaluated until it is "proud",²⁶ the Bureau believes that the ultimate challenge is to evaluate a program in such a way that it can become proud.

Endnotes

1. Stephen Isaac and William Michael, Handbook in Research and Evaluation (2nd ed., San Diego, California: EdiTS Publishers, 1981), 234 pp.
2. Hawaii, Department of Education, "System for Program Evaluation in the Department of Education" (July 1984), 70 pp.
3. Francine Jacobs, "The Five-Tiered Approach to Evaluation: Context and Implementation," Evaluating Family Programs, eds. Heather Weiss and Francine Jacobs (New York: Aldine de Gruyter, 1988), pp. 37-68.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

4. Stephen Isaac and William Michael, Handbook in Research and Evaluation (2nd ed., San Diego, California: EdITS Publishers, 1981), p. 2.
5. Ibid., p. 3.
6. Ibid., p. 4.
7. Ibid., p. 4.
8. Ibid., pp. 6, and 10-14.
9. Hawaii, Department of Education, "System for Program Evaluation in the Department of Education" (July 1984), pp. 3-4.
10. Ibid., p. 6.
11. Ibid., pp. 6-7.
12. Ibid., pp. 8-9.
13. Ibid., pp. 8-9.
14. Ibid., p. 11.
15. Ibid., pp. 20-22.
16. Ibid., p. 49.
17. Francine Jacobs, "The Five-Tiered Approach to Evaluation: Context and Implementation", Evaluating Family Programs, eds. Heather Weiss and Francine Jacobs (New York: Aldine de Gruyter, 1988), p. 50.
18. Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991" (November 1991), p. 97-101.
19. Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991" (November 1991), 101 pp.

Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Supplement 1, Period of Evaluation: August 1991 - March 1992" (May 1992), 28 pp.

Hawaii Community Services Council, "The Family Center Demonstration Project: A Second Year Status Report, October 1991 - December 1992" (March 1993), 8 pp.

Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), 150 pp.
20. 1990 Haw. Sess. Laws, Act 329.
21. Francine Jacobs, "The Five-Tiered Approach to Evaluation: Context and Implementation", Evaluating Family Programs, eds. Heather Weiss and Francine Jacobs (New York: Aldine de Gruyter, 1988), p. 51.
22. Ibid., p. 56.

RESEARCH AND EVALUATION

23. Ibid., pp. 57-58.
24. Ibid., p. 59.
25. Ibid., p. 61.
26. Ibid., p. 49.

Chapter 5

PLANNING AND IMPLEMENTATION

The purpose of this chapter is to (1) briefly describe and explain just two of the factors that appear to have adversely affected the implementation of the Family Center Demonstration Project, and (2) briefly describe and explain some of the policy issues that are related to these factors. It is not the purpose of this chapter to criticize or defend the actions of the project's implementing agencies. Rather, this chapter attempts to (1) describe and explain some of the mitigating factors that the Legislature may wish to consider when it evaluates the outcomes of the demonstration project, and (2) describe and explain some of the policy decisions that the Legislature may wish to address when it reviews the development and implementation of the project.

Too Little Time

The implementation of the demonstration project--from the passage of Act 329, Session Laws of Hawaii 1990, to the establishment of the first family centers--appeared to have been so rushed that neither the Department of Human Services (DHS) nor the Hawaii Community Services Council (HCSC) had sufficient time or resources to develop a complete, or reasonably complete, action plan for the project. A complete action plan would have included the following components: (1) needs assessment, rationale, or statement of a problem that served to justify the project; (2) project goals; (3) target group definition; (4) outcome objectives or planned measures of project effectiveness; (5) major project activities planned; (6) indicators or measures of project activity implementation; (7) target group identification and recruitment procedures, if applicable; (8) planned sites, facilities, organization, staffing, and project administration; and (9) planned operating budget.

The DHS¹ and HCSC² stated that (1) the intent of the Family Center Plan³ was to allow maximum flexibility and experimentation during the implementation phase of the demonstration project, and (2) rigid specification of target group, outcome objectives, program activities, staffing, etc., were deliberately avoided to allow the flexibility necessary to mesh family center programs with identified community needs. Nevertheless, the early development of at least a tentative statement of the purpose of a demonstration project and establishment of outcome objectives are necessary to any implementation strategy--including one intended to adapt to identified community needs. (The Bureau agrees, however, that rigid specification of program activities and staffing would have been neither necessary nor desirable given the desire to mesh family center programs with identified community needs.)

The reasons for at least tentatively defining the purpose of the demonstration project and establishing outcome objectives are to (1) provide a plan for the ongoing development and implementation of the project and, consequently, the family centers,⁴ (2) ensure that the

outcome objectives of the project are consistent with the expectations of the Legislature and DHS, and (3) ensure that the project remains accountable to the Legislature.⁵

According to the DHS,⁶ the outcomes of the demonstration project are not what the department expected. The DHS had envisioned that the demonstration project would interface with and help to link the department's existing programs, e.g., JOBS, child care/early childhood services, early and periodic diagnosis and treatment, child welfare services, and adult services.⁷ If the outcome objectives for the demonstration project had been tentatively identified early in the project, this problem might have been averted. As it stands now, the DHS and, consequently, the Governor may not be "in the market" for the product that the demonstration project is attempting to "sell". The ability of the demonstration project to survive without the support of the Governor and DHS may be questionable.⁸

Although it could be argued that few--if any--action plans are ever complete when the plans must be implemented and that the implementation of the demonstration project was typical of many state-funded programs, it should be noted that the implementation of suboptimal action plans can be expected to result in negative consequences at a later time. The kind and severity of these consequences would depend on the components that were either missing from the action plan or not completely developed at the time the plan was implemented. For example, the lack of outcome objectives or planned measures of project effectiveness can be expected to interfere with both process evaluations (also referred to as formative evaluations) and product evaluations (also referred to as summative evaluations).

In addition to making it impractical to conduct process and product evaluations, the lack of outcome objectives or planned measures of project effectiveness could allow statistically significant changes in community, family, and individual variables to go unmeasured. If the changes in these variables followed a sigmoidal or "S" shaped curve over time--rising slowly on the left (TIME 1), rapidly in the middle (TIME 2), and slowly again on the right (TIME 3), an evaluation based on "before and after" comparisons during TIME 3 might miss some or all of the large changes that occurred in these variables from TIME 1 to TIME 2. An evaluation conducted exclusively during TIME 3 might report that a small but statistically *insignificant* amount of change occurred in these variables during TIME 3 when, in fact, a large, statistically *significant* amount of change occurred in these variables from TIME 1 to TIME 3.

Although the implementation of an incomplete action plan is typically an agency-controlled decision, fiscal and political considerations sometimes make it impractical for an agency to defer the implementation of an action plan until the plan is complete. Understandably, some agencies might be unwilling to allow scarce operating moneys to lapse at the end of the fiscal biennium because the action plan for a project was not ready to be implemented, and therefore have to report this lack of action to the Legislature. Because competition for operating moneys is so intense in the human services arena, some agencies may be unwilling to appear to falter before the Legislature and other agencies.

The hasty implementation of the action plan for the demonstration project was apparently caused, at least partially, by the following conditions: (1) the project was originally authorized for only two years and a status report (presumably a formative evaluation) and a final report (presumably a summative evaluation) were to be submitted to the Legislature at least twenty days prior to the convening of the Regular Session of 1991 and the Regular Session of 1992, respectively; (2) funding for the project was guaranteed for only one year, *i.e.*, fiscal year 1990-1991, and unexpended moneys would have lapsed to the general fund on June 30, 1991; and (3) the release of funds for the project was delayed for nearly five months, *i.e.*, until December 24, 1990, requiring the HCSC to pay for the initial planning and implementation of the project out of its own budget.⁹

The lack of resources to complete the action plan for the demonstration project once the project was implemented was apparently caused, at least partially, by the decision to fund four family centers on three islands instead of one family center on the island of Oahu as authorized by Act 329, Session Laws of Hawaii 1990. Although the DHS asserts that a key legislative committee gave the department its consent to expand the scope of the demonstration project beyond one family center,¹⁰ the Bureau could find nothing in Act 329 (H.B. No. 2281, H.D. 2, S.D. 2, C.D. 1), or the standing committee reports accompanying H.B. No. 2281, H.D. 2, S.D. 2, C.D. 1, to corroborate the department's assertion. The Bureau's analysis is supported by the fact that Act 188, Session Laws of Hawaii 1992 (which did not take effect until June 12, 1992), amended Act 329, Session Laws of Hawaii 1990, by (1) repealing provisions limiting the demonstration project to one family center located on the island of Oahu, and (2) adding provisions authorizing the establishment of more than one family center.

The financial impact of expanding the demonstration project to include three additional family centers becomes more apparent in light of the fact that "The Family Center Plan: The Final Report of the Family Center Planning Committee"¹¹ envisioned the hiring of two planners at a cost of \$61,000 (including fringe benefits) and one administrative assistant to assist the director of the demonstration project. Although one planner was supposed to be assigned to work with family centers on the neighbor islands, the staff of the demonstration project was eventually reduced to just the project director and the administrative assistant. While some people might prefer that the DHS and HCSC spend the State's limited human services budget on direct services rather than planning, it should be understood that good planning is crucial to the successful implementation of any project. While good planning is not a guarantee against the failure of a project, poor planning or no planning certainly increases the chance that a project may fail.

Because the demonstration project was required to submit a formative evaluation to the legislature at least twenty days prior to the convening of the Regular Session of 1991, the DHS and HCSC would have had no more than six months from the start of the 1990-1991 fiscal year to plan, implement, and evaluate the implementation and progress of the project. If the HCSC had not paid for the initial planning and implementation of the demonstration

project, the DHS and HCSC would have had no time to do any of this work. In fact, there would have been no demonstration project to speak of when the Regular Session of 1991 convened.

Additionally, because the demonstration project was required to submit a summative evaluation to the legislature at least twenty days prior to the convening of the Regular Session of 1992, the DHS and HCSC would have had no more than eighteen months from the start of the 1990-1991 fiscal year to plan, implement, and evaluate the outcome of the project. If the HCSC had not paid for the initial planning and implementation of the demonstration project, the DHS and HCSC would have had no more than twelve months from the start of the 1990-1991 fiscal year to plan, implement, and evaluate the outcome of the project. At best, there would have been very little to evaluate.

Although the latest research shows that it takes between five to eight years to determine the outcomes and impacts of family strengthening programs,¹² the fact that the demonstration project was initially authorized for only two years and required to submit a summative evaluation to the Legislature prior to the convening of the Regular Session of 1992 raises the following question: "What was the purpose of the project?" If the purpose of the demonstration project was simply to establish family centers throughout the State, then the decision to initially authorize the project for only two years may seem reasonable. If, however, the purpose of the demonstration project was to develop the basis for community-based management of the human services system, *i.e.*, the human services equivalent of school/community-based management or SCBM, then the decision to initially authorize the project for only two years seems less reasonable. According to Department of Education records,¹³ approximately two years of intensive up-front planning went into SCBM before the first school (Waiālae Elementary) submitted its "Letter of Intent" to the Superintendent of Education to participate in the program.

Although it could be argued that the hasty implementation of the action plan for the demonstration project did not prevent either the DHS or HCSC from completing or making necessary changes to the plan, crucial decisions made early in the life of the demonstration project have essentially determined the project's strategies and designs for the duration of its life. For example, because the demonstration project was initially authorized for only two years, the DHS and HCSC decided that existing human services providers would have to implement the project in the beginning. According to the DHS¹⁴ and HCSC,¹⁵ there were insufficient time and resources to develop "grass roots" organizations that could establish family centers that were independent of existing human services providers. As a consequence of this decision, all four family centers were initially established as separate programs or components of existing human services providers. This dependence on existing human services providers, as opposed to "grass roots" organizations, again brings up the question: "What was the purpose of the project?"

If the purpose of the demonstration project was to create a management system that would empower ordinary people to make decisions concerning the budget, services,

personnel, and facilities of human services providers in their communities, then the project's exclusive reliance on existing human services providers could jeopardize the extent to which these decisions are considered to be objective by human services providers who are not closely allied to a family center. Funds for human services programs are limited and competition among human services providers for these limited funds is understandably strong. If the scope of the demonstration project is expanded to include those human services provided by the Department of Health (DOH) and Department of Education (DOE), then the project's exclusive reliance on existing human services providers could jeopardize the extent to which these decisions are considered to be objective by human services providers who are not closely allied to the DHS. Although all family centers are directly funded by the HCSC, the moneys for the demonstration project are routed through the DHS.

If, on the other hand, the purpose of the demonstration project was to test different methods of service delivery that enhance support to individuals and families in need of health and human services, then (1) the implementation of the project with only one continuous source of funding, *i.e.*, state general funds appropriated to the DHS, (2) the project's exclusive reliance on existing human services providers, and (3) the lack of similar outcome objectives among family centers, may make it difficult for the DHS and HCSC to develop, test, and compare different methods of service delivery. According to the HCSC:¹⁶

Difficulties in realizing this intent [i.e., developing new and collaborative funding sources for family support programs to integrate policy and program planning across the full spectrum of family needs] were partly due to the way the demonstration project was initiated. The legislative initiative that gave birth to the centers pre-dated the type of planning that would have been necessary to get the funding strategy secured. The decision to implement the project with only one funding source (DHS) has made it difficult to educate the decision-makers (legislature, other state departments) on just what is being tested within the project. [Emphasis added]

On the positive side, the on-going commitment to the project by key staff in DHS and the accessibility to the administration has kept the project alive despite the fact that the intent of the project - to demonstrate the viability of a new service delivery system - has not always been easily communicated or understood within the human services and health care community. [Emphasis added]

* * *

Further exploration of the best way to start new centers should also be included in the next phase. The lead agency model had the tremendous advantage of starting from the strengths of competent local agencies. However, the use of an RFP [request-for-proposal] process tied both agencies and funders into traditional roles of helpee and helper rather than into a partnership where both parties worked together on the experimentation necessary to

implement the project's principles. [Emphasis added]
Recommendations for dealing with the funding concerns of the existing centers are made within the Family Center Evaluation and are not discussed in this status paper.

The implementation of the demonstration project with only one continuous source of funding could make it difficult for the DHS and HCSC to integrate the ongoing programs of the DHS, as well as the DOH and DOE, into the project. Although representatives from these three agencies sit on the Governor's Family Center Advisory Committee, neither the ongoing programs of the DHS, nor the DOH or DOE, appear to have developed any substantial, long-term financial stake in the success or failure of the demonstration project.¹⁷ For the most part the demonstration project appears to be a program of the DHS Planning Office and, to a lesser extent, the HCSC. Quite possibly, the on-going commitment to the demonstration project by key staff in the DHS and the accessibility to the administration may not be enough to sustain the project through the next administration or additional budget reductions or restrictions caused by slow or no economic growth. Unless the human services and health care communities are allowed or, as the case may be, forced to develop a substantial, long-term financial stake in the success or failure of the demonstration project, the development of methods of service delivery involving multiple agencies and programs may be problematic.

On August 6, 1993, the DHS applied to the United States Department of Health and Human Services for a \$1,500,000, three-year Family Resource and Support Program (FRSP) grant.¹⁸ (On December 15, 1993, the Bureau was informed that the DHS grant application had not been funded by the United States Department of Health and Human Services.¹⁹ Although this grant application was not funded, the Bureau believes that the issues raised in the following discussion are still relevant to this study. This discussion can be used by the Legislature, DHS, and HCSC to clarify the role of the demonstration project with respect to other DHS programs.) The purpose of the grant, which was to be administered by the Self-Sufficiency and Support Services Division of the DHS in partnership with the Maternal Child Health and Public Health Nursing Branches of the DOH, was to "offer sustained assistance to families that promote parental competencies and behaviors that will lead to healthy and positive personal development of both parents and children".

According to the grant application:²⁰

The objectives for the Family Resource and Support Program for the State of Hawaii are aimed at providing comprehensive services to families, from a holistic point of view. These services are intended to encompass a broad view of services needed to assist families to be strong. Such services are indispensable to proper family functioning and offer families the prospect of improved quality of life and in many cases the hope of being self-sufficient.

Program objectives specified under this application are as follows:

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- . To develop and provide educational and support services provided to assist parents in acquiring parenting, nurturing, and other skills designed to empower parents in dealing with their children and the world around them.
- . To promote voluntary parental participation so that parents do not have to identify themselves as being "problematic or dysfunctional" to receive services.
- . To assess the early developmental needs of children and to identify types of support services needed.
- . To provide continuous health prevention services such as immunization.
- . To provide culturally and socially relevant services to families.
- . To enhance services to pregnant women and families of newborns to reduce stress, enhance family functioning, promote child development, and minimize the incidence of abuse and neglect within a multi-cultural environment.
- . To provide outreach services to parents to ensure that they are aware of Family Resource and Support (FRS) Services.
- . To provide community referral services in the areas of health care, mental health, employability development, education, and job training.
- . To make child care and early childhood education programming available, as well as intervention programs in the areas of: nutrition education; life management skills training; peer counseling and crisis intervention; substance abuse counseling and treatment referral; and referral for primary health and mental health services.
- . To make FRS Services available through convenient, easily accessible centers, within defined geographic communities, without regard to race, sex, ethnicity, or income criteria.
- . To create a supportive network for parents to enhance their child-rearing capabilities and to compensate for the isolation and vulnerability of many families by bringing them into contact with parents in similar circumstances.

The only mention of the demonstration project anywhere in the grant application stated that:²¹

The Family Centers Program [demonstration project] has broad statutory authority for 4 family centers to be funded around the

PLANNING AND IMPLEMENTATION

state as a means of testing approaches that might be used in each community. Current Family Center Services are focused on offering fathering classes, toy and car seat lending, respite care outreach, parenting classes, child care, nurturing programs, selling food at reduced costs, youth drop-in recreational center, alternative learning center, after school enrichment, family literacy program, and extensive information and referral.

There was no mention of how the demonstration project and the FRSP would have interfaced with one another. In addition, the development and implementation of the FRSP appeared to ensure that the two programs would have been developed and implemented independently of one another. For example, the FRSP would have used a service delivery task force (rather than the Governor's Family Center Advisory Committee) to "review community needs and to develop a range of services that could be provided through a community-based, center environment". The FRSP would also have used service delivery focus groups (rather than the Community Liaison Committees) to "examine the combination of Family Support Services that should be made available within the Family Support Center environment".

According to the grant application:²²

[T]wo pilot program communities will be selected to place Family Resource Service Centers. One community will be in a disadvantaged area, and a second community will be from a middle income area on the island of Oahu.

Although it is impossible to determine whether or not there would have been a substantial duplication of effort between the demonstration project and the FRSP, this grant application raises questions about (1) the commitment of the DHS to seeing the project through to its logical completion (which may not be June 30, 1995), and (2) the feasibility of extending the project or authorizing the expenditure of funds for the FRSP in the future. In any event, the DHS should explain how it intended to interface the two programs and, if not, which of the two programs was higher in priority. Arguably, current entitlement program deficits would have made it infeasible to fund both programs if there was a substantial duplication of effort.

The demonstration project's exclusive reliance on existing human services providers could make it difficult for the DHS and HCSC to determine if an outcome was caused by a family center or the lead agency for the family center, or both. If an outcome was caused by both a family center and the lead agency for the family center, then the DHS and HCSC would have to determine (1) whether or not the outcome could reasonably have been caused by either the family center or the lead agency for the family center acting alone, *i.e.*, in the total absence of the other, and (2) how much of the outcome was caused by the family center and how much of the outcome was caused by the lead agency for the family center. Arguably, an existing human services provider could direct all or a specific segment of its clientele to a family center through the provider's association with the family center and

unintentionally cause a desired outcome to occur with greater frequency or intensity. If the DHS and HCSC are unable to discern (1) the cause or causes of an outcome, and (2) how much of the outcome was caused by a family center and the lead agency for the family center, then testing different methods of service delivery may not be possible.

Arguably, the purpose and short-term and long-term objectives of each family center should be similar to the purpose and short-term and long-term objectives of the demonstration project if each family center is supposed to be a component of the project. Similarly, the purpose and short-term and long-term objectives of one family center should be similar to the purpose and short-term and long-term objectives of another family center if the demonstration project is supposed to compare the effectiveness of one family center with another. Although "similar" does not mean "identical", it becomes increasingly difficult to view each family center as a component of the demonstration project and to compare the effectiveness of one family center with another as the purpose and short-term and long-term objectives of the family centers and the demonstration project become increasingly dissimilar. Unless similar outcome objectives can be developed for the demonstration project and all family centers, it may be difficult for the DHS and HCSC to compare the effectiveness of one family center with another.

Although the DHS²³ and HCSC²⁴ stated that the purpose of the demonstration project was not to test one family center against another family center, but to test a family center within the context of its community, the Bureau notes that:

- (1) State-funded programs exist to carry out existing state objectives and policies, and that accountability to the Legislature means that matters of concern to its seventy-six members are being addressed for the benefit of society as a whole, not just individual communities;²⁵ and
- (2) The evaluation model discussed in The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991,²⁶ and An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992,²⁷ recognizes that programs selected for replication need to be cost-effective, not just effective, inexpensive, or well liked by their constituents.

To demonstrate that (1) existing state objectives and policies are being carried out, and (2) a program is cost-effective and worthy of replication, a common set of objectives for all family centers would be required. If a program is not carrying out existing state objectives and policies, and accountability to the Legislature does not mean that matters of concern to its members are being addressed for the benefit of society as a whole, then what is the justification for spending state funds on a program?²⁸

PLANNING AND IMPLEMENTATION

According to Kathleen Wilson, chair of the Family Center Planning Committee, member of the Governor's Family Center Advisory Committee (GFCAC), and chair of the evaluation task force of the GFCAC:²⁹

. . . The center was to be evaluated within the context of community. The changes in inter-organizational interaction among service delivery agencies within the community were to be examined to see if the center did create new channels of system interaction, and help significantly to amend the lack of quality interaction among service providers and their contact with families. So system change was envisioned to be looked at within the context of a community. The idea was to look for patterns across community, but not to suggest that a particular intervention strategy was "the" advocated strategy of the project. Organizational transformation of DHS [the Department of Human Services], DOE [the Department of Education], Hawaii Housing Authority and all the other organizations that families rely on in order to meet their needs was to be studied within the context of specific site locations. Resistance and adaptation of these organizations to family's efforts to contact them was to be studied with particular attention to the role of the Family Center service provider in the process of interaction/connection.

The evaluation model states that the purpose of a Tier 5: Program Impact Tier evaluation is:

- 1) [T]o contribute to knowledge development, individual development, community relations, organization theory, and/or to the refinement of the evaluation practices
- 2) [T]o produce evidence of differential effectiveness among alternative program approaches (emphasis added)
- 3) [T]o suggest program models worthy of replication (emphasis added)

The evaluation model, which is an adaptation of the "Five-Tier Approach to Evaluation" developed by Francine Jacobs,³⁰ specifies that the following types of data should be collected at the program impact tier:

- 1) [Q]uantifiable client-specific data, including standardized test results collected over time (longitudinal participant data)
- 2) [C]ontrol group data or comparison group standards
- 3) [Q]ualitative participant data, including record reviews, participant reviews, etc.

4) [C]ost-effectiveness information necessary for planning/ advising on program replication (emphasis added)

If the purpose of the demonstration project was not to test one family center against another family center, but to test a family center within the context of its community, then the rationale for "[producing] evidence of differential effectiveness among alternative program approaches" and "[suggesting] program models worthy of replication" becomes less clear. If these purposes are not relevant to the evaluation model for the demonstration project, then the collection of "cost-effectiveness information necessary for planning/advising on program replication" may not be relevant to the model either.

The collection of cost-effectiveness information appears to suggest that family centers should be compared with one another rather than tested within the context of their communities. If the family centers are to be tested within the context of their communities, then it may be more appropriate for the demonstration project to collect cost-benefit information to prioritize the use of family center resources rather than collecting cost-effectiveness information necessary for planning/advising on program replication.³¹

There is no "correct" answer as to whether or not family centers should be compared against one another. The enabling legislation for the demonstration project does not clearly spell out the purpose of the project or its desired outcomes. The DHS and HCSC cannot be criticized for choosing not to compare family centers against one another any more than anyone can be criticized for suggesting that they should be compared. The truth of the matter is that any one of the following "tracks" for the demonstration project can be legitimately inferred from the enabling legislation:³²

- . Track No. 1: Family Centers are analogous to CDBG [community development block grant] programs, so few or no common outcome indicators are needed.
- . Track No. 2: Family Centers are really about improving the character of community and service delivery process, and so appropriate indicators really have more to do with measures of satisfaction, efficiency, and community functioning than with ultimate reduction in social pathology.
- . Track No. 3: Ultimately, "accountability" to the Legislature and the taxpayers implies that problems of concern to them, at a societal level, are being addressed. So we do need to agree upon certain common objectives--i.e., measurable reduction in social pathology or increase in social well-being--which can be identified with uniform indicators.

There are some good reasons for not testing one family center against another family center. These include:

PLANNING AND IMPLEMENTATION

- (1) The chilling effect that competition would have on cooperation and collaboration;
- (2) The moral and ethical issues concerning experimentation with families and children already at risk;
- (3) The need to standardize the kinds of services that are offered by family centers;
- (4) The infeasibility of affecting and evaluating measurable changes in social pathology or well-being within the relatively brief authorization period for the demonstration project; and
- (5) The loss of community "ownership" and empowerment to the Legislature, DHS, and HCSC.

There are also some good reasons for testing family centers against one another. For example, testing one family center against another family center could:

- (1) Provide an incentive for centers to become even more effective, innovative, and cost-conscious;
- (2) Improve the external validity or "generalizability" (representativeness) of research and evaluation findings to other communities;
- (3) Provide the rationale for continuing the demonstration project to compare the cost-effectiveness of the current human services system and a community-based human services system;
- (4) Provide an incentive for communities to become even more active in supporting and institutionalizing their centers;
- (5) Provide an incentive for centers to keep better records of program participation and donations, contributions, and in-kind support; and
- (6) Provide an incentive for the DHS, DOH, DOE, and DLIR to interface their ongoing programs with the centers.

Arguably, testing family centers solely within the context of their communities may not yield the kinds of data needed to persuade the Legislature, the Governor, and DHS to affect changes in the current human services system. While testing family centers solely within the context of their communities is not "wrong" or "useless", it may be difficult for the DHS and HCSC to justify the further expenditure of moneys on the demonstration project when entitlement programs are currently operating at a deficit. Much depends on the kinds of data that will be needed to persuade the Legislature, the Governor, and DHS to affect changes in the current human services system; unfortunately, these kinds of data were not specified in

the enabling legislation for the demonstration project and none of the implementing agencies appear to have made any determinations of their own.

In any event, competition between family centers is not something that should be automatically avoided. According to David Osborne and Ted Gaebler, authors of *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector*, competition between individuals sets individual against individual and undermines morale. Competition between teams or organizations builds morale and encourages creativity.³³

No Foundation for Change

According to the Department of Education:³⁴

Four years ago, Superintendent Toguchi began to create a foundation for SCBM. He often refers to these initiatives as "pillars" which support educational reform. They are: 1) a school improvement process and plan in every school; 2) partnerships and community involvement; 3) an increased level of staff development; 4) pursuing increased flexibility for schools; and 5) accountability. These initiatives provide a foundation for SCBM to serve as a catalyst to bring about meaningful change.

Another major initiative which illustrates the department's commitment to this change is Project Ke Au Hou. It is a planning effort designed to "move the Department of Education towards a new generation of organization. (This includes not only decentralization of...and the shared use of authority...but...provide(s for) new concepts of networking, integration, vision frameworks, knowledge bases, and accountability [sic]."

Unlike the DOE, the DHS does not appear to have established and the legislation does not appear to have authorized those initiatives that would provide a foundation for the demonstration project to serve as a catalyst to bring about meaningful change in the way that human services are currently delivered.

Section 296C-2, *Hawaii Revised Statutes*, requires the Department of Education through the Board of Education and the Superintendent of Education to formulate policies, including criteria and procedures to determine which schools shall participate in the system, to initiate a school/community-based management system in the public schools. No similar mandate appears to exist for the DHS to formulate policies to initiate a method of managing human services that would (1) diffuse decision-making to involve or secure the input of those persons directly affected by the decision to be made at the community level, and (2) encourage community-initiated methods for achieving the human services goals established statewide by the Board of Human Services. Additionally, no mandate appears to exist for (1)

the DHS to establish a common set of human services goals that all communities would be responsible for fulfilling, and (2) other state agencies to waive applicable policies, rules, or procedures when requested to do so by a community unless the agency can justify a denial to the Governor.

Summary

Too Little Time. The implementation of the demonstration project--from the passage of the enabling legislation, to the establishment of the first family centers--appeared to have been so rushed that neither the DHS nor the HCSC had sufficient time or resources to develop a complete or reasonably complete action plan for the project.

The hasty implementation of the action plan for the demonstration project was apparently caused, at least partially, by the following conditions: (1) the project was originally authorized for only two years; (2) funding for the project was guaranteed for only one year; and (3) the release of funds for the project was delayed for nearly five months. The lack of resources to complete the action plan for the demonstration project once the project was implemented was apparently caused, at least partially, by the decision to fund four family centers on three islands instead of one family center on the island of Oahu as authorized by the enabling legislation.

The initial two-year authorization period for the demonstration project appeared to be too short given the broad scope of the project or, conversely, the scope of the project appeared to be too broad given the initial two-year authorization period for the project. The latest research shows that it takes between five to eight years to determine the outcomes and impacts of family strengthening programs.

Because of insufficient time and resources to develop "grass roots" organizations that could establish family centers that were independent of existing human services providers, all four family centers were initially established as separate programs or components of existing human services providers.

The outcomes of the demonstration project are not what the DHS expected. If the outcome objectives for the demonstration project had been tentatively identified early in the project, this problem might have been averted. As it stands now, the DHS and, consequently, the Governor may not be "in the market" for the product that the demonstration project is attempting to "sell".

Although the DHS and HCSC state that the purpose of the demonstration project was not to test one family center against another family center, but to test a family center within the context of its community, the Bureau suggests that family centers should be compared against one another if for no other reason to ascertain the relative advantages and disadvantages of the respective approaches. According to the chairperson of the Family

Center Planning Committee, changes in inter-organizational interaction among service providers within a community were to be examined to see if a family center created new channels of system interaction, and helped significantly to amend the lack of quality interaction among service providers and their contact with families. There is, however, no "correct" answer regarding this particular point since the enabling legislation for the demonstration project does not clearly spell out the purpose of the project or its desired outcomes.

While testing family centers solely within the context of their communities is not "wrong" or "useless", it may be difficult for the DHS and HCSC to justify the further expenditure of moneys on the demonstration project when entitlement programs are currently operating at a deficit. Much depends on the kinds of data that will be needed to persuade the Legislature, the Governor, and DHS to affect changes in the current human services system; unfortunately, these kinds of data were not specified in the enabling legislation for the demonstration project, and none of the implementing agencies appear to have made any determinations of their own.

The Bureau suggests that the Legislature clarify the purpose or purposes of the demonstration project with respect to the project's expected outcomes. The Bureau also suggests that the Legislature:

- (1) Conform the purpose or purposes of future demonstration projects to the expected authorization periods for these projects or, conversely, conform the expected authorization periods for these projects to their purpose or purposes; and
- (2) Require all new programs established by the Legislature or the Governor, to establish and submit tentative outcome objectives to the Legislature at least twenty days prior to the convening of the Regular Session following the program's creation.

No Foundation for Change. The DHS does not appear to have established and the legislation does not appear to have authorized those initiatives that would provide a foundation for the demonstration project to serve as a catalyst to bring about meaningful change in the way that human services are currently delivered.

If the demonstration project is to serve as a catalyst for change in the way that human services are delivered, then the Bureau suggests that the Legislature require the DHS to formulate policies to initiate a method of managing human services that would (1) diffuse decision-making to involve or secure the input of those persons directly affected by the decision to be made at the community level, and (2) encourage community-initiated methods for achieving the human service goals established statewide by the Board of Human Services. In addition, the Bureau suggests that the Legislature require (1) the DHS to establish a common set of human services goals that all communities would be responsible for fulfilling,

and (2) other state agencies to waive applicable policies, rules, or procedures when requested to do so by a community unless the agency can justify a denial to the Governor.

Related Policy Issues. On August 6, 1993, the DHS applied to the United States Department of Health and Human Services for a Family Resource and Support Program (FRSP) grant to "offer sustained assistance to families that promote parental competencies and behaviors that will lead to healthy and positive personal development of both parents and children". Although this grant application was not funded, the Bureau notes that there was no mention of how the demonstration project and the FRSP would have interfaced with one another.

Although it is impossible to determine whether or not there would have been a substantial duplication of effort between the demonstration project and the FRSP, the Bureau suggests that the Legislature ask the DHS to explain how the department intended to interface the two programs and, if not, which of the two programs was higher in priority.

Endnotes

1. Interview with Conroy Chow, Planning Officer, Planning Office, Department of Human Services, November 1, 1993.
2. Interview with Maeona Mendelson, Senior Planner, Decisions/Impact, Hawaii Community Services Council, November 8, 1993.
3. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), 53 pp.
4. A plan should be a dynamic document that changes in response to its environment; a plan should not be static or fixed.

Generally, a plan provides the basis for orderly change, and the demonstration project will be constantly changing to accommodate the needs and wants of, for example, the family centers. A plan would help to ensure that these changing needs and wants are accommodated in an orderly manner. Similarly, family centers will be constantly changing to accommodate the needs and wants of their communities. Again, plans would help to ensure that these changing needs and wants are accommodated in an orderly manner. Neither the demonstration project nor the family centers should be criticized if their plans change; rather, they should be encouraged to change their plans in an orderly manner.

5. For example, although School/Community-Based Management or SCBM is intended to empower people by allowing greater school-level flexibility in areas such as budget, curriculum, instruction, personnel, and facilities, the schools participating in SCBM are accountable for those objectives reflected in the Department of Education's Foundation Program for the Public Schools of Hawaii and any accountability measures established by the Board of Education in the future. Hawaii, Board of Education, "School/Community-Based Management Implementation Guidelines" (November 30, 1989; revised April 6, 1991), p. 7.

School/Community-Based Management (SCBM) is a school management system that empowers people by allowing greater school-level flexibility in areas such as budget, curriculum, instruction, personnel, and facilities. The concept is based on the belief that the most effective decisions are those made closest to the point of its implementation. Persons expected to implement decisions perform best when they feel ownership

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

and responsibility for decisions made. This generally means that they have shared in making those decisions. It acknowledges that a school's community, defined as the principal, teachers, support staff, parents, students, and other community members, has a right and an obligation to actively participate in open dialogue where issues are presented, defined, discussed, and resolved. SCBM requires the collaborative involvement of the identified role groups and for them to be a part of a shared decision-making process. Hawaii, Department of Education, "School/Community-Based Management Status Report" (January 1991), p. 1.

Section 296C-2, Hawaii Revised Statutes, defines "school/community-based management system" as a method of educational management that (1) diffuses educational decision-making to involve or secure the input of those directly affected by the decision to be made at the school level, and (2) encourages school initiated methods for achieving educational goals established statewide by the Board of Education.

SCBM allows schools the flexibility to determine how the foregoing goals and objectives should be accomplished; SCBM does not allow schools to disregard or change these goals and objectives. This approach to program implementation allows greater school-level flexibility while ensuring school-level accountability for the laws enacted by the United States Congress and the state Legislature, and the rules adopted by the United States Department of Education and the State Board of Education. Like the demonstration project, SCBM is accountable to a higher authority.

Arguably, accountability in the human services system means abiding by congressional and legislative dictates regarding mandated and prohibited services, in addition to adapting to identified community needs. Although these "top-down" dictates tend to run contrary to the concept of community-based management of the human services system, the Bureau believes that these dictates are occasionally needed to ensure that the rights and privileges of minority groups are protected from the indifference or desires of the majority. If communities acted in the best interest of all of the people (including minority groups) all of the time (rather than just in times of crisis), then there would be no need for such "top-down" dictates as federal and state civil rights laws, or basic health services and required health benefits.

For example, if the federal government did not dictate the provision of certain basic health services for low-income individuals and families through Medicaid, would all the states still provide these services to these individuals and families? Would they still provide these services during times of fiscal austerity? Would there be a need for the federal government to become involved in health care reform at the state level? If the state Legislature did not dictate that mutual benefit societies had to provide coverage for child health supervision services, newborn adoptees, in vitro fertilization, and mammogram screening, would all mutual benefit societies still provide these benefits to their members? (See sections 432:1-602.5, -602.6, -604, and -605, Hawaii Revised Statutes.) Would all mutual benefit societies still provide these benefits during times of fiscal austerity? Would there be a need for the state Legislature to become involved in health care reform in the private sector?

While the United States Congress and the state legislatures are partly responsible for the problems that currently beset the nation's human services systems, the Bureau believes that the solution is not to take away the authority of these institutions to make "top-down" decisions; rather, the Bureau believes that the solution is to ensure that the United States Congress and the state legislatures make better "top-down" decisions, e.g., decisions that do not fragment services to families. To loosely paraphrase Thomas Jefferson, if we think that the United States Congress and the state legislatures are not enlightened enough to exercise their control with a wholesome discretion, then the remedy is not to take this discretion away from them, but to inform their discretion by education.

6. Chow interview, November 1, 1993.
7. The DHS stated that it was reluctant to exert undue pressure on the demonstration project to carry out these

PLANNING AND IMPLEMENTATION

activities because of the problems that such a heavy-handed approach might generate. The DHS also agreed with the Bureau that family centers need to demonstrate that (1) existing state objectives and policies are being carried out, and (2) a program is cost-effective and worthy of replication. The DHS stated again, however, that it was reluctant to exert undue pressure on the demonstration project to carry out these activities because of the problems that such an approach might generate. Ibid.

8. Although the Legislature could assert itself with the Governor by overriding the Governor's veto of appropriations and statutory changes relating to the demonstration project, no Legislature in recent memory has ever overridden a governor's veto or reconvened to contemplate such a drastic action.
9. Mendelson interview, November 8, 1993.
10. Chow interview, November 1, 1993.
11. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), p. 32.
12. Written comments on questionnaire #1 (planning) received from Kathleen Wilson, Associate Professor, Department of Urban and Regional Planning, University of Hawaii-Manoa.
13. Hawaii, Department of Education, "School/Community-Based Management (SCBM): Hawaii's Story (A Chronology)" (Revised July 1993), pp. 1-2.
14. Chow interview, November 1, 1993.
15. Mendelson interview, November 8, 1993.
16. Hawaii Community Services Council, "The Family Center Demonstration Project: A Second Year Status Report, October 1991 - December 1992" (March 1993), p. 7.
17. One desirable outcome of the demonstration project might be to have all the major human services agencies in the State, i.e., the DHS, DOH, DOE, and Department of Labor and Industrial Relation (DLIR), agree on (1) a common set of outcome objectives for all human services programs, and (2) the commingling of agency funds to attain these objectives. Once such an agreement is reached, the DHS, DOH, DOE, and DLIR could ask the Legislature and the Governor for the authority to "decategorize" and commingle agency funds to attain the foregoing objectives, i.e., to institute "lump-sum" budgeting.

Quite possibly, the development of substantial, long-term financial stakes in the success or failure of the demonstration project will occur only if (1) the DHS, DOH, DOE, and DLIR agree on a common set of outcome objectives for all human services programs, and the commingling of agency funds to attain these objectives, and (2) the Governor and the Legislature authorize the decategorization and commingling of agency funds to attain these objectives. As long as DHS, DOH, DOE, and DLIR funds remain categorical and unmingled, these human services agencies will be able to move their funds to other demonstration projects or agency programs without substantial personnel and programmatic costs should the Family Center Demonstration Project falter or fail. To loosely paraphrase Benjamin Franklin, if the DHS, DOH, DOE, and DLIR know that they will suffer together should the demonstration project falter or fail, then these human services agencies will band together and do their best to ensure that the project succeeds.

18. Hawaii, Department of Human Services, "Letter from Garry Kemp, Division Administrator of the Self-Sufficiency and Support Services Division of the Department of Human Services to 'Ms. Taylor' of the Family Resource and Support Program of the United States Department of Health and Human Services" (August 6, 1993), 30 pp.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

19. Refer to Appendix R.
20. Hawaii, Department of Human Services, "Letter from Garry Kemp, Division Administrator of the Self-Sufficiency and Support Services Division of the Department of Human Services to 'Ms. Taylor' of the Family Resource and Support Program of the United States Department of Health and Human Services" (August 6, 1993), 30 pp.
21. Ibid.
22. Ibid.
23. Chow interview, November 1, 1993.
24. Mendelson interview, November 8, 1993.
25. For instance, the larger purposes of SCBM are to (1) improve student and school performance, (2) improve the quality of classroom instruction, and (3) strengthen citizen interest in and support for schools. Telephone interview with Arthur Kaneshiro, Director, School/Community-Based Management, Department of Education, November 1, 1993.
26. Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991" (November 1991), p. 101.
27. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), Appendix B.
28. One key legislator interviewed by the Hawaii Community Services Council (HCSC) in the course of its July 1990 to December 1992 evaluation of the demonstration project told the interviewer:

[D]idn't want the product and doesn't think it's realistic or necessary. [C]ustomer by coercion, not by choice.

[S]ees the product as mostly I&R [information and referral], academic, redundant. [M]ore important to fund direct services which are being cut. [S]ystems change not a priority.

* * *

[N]o feedback yet on whether it's doing what it is supposed to. [B]ut doesn't necessarily support what it's supposed to do (if understood correctly) so might not be a satisfied customer anyway.

Ibid., p. 126.

Another key legislator told the interviewer:

[N]o knowledge of the project: goals, methods, or anything[.]

[N]ot "in the market" for anything, just funds it out of political considerations for other legislators who push for it[.]

* * *

[N]o feedback or input other than from legislators who support it (some from local districts with FC's

PLANNING AND IMPLEMENTATION

[family centers] and some others who support the concept anywhere)[.]

[E]xpects DHS [the Department of Human Services] to determine if it's useful and they want it as part of their budget[.]

[L]eaves judgments on quality and outcome to the subject committees[.]

Ibid., p. 126.

29. Letter from Kathleen Wilson, Associate Professor, Department of Urban and Regional Planning, University of Hawaii-Manoa to Keith Fukumoto, October 5, 1993, 5 pp.

30. Francine Jacobs, "The Five-Tiered Approach to Evaluation: Context and Implementation", Evaluating Family Programs, ed. Heather Weiss and Francine Jacobs (New York: Aldine de Gruyter, 1988), pp. 37-68.

The Bureau was able to verify that the evaluation model for the demonstration project is an adaptation of the "Five-Tier Approach to Evaluation developed by Francine Jacobs. The subtle but important differences that exist between the two models tend to suggest that the evaluation model for the demonstration project was adapted specifically for the project.

31. "Cost-benefit analyses" compare the financial costs of a program to the financial benefits of that program. "Cost-effectiveness analyses" are conducted on more than one program for the sake of comparison. Heather Weiss and Francine Jacobs eds., Evaluating Family Programs (New York: Aldine de Gruyter, 1988), pp. 523-524

See Karl White, "Cost Analysis in Family Support Programs", Evaluating Family Programs, ed. Heather Weiss and Francine Jacobs (New York: Aldine de Gruyter, 1988), pp. 429-443.

32. "Memorandum from John Knox, President of Community Resources, Inc. to Mae Mendelson, Cliff O'Donnell, and Kathy Wilson, staff and members of the HCSC Evaluation Resource Team (ERT)" (March 13, 1993), 4 pp. The ERT is not directly involved with the planning or evaluation of the demonstration project.
33. David Osborne and Ted Gaebler, Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector (Massachusetts: Addison-Wesley Publishing Company, 1992), p. 80.
34. Hawaii, Department of Education, "School/Community-Based Management Status Report" (January 1991), p. 3.

Chapter 6

SURVEYS AND METHODOLOGY

The purpose of this chapter is to (1) describe the capabilities and limitations of surveys, (2) discuss the advantages and disadvantages of different survey types, and (3) describe the methodology of this study, which makes extensive use of surveys, with respect to the foregoing capabilities and limitations, and advantages and disadvantages.

This chapter is based substantially on the work of Stephen Isaac and William Michael, authors of *Handbook in Research and Evaluation (2nd ed.)*.¹

The Nature of Surveys

According to Isaac and Michael:²

With the exception of surveys based on a search of records, surveys are dependent on direct communication with persons having characteristics, behaviors, attitudes, and other relevant information appropriate for a specific investigation. This makes them reactive in nature; that is, they directly involve the respondent in the assessment process by eliciting a reaction. Although direct interactions are often the most cost-effective, efficient, and credible means of collecting data, because the respondents are usually in the best position to speak for themselves and "tell it like it is," reactive methods run many risks of generating misleading information. Among these risks are the following:

1. Surveys only tap respondents who are accessible and cooperative.
2. Surveys often make the respondent feel special or unnatural and thus produce responses that are artificial or slanted.
3. Surveys arouse "response sets" such as acquiescence or a proneness to agree with positive statements or questions.
4. Surveys are vulnerable to over-rater or under-rater bias--the tendency for some respondents to give consistently high or low ratings.
5. In the case of interviews, biased reactions can be elicited because of characteristics of the interviewer or respondent, or the combination, that elicit an unduly favorable or unfavorable pattern of responses.

Types of Surveys--Their Advantages and Disadvantages

According to Isaac and Michael,³ there are five types of surveys: record surveys, mailed questionnaires, telephone surveys, group interviews, and individual interviews.

Record Surveys. The advantages of conducting record surveys are that (1) records are nonreactive, (2) record surveys are inexpensive to conduct, (3) records often allow historical comparisons to be made and trend analyses to be conducted, and (4) records provide an excellent baseline for making comparisons if they are accurate and up-to-date. The disadvantages are that (1) records may contain confidential information, (2) records are often incomplete, inaccurate, and out-of-date, (3) changing rules for keeping records often makes year-to-year comparisons invalid, (4) records can be misleading unless a knowledgeable person can explain how the records were compiled, (5) the purpose of keeping records is usually unrelated to the purpose of conducting record surveys, and (6) records contain factual data only--there is no input on values or attitudes.

Mailed Questionnaires. The advantages of utilizing mailed questionnaires are that they (1) are inexpensive to use, (2) are wide-ranging, (3) can be well designed, simple, and clear, (4) are self-administering, and (5) can be made anonymous. The disadvantages are that (1) a low response rate can occur, especially with less educated and older addressees, resulting in a nonrepresentative return, (2) there is no assurance that the questions were understood, and (3) there is no assurance that the addressee was the person who answered the questionnaire.

Telephone Surveys. The advantages of conducting telephone surveys are that they (1) are less costly to conduct than face-to-face interviews, (2) can be conducted during the daytime or evening, (3) permit unlimited callbacks, (4) allow a respondent to feel at ease in the respondent's own home and tend to make the respondent more candid, and (5) make off-island surveys feasible. The disadvantages are that they (1) cannot access people with unlisted telephone numbers, which can run as high as twenty-five per cent in some areas, (2) cannot access people without telephones, particularly people with lower incomes, (3) can be viewed as intruding into the privacy of people's homes and can be confused with a disguised sales pitch, and (4) rule out many face-to-face advantages, including impressions of a respondent's gestures and facial expressions.

Group Interviews. The advantages of conducting group interviews are that they (1) are more efficient and economical to conduct than one-to-one interviews (2) reflect group behavior and consensus in terms of results, (3) reveal group interaction patterns, and (4) can stimulate the productivity of other persons, as with brainstorming. The disadvantages are that they (1) may intimidate and suppress individual differences, (2) foster conformity, (3) intensify group loyalties and can rigidly polarize opinions, and (4) are vulnerable to manipulation by an influential and skillful member.

Individual Interviews. The advantages of conducting individual interviews are that they (1) are personalized, (2) permit in-depth, free responses, (3) are flexible and adaptable, and (4) allow impressions of a respondent's gestures, tone of voice, facial expressions, etc. The disadvantages are that they (1) are expensive and time-consuming to conduct, (2) may intimidate or annoy respondents with a racial, ethnic, or socio-economic background that is different from the racial, ethnic, or socio-economic background of the interviewer, (3) are open to overt manipulation or the subtle biases of the interviewer, (4) are vulnerable to personality conflicts, (5) require skilled and trained interviewers, and (6) may be difficult to summarize in terms of findings.

The Methodology of this Study

Time and Personnel Limitations. This study was conducted over a period of six months by one individual working alone. The Bureau does not have any particular expertise with respect to the evaluation of programs such as the Family Center Demonstration Project. Funds were not available to hire independent evaluators who have the necessary skills, knowledge, and ability to conduct this kind of study.

Mailed Questionnaires. The Bureau used eight mailed questionnaires, which are included in this report as Appendices C, D, E, F, G, H, I, and J, to generate the data for this study. Table 1 describes which questionnaires, e.g., #1 and #7, were mailed to which surveyees, e.g., the Governor's Family Center Advisory Committee (GFCAC). Table 1 also describes the number of questionnaires that were mailed to the GFCAC, e.g., (21), and the number of questionnaires that were returned to the Bureau either partially or fully completed, e.g., [11].

A total of 194 questionnaires were mailed to the surveyees listed in Appendix B. A total of 125 questionnaires were returned to the Bureau either partially or fully completed. One person expressly indicated that she did not wish to respond to the questionnaires. Among other things, the person stated that:⁴

. . . [T]his questionnaire . . . is not directed to the "real" people--local people who SHOULD be involved in the CLC [community liaison committee]--people who probably do not have college educations and who indeed might be functionally illiterate but wise in their assessment of community needs and dynamics. The questionnaire is full of hybolic [sic] distinctions that do not address the reality of . . . life [on this island].

Data from questionnaires returned to the Bureau after close of business on September 27, 1993, are not included in this study unless these data updated existing financial information on the demonstration project and the family centers.

Table 1
 QUESTIONNAIRE
 SURVEYEE MATRIX

	1 Planning	2 Evaluation (Demonstration Project)	3 Evaluation (Family Center)	4 Finance (Family Center)	5 Finance (Demonstration Project)	6 Programming (Family Center)	7 Impact (State- level)	8 Impact (Community- level)
Governor's Family Center Advisory Committee (2)	[11]						[11]	
Department of Human Services (2)	[2]						[1]	
Hawaii Community Services Council (3)	[2]	[2]			[2]		[2]	
Family Center Demonstration Project								
Lead Agencies for the Family Centers (4)	[3]					[3]		[3]
Family Centers (4)	[3]		[2]					[3]
Community Liaison Committees (54)	[36]							[36]

Likert Scales. Data obtained from Likert scales, e.g., "1" (strongly disagree) to "5" (strongly agree), were scored in the manner that they were received (*i.e.*, as single whole numbers) unless a person gave two responses to a statement, e.g., "3" (neutral) and "4" (agree). In cases like this one, the Bureau computed the arithmetic mean of the two values, e.g., "3.5", and then rounded the mean value to the nearest whole number, e.g., "4". Although "Do Not Know" responses were arbitrarily assigned a value of "0" for the purposes of this study, this particular response was not used to compute any of the descriptive statistics used in this study. A response of "Do Not Know" (0) is no closer to a response of "Strongly Disagree" (1) than it is to a response of "Strongly Agree" (5), even though zero is arithmetically closer to one than it is to five.

Open-Ended Questions. Data obtained from open-ended questions, e.g., why a person's knowledge about what the purpose of the demonstration project "is" differs from the person's opinion about what the purpose "should be", were handled in the following manner.

- (1) If there was any numerical difference between the two opinions and the person explained why there was a difference, then the person's explanation was recorded.
- (2) If there was no difference between the two opinions, but the person wrote a comment in the space designated for the abovementioned explanation, then the person's explanation was omitted.
- (3) If there was a difference between the two opinions and the person wrote a comment in the space designated for the abovementioned explanation, but did not address the question being asked, then the nonresponsive explanation was omitted.

Data obtained from questions that asked for a "yes" or "no" response and an explanation, e.g., "are services to families fragmented? Why or why not?", were handled in the following manner.

- (1) If a person responded ambiguously, e.g., "sometimes", "depends", or "yes and no", then both the person's response and explanation were classified as being nonspecific.
- (2) If a person did not make a "yes" or "no" response, but stated an opinion that could have been reasonably interpreted as being a "yes" or "no" response, e.g., "services to families are fragmented because funding is categorical" or "services to families are not fragmented because the family center works", then the person's (interpreted) response and explanation were classified accordingly.

- (3) If a person responded "yes" or "no", but the person's explanation did not address the question being asked, then the person's response was recorded, but the accompanying nonresponsive explanation was omitted.

Multiple and "Run-On" Explanations. Multiple explanations obtained from open-ended questions, e.g., "services to families are fragmented because funding is categorical, services are crisis-oriented, there is insufficient communication between agencies, agencies do not have enough staff, and access to services is difficult", were handled in the following manner.

- (1) If a person's explanation could be dissected into smaller pieces and still make reasonable sense to a knowledgeable reader, then it was separated accordingly. For example, the explanation "services to families are fragmented because funding is categorical, services are crisis-oriented, there is insufficient communication between agencies, agencies do not have enough staff, and access to services is difficult", could be dissected into the following pieces.
- (A) "[S]ervices to families are fragmented because funding is categorical . . .".
 - (B) "[S]ervices to families are fragmented because . . . services are crisis-oriented . . .".
 - (C) "[S]ervices to families are fragmented because . . . there is insufficient communication between agencies . . .".
 - (D) "[S]ervices to families are fragmented because . . . agencies do not have enough staff . . .".
 - (E) "[S]ervices to families are fragmented because . . . access to services is difficult".
- (2) If a person's explanation could not be dissected and still make reasonable sense, then it was not separated, e.g., "the impact and effectiveness of service is difficult to assess because longitudinal, community-level studies need to be conducted and people at risk are constantly moving in and out of communities".
- (3) If a person's explanation "ran-on" and stopped addressing the question being asked, then the nonresponsive portion of the person's explanation that "ran-on" was omitted.
- (4) If a person's explanation consisted of:
- (A) A general statement, e.g., "services to families are not fragmented because the family center works"; and

- (B) Several specific statements expanding on the general statement, *e.g.*, "the staff of the family center are always willing to help you", "the staff of the family center are always able to find the information you need", and "the family center helps people to help themselves";

then the specific statements were recorded, and the general statement was omitted.

Categorization of Explanations. The categorization of the explanations to open-ended questions was handled in the following manner.

- (1) The explanations were separated into not more than five categories (not including an "other" category), whenever possible.⁵
- (2) Each category consists of not less than five explanations, whenever possible.⁶
- (3) Similar categories were used for all related open-ended questions, whenever possible.⁷
- (4) An existing category consisting of less than five explanations was combined with a new category or another existing category to create a broader category, whenever possible.

Mean Difference. The mean difference between what "is" and what "should be" was computed by summing the absolute values of the differences between what "is" and what "should be" and then dividing this sum by the number of complete response sets, *i.e.*, the number of response sets not containing "Do Not Know" responses or missing data.⁸

The mean difference describes the magnitude of the differences between what "is" and what "should be". Consequently, this statistic is helpful in identifying areas that may warrant closer examination when the ranges, medians, and means of both distributions are identical or nearly identical, as they are in examples 3 and 4. The mean difference in example 3 indicates that there is a small difference between what "is" and what "should be" and, consequently, good congruence between what "is" and what "should be". The mean difference in example 4 indicates that there is a large difference between what "is" and what "should be" and, consequently, poor congruence between what "is" and what "should be".

The mean difference does not describe the direction of the differences. Consequently, this statistic is not helpful in determining if, for example, an implementing activity should be receiving more or less emphasis than it is currently being afforded by the demonstration project. The means of what "is" and what "should be" in example 1 indicate that an implementing activity should be receiving more emphasis. The means of what "is" and what "should be" in example 2 indicate that an implementing activity should be receiving less emphasis. In both examples, however, the mean difference is equal to 2.00.

SURVEYS AND METHODOLOGY

The mean difference does not describe the homogeneity or heterogeneity of the differences. Consequently, this statistic is not helpful in determining whether, for example, all of the members of the GFCAC believe that an implementing activity should be receiving more emphasis than is currently being afforded by the demonstration project, or only some of the members believe that it should be receiving more emphasis. The differences in example 1 indicate that all of the members believe that an implementing activity should be receiving more emphasis. The differences in example 4 indicate that only one-half of the members believe that an implementing activity should be receiving more emphasis; the other one-half of the members believe that it should be receiving less emphasis. In both examples, however, the mean difference is equal to 2.00.

Again, this statistic is helpful in identifying areas warranting closer examination; it is not definitive by itself.

Example 1

What "is"	3	3	3	3	3	3	3	3
What "should be"	5	5	5	5	5	5	5	5
Difference	-2	-2	-2	-2	-2	-2	-2	-2
Absolute value of difference	+2	+2	+2	+2	+2	+2	+2	+2

Range of what "is": none
 Range of what "should be": none
 Mean of what "is": 3.00
 Mean of what "should be": 5.00
 Median of what "is": 3.00
 Median of what "should be": 5.00
 Mean difference: 2.00
 Number of complete response sets: 8

Example 2

What "is"	5	5	5	5	5	5	5	5
What "should be"	3	3	3	3	3	3	3	3
Difference	+2	+2	+2	+2	+2	+2	+2	+2
Absolute value of difference	+2	+2	+2	+2	+2	+2	+2	+2

Range of what "is": none
 Range of what "should be": none
 Mean of what "is": 5.00
 Mean of what "should be": 3.00
 Median of what "is": 5.00
 Median of what "should be": 3.00

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

Mean difference: 2.00
 Number of complete response sets: 8

Example 3

What "is"	3	4	4	4	4	4	4	5
What "should be"	5	4	4	4	4	4	4	3
Difference	-2	0	0	0	0	0	0	+2
Absolute value of difference	+2	0	0	0	0	0	0	+2

Range of what "is": 3-5
 Range of what "should be": 3-5
 Mean of what "is": 4.00
 Mean of what "should be": 4.00
 Median of what "is": 4.00
 Median of what "should be": 4.00
 Mean difference: 0.50
 Number of complete response sets: 8

Example 4

What "is"	3	3	3	3	5	5	5	5
What "should be"	5	5	5	5	3	3	3	3
Difference	-2	-2	-2	-2	+2	+2	+2	+2
Absolute value of difference	+2	+2	+2	+2	+2	+2	+2	+2

Range of what "is": 3-5
 Range of what "should be": 3-5
 Mean of what "is": 4.00
 Mean of what "should be": 4.00
 Median of what "is": 4.00
 Median of what "should be": 4.00
 Mean difference: 2.00
 Number of complete response sets: 8

Coding. All questionnaires were marked with an alphanumeric code, e.g., GFCAC 12, DHS 1, HCSC 2, LA 4, FC 3, WH 2, KEY 3, KPT 17, and MO 2, to facilitate the compilation and analysis of the data, and provide qualitative information on the representativeness of the survey results. According to the data, one community liaison committee appears to be substantially underrepresented in the survey results.⁹ Consequently, all results concerning the community liaison committees (CLCs) should be viewed with caution.

Quotations. Because of the manner in which data obtained from open-ended questions were handled, the Bureau utilized quotation marks, ellipses, and brackets to indicate where explanatory material was added or deleted. All references to specific family centers, e.g., the Kuhio Park Terrace Friendly Store, islands or parts of islands, e.g., West Hawaii, and persons were intentionally deleted since the purpose of this study was to examine the family centers as a whole rather than individually. The Bureau did not have sufficient time or personnel resources to conduct individual evaluations of each family center, and funds were not available to hire independent evaluators who have the necessary skills, knowledge, and ability to conduct this kind of study.

The use of direct quotations also serves to illustrate the need for trained and neutral language translators, interviewers, and transcribers to assist in the conduct of future evaluations of the demonstration project and the family centers. The one individual assigned to conduct this study is fluent only in the English language--some members of the CLCs appear to be fluent in languages other than English. This study used written questionnaires to communicate and elicit ideas--some members of the CLCs appear to comprehend these ideas and communicate their ideas best through speech rather than in writing. (The Bureau believes that its limited skills, knowledge, and abilities may become a source of substantial systematic and random error when it begins to survey more of the people who use the family centers.) This study relied on the cooperation of the family centers to assist, or find people who could assist, some members of the CLCs in completing their questionnaires--the Bureau was unable to provide incontrovertibly trained and neutral people to assist these members in completing their questionnaires.

Parents and Children Together (PACT). Because PACT--the lead agency for the Kuhio Park Terrace (KPT) Family Center--is a consortium of eleven different agencies, the Bureau surveyed the representatives of these eleven agencies¹⁰ and created one response set for the entire consortium.

Data obtained from Likert scales were averaged and then rounded to the nearest whole number. Data obtained from questions that asked for a "yes" or "no" response and an explanation were first categorized according to "yes", "no", and "not specific" responses. Next, the most frequent response was chosen as the overall response for the consortium. Finally, all explanations corresponding to this overall response were recorded. Data that did not correspond to this response were omitted unless there was a tie between the number of responses to a question. In the case of a tie, both responses and the explanations corresponding to these responses were recorded. Although this practice would result in two responses being recorded instead of one, ties were not frequent and did not appear to have a substantial effect on the overall results of this study.

Data obtained from open-ended questions, e.g., why a person's knowledge about what the purpose of the demonstration project "is" differs from the person's opinion about what the purpose "should be", were handled in the manner described above, as if an explanation was coming from one person rather than eleven persons. In other words, the decision to include

or exclude these explanations from this report was not dependent on the existence of any numerical difference between the two opinions for the entire consortium.

Summary

One community liaison committee was substantially underrepresented in the survey results. Consequently, all results concerning the community liaison committees should be viewed with caution.

There is a need for trained and neutral language translators, interviewers, and transcribers to assist in the conduct of future evaluations. Some members of the CLCs appear to be fluent in languages other than English; some members of the CLCs appear to comprehend these ideas and communicate their ideas best through speech rather than in writing; and the Bureau was unable to provide incontrovertibly trained and neutral people to assist these members in completing their questionnaires.

The Bureau believes that its limited skills, knowledge, and abilities may become a source of substantial systematic and random error when it begins to survey more of the people who use the family centers. The Bureau suggests that the Legislature consider the possibility of requiring the Department of Human Services (DHS), rather than the Bureau, to conduct the final evaluation of the demonstration project and the family centers. If the Legislature is concerned about the ability of the DHS or the Hawaii Community Services Council (HCSC) to objectively conduct the foregoing evaluation, then the Bureau suggests that the Legislature consider the possibility of:

- (1) Appropriating funds for another executive branch agency with an expertise in program evaluation, *e.g.*, the Department of Education or the Social Science Research Institute of the University of Hawaii, to conduct the evaluation;
- (2) Appropriating funds for a legislative committee or agency to hire a public or private agency with an expertise in program evaluation, *e.g.*, the Pacific Regional Education Laboratory or the Social Science Research Institute of the University of Hawaii, to conduct the evaluation; or
- (3) Prohibiting the Department of Human Services' Planning Office or the HCSC from overseeing or administering any contract relating to the final evaluation of the demonstration project, and requiring some other office or agency within or administratively attached to the DHS to oversee this contract.

Endnotes

1. Stephen Isaac and William Micheal, Handbook in Research and Evaluation (2nd ed., San Diego, California: EdITS Publishers, 1981), 234 pp.
2. Ibid., p. 128.
3. Ibid., pp. 130-132.
4. The identity of this person is not relevant to this study and has been intentionally left out of this report.
5. Practically speaking, most people can keep track of seven to ten categories with no problem.
6. This was an arbitrary number; however, the five explanations guideline appeared to keep the overall number of categories to less than seven and the characteristics of the explanations classified as "other" somewhat heterogeneous.
7. For example: Are services to families fragmented? Is there a lack of coordination and communication among those who provide services? Do consumers in general and families (in particular) find it difficult to access services and information? Is access to services and information across agencies difficult? Is access to services and information between fund sources and providers difficult? Is the impact and effectiveness of service difficult to assess? Is there difficulty in assessing the real needs of families? Are leverage funding and more innovative multiple funding streams needed? Why or why not?
8. Mean difference = $\frac{\text{What "is" - What "should be"}}{\text{Number of complete response sets}}$
9. The identity of this community liaison committee is not relevant to this study and has been intentionally left out of this report.
10. Lui Faleafine, Jr., Chaney and Brooks Property Management, Kuhio Park Terrace Homes; Dennis Dobies, Department of Education, Linapuni School; Geraldine Ichimura, Department of Education, Dole Intermediate School; Amy Ebesu, Department of Health, Public Health Nursing Branch; Enele Alalamua, Family Service Center; Teresa Vast, Kailua, Hawaii; Janet Morse, Hawaii Literacy; John White, Hawaii Foodbank, Inc.; Mike Hee, Hawaii Housing Authority; Pete Kessinger, Honolulu Community College; and Ron Higashi, Susannah-Wesley Community Center.

This brought the total number of questionnaires mailed out for this study to 205, and the total number of partially or fully completed questionnaires returned to the Bureau to 136.

Chapter 7

PURPOSES, ACTIVITIES, AND PROBLEMS

Purposes and Implementing Activities

"The purpose of this Act is to establish the family center demonstration project, with family centers to demonstrate the effectiveness of the community-based family center concept and to test different models of service delivery." (Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992.)¹

"The purpose of the family center demonstration project shall be to coordinate the provision of core services to families at community-based centers to develop each community's capacity to identify and resolve its problems." (Act 329, Session Laws of Hawaii 1990, as amended by Act 188, Session Laws of Hawaii 1992.)²

"The 1990 state legislature established a two-year family support/resource center demonstration project (HB 2281) to test the effectiveness of a community-based family support center concept and to implement different models of service delivery." (The Family Center Plan: The Final Report of the Family Center Planning Committee.)³

"The purpose of these centers was to coordinate the provision of core services to families at a community based center in order to develop a community's capacity to identify and resolve its problems and fully utilize its assets." (The Family Center Plan: The Final Report of the Family Center Planning Committee.)⁴

"The purpose of a center is to strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of the community by offering a range of community identified activities, services, training opportunities and information in accessible and supportive settings." (Request for Proposal: The Family Center Demonstration Project, 1990-1992.)⁵

"The primary goal of The Family Center Demonstration Project is to implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families by (1) facilitating access to existing services through community-based centers, (2) identifying and meeting unmet needs of families at the community level, (3) educating the community on how to support families, (4) developing new and collaborative funding sources for family prevention programs, and (5) creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes

PURPOSES, ACTIVITIES, AND PROBLEMS

across family center programs." (The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991.)⁶

"The Family Center system, created by Act 329 of the 1990 Hawai'i State Legislature, is a two-year demonstration project designed to test the effectiveness of a community-based family centered model of service delivery." (The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991.)⁷

"The intent of the Family Center Demonstration Project is to test different methods of service delivery based on a set of nationally and locally accepted core principles that, when implemented, will enhance support to individuals and families in need of health and human services." (The Family Center Demonstration Project: A Second Year Status Report, October 1991 - December 1992.)⁸

"The purpose of the Family Center Demonstration Project is to reduce fragmentation in human services." (An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992.)⁹

Purposes. Based on the foregoing statements, which are displayed in chronological order, it could be argued that the purpose of the demonstration project is to accomplish any or all of the following tasks:

- (1) Test the effectiveness of the family center concept;
- (2) Test models of service delivery that enhance support to individuals and families in need of health and human services;
- (3) Develop a community's capacity to identify and resolve its problems and fully utilize its assets;
- (4) Strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community;
- (5) Implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families; and
- (6) Reduce fragmentation in human services.

Implementing Activities. Based on the same provisions, it could be argued that the demonstration project is supposed to accomplish any or all of the foregoing tasks through any or all of the following implementing activities:

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (1) Coordinating the provision of core services to families at community-based centers;
- (2) Offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings;
- (3) Facilitating access to existing services through community-based centers;
- (4) Identifying and meeting unmet needs of families at the community level;
- (5) Educating the community on how to support families;
- (6) Developing new and collaborative funding sources for family prevention programs; and
- (7) Creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs.

Problems and Symptoms of Problems

While the foregoing discussions begin to address what tasks the demonstration project is supposed to accomplish, *i.e.*, its purpose, and how the project is supposed to accomplish these tasks, *i.e.*, its implementing activities, the foregoing discussions do not explain the reasons why the project is supposed to accomplish these tasks, *i.e.*, its justification. According to *The Family Center Plan*,¹⁰ the demonstration project is supposed to accomplish these tasks because:

- (1) Services to families are fragmented;
- (2) There is a lack of coordination and communication among those who provide services;
- (3) Consumers in general and families (in particular) find it difficult to access services and information;
- (4) Access to services and information across agencies is difficult;
- (5) Access to services and information between funders and providers is difficult;
- (6) The impact and effectiveness of service is difficult to assess;

PURPOSES, ACTIVITIES, AND PROBLEMS

- (7) There is difficulty in assessing the real needs of families; and
- (8) Leverage funding and more innovative multiple funding streams are needed.

While the foregoing discussion begins to address the reasons why the demonstration project is supposed to accomplish certain tasks, it does not, for example, explain the reason or reasons why "services to families are fragmented". Problems such as the fragmentation of services to families might be symptoms of more deep-seated problems, such as the rigidity of the "program structure"¹¹ used by the State to fund family services, or problems that extend beyond the authority of the demonstration project.

While symptomatic treatment of the foregoing problem is not an undesirable or unworthy outcome, a symptomatic approach to reforming this aspect of the State's human services delivery system may necessitate the creation of a permanent oversight mechanism, *i.e.*, additional bureaucracy, to prevent the recurrent fragmentation of services to families. Unless the underlying cause or causes of the foregoing problem can be addressed, the fragmentation of services to families may recur in the absence of such a mechanism. If the cause or causes extend beyond the authority of the demonstration project, then either the authority of the project must be increased or the scope of the project decreased. Unless the authority of the demonstration project can be brought into line with the scope of the project, it may not be possible to implement activities that address the fragmentation of services to families.

If there is a clear understanding about the cause or causes of certain problems, *e.g.*, why services to families are fragmented, and sufficient authority to implement activities that address the cause or causes of these problems, then specific implementing activities for addressing these problems can be proposed. These specific implementing activities can be grouped according to a small number of broad objective statements that, in turn, can be grouped according to a smaller number of broader purpose statements. What tasks the demonstration project is supposed to accomplish can then be framed with greater precision according to the problems to be addressed, the specific implementing activities for addressing these problems, and the objectives of these specific implementing activities. If there is no clear understanding about the cause or causes of certain problems, and insufficient authority to implement activities that address the cause or causes of these problems, then specific implementing activities for addressing these problems cannot be proposed, and articulating exactly what tasks the demonstration project is supposed to accomplish becomes problematic.

Given the number and variety of statements describing what tasks the demonstration project is supposed to accomplish, and the number and variety of statements describing how the project is supposed to accomplish these tasks, it could be argued (1) that there is no clear understanding about the cause or causes of certain problems, or (2) that the project may be addressing the symptoms of more deep-seated problems. Alternatively, it could be argued (1) that the scope of the demonstration project was never clearly established, or (2) that the

scope of the project has been changing over time in a nonsystematic fashion. Since the Bureau is neither the appropriate agency nor equipped to conduct a management audit of the demonstration project, this study attempted to identify the cause or causes of problems such as the fragmentation of services to families to help the Legislature, Department of Human Services (DHS), and Hawaii Community Services Council (HCSC) determine, among themselves, what the project could and should do to address these problems.

Findings from a Previous Evaluation

According to a Hawaii Community Services Council report entitled, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992":¹²

Customer Analysis

. . . [A] number of key supporters of the Family Center Demonstration Project--legislators, private funders, and public funders--have widely varying understandings of what the project is and differing agendas for what "product" should result. If these supporters are seen as "customers" of the product, in the sense that they are in the market for certain results and they pay or contribute for what they get, then the fact that each customer understands the product differently indicates a marketing problem--the project has not done an adequate job of communicating with an important segment of its customer base.

* * *

The customer interviews . . . uncovered diverse visions and agendas for the project, each having profound implications for the governance and structure of the project. The fact that these visions can coexist leads to three conclusions. First, while these visions do overlap to some extent, it is clear that the project has not put forth a consistent message about its purpose and methods, even to people deeply involved with the project. Second, it is also clear that the project lacks a method for seeking out the opinions of its customers, building consensus, and incorporating the results into project operations. Third, there has been a lack of evaluative feedback within the project which has allowed multiple visions to coexist without being contradicted by the facts of the project.

* * *

Intent & Accomplishments

* * *

. . . [W]hile many of the activities of the project have been laudable, it is nearly impossible to say whether or not the project has been achieving its intent. . . . [I]f the Family Center Demonstration Project has a single, identifiable intent, it has never been clearly and concisely stated. The result has been difficulty in evaluation and general confusion about the project's purpose and methods, as seen in the "Customer Analysis" section.

There are two primary reasons for the confusion about the project's intent: (1) the original problem statement was exceedingly broad; and (2) the project's strategies have been used interchangeably with its goals.

From an operational standpoint, the project suffers because of this lack of a clear statement of intent. Efforts at monitoring and evaluating the project, providing guidance and oversight, and conducting effective marketing and outreach have all been hampered by the project's broad and unfocused intent. . . .

Planning and the Demonstration Project

This study examines the planning of the demonstration project to assist the Legislature, the DHS, and the HCSC in clarifying:

- (1) The purpose or purposes of the project;
- (2) The implementing activities of the project; and
- (3) The problem statement for the project;

in order to assist all three in determining whether or not the purposes and specific implementing activities of the project are addressing the causes of problems, or the symptoms of more deep-seated problems. If the demonstration project appears to be addressing the symptoms of more deep-seated problems, this study will attempt to offer suggestions on how the Legislature, DHS, and HCSC could go about addressing this situation.¹³ This study attempts to accomplish the abovementioned tasks by asking the following questions:

- (1) What is the purpose of the demonstration project? What should be the purpose of the demonstration project? What is the reason for any difference between the two?

- (2) What is the demonstration project doing in the way of implementing activities? What should the demonstration project be doing in the way of implementing activities? What is the reason for any difference between the two?
- (3) *Are services to families fragmented? Is there a lack of coordination and communication among those who provide services? Do consumers in general, and families (in particular) find it difficult to access services and information? Is access to services and information across agencies difficult? Is access to services and information between fund sources (funders) and providers difficult? Is the impact and effectiveness of service difficult to assess? Is there difficulty in assessing the real needs of families? Are leverage funding and more innovative multiple funding streams needed? Why or why not?*

Survey Data

Problem Definition. According to a survey conducted by the Bureau, the results of which are included in Table 2,¹⁴ it appears that:

- (1) *All of the foregoing problems, e.g., the fragmentation of services to families, have more than one cause;*
- (2) *Some of these problems stem from the same causes;*
- (3) *Some of the foregoing causes, e.g., funding that is problem or crisis-oriented, fragmented, categorical, competitive, or uncoordinated, extend beyond the authority of the demonstration project; and*
- (4) *Some of these causes, e.g., insufficient communication, cooperation, coordination, or collaboration between and among agencies and service providers, are symptoms of even more deep-seated problems.*

For example, services to families may be fragmented because:

- (1) *There is no holistic or family-centered vision of service delivery;*
- (2) *Services are problem or crisis-oriented, unrelated, or provided by many different agencies;*
- (3) *There is insufficient communication, cooperation, coordination, or collaboration between and among agencies and service providers;*
- (4) *Funding is problem or crisis-oriented, fragmented, categorical, competitive, or uncoordinated;*

PURPOSES, ACTIVITIES, AND PROBLEMS

- (5) Agencies do not have enough money, staff, or time; and
- (6) Access to services is difficult.

In addition, problems concerning the fragmentation of services to families, the lack of communication and coordination among those who provide services, and the accessibility of services and information to consumers and families, may be caused by funding that is problem or crisis-oriented, fragmented, categorical, competitive, or uncoordinated. Causes concerning the configuration or nature of funding may extend beyond the authority of the demonstration project and into the jurisdiction of the Legislature or Congress. In addition, causes concerning the territoriality or "turf" thinking of some agencies and service providers may be caused by the desire to preserve one's organization and, consequently, one's job, from harm.

With respect to the need for leverage funding and more innovative multiple funding streams, there may be more than one motive for addressing this problem, and some of these motives may not be compatible with one another. For example, the need for more money may not be compatible with changing the way that state government or service providers do business if the intent of the former is to create more funding streams and the intent of the latter is to make better use of the funding streams that are already in place.

It appears that the problem statement for the demonstration project (1) lacks sufficient detail to describe the multiple causes of some problems, (2) lacks sufficient detail to describe the multiple effects of some causes, (3) addresses some problems that extend beyond the authority of the project, and (4) describes the symptoms of some more deep-seated problems.¹⁵

Implementing Activities. According to a survey conducted by the Bureau, the results of which are included in Table 3,¹⁶ the Governor's Family Center Advisory Committee (GFCAC) and Community Liaison Committees (CLCs),¹⁷ when taken together, appear to believe that "offering a range of community identified activities, services, training opportunities, and information in accessible and supportive locations" is and should be the highest "priority"¹⁸ of the demonstration project in terms of implementing activities.¹⁹ Conversely, the GFCAC and CLCs, when taken together, appear to believe that "developing new and collaborative funding sources for family prevention programs", and "creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs" are the lowest priorities of the demonstration project in terms of implementing activities.²⁰ The GFCAC and CLCs, when taken together, also appear to believe that "educating the community on how to support families", and

"developing new and collaborative funding sources for family prevention programs" should be the lowest priorities of the demonstration project in terms of implementing activities.²¹

The GFCAC and CLCs, when taken together, appear to believe that "developing new and collaborative funding sources for family prevention programs" is and should be a low, if not the lowest, priority of the demonstration project in terms of implementing activities.

According to the data,²² the members of the GFCAC appear to believe that all of the foregoing implementing activities should be receiving more "emphasis"²³ than the activities are currently being afforded by the demonstration project.²⁴ The members of the CLCs appear to believe that all of the foregoing implementing activities should be receiving less emphasis than the activities are currently being afforded by the demonstration project.²⁵ One possible explanation for these latter results is that the members of the CLCs are less certain about the relative amounts of emphasis that the foregoing implementing activities should be given than they are about the relative amounts of emphasis that those activities are actually receiving.

According to the data,²⁶ the members of the CLCs appear to widely disagree on the relative amounts of emphasis that all of the foregoing implementing activities should be afforded by the demonstration project and the relative amount of emphasis that "identifying and meeting unmet needs of families at the community level" is being afforded by the project.²⁷ The former results appear to support the previous explanation that the members of the CLCs are less certain about the amounts of emphasis that these activities should be given as opposed to what they are actually receiving. The members of the GFCAC appear to widely disagree on the relative amounts of emphasis that "educating the community on how to support families" should be afforded by the demonstration project and the relative amounts of emphasis that "educating the community on how to support families" and "developing new and collaborative funding sources for family prevention programs" are being afforded by the project.²⁸ One possible explanation for these latter results is that the members of the GFCAC are less certain about the relative amount of emphasis that "educating the community on how to support families" is actually receiving and should be given, than they are about the relative amounts of emphasis that the other implementing activities are actually receiving and should be given.

According to the data,²⁹ the GFCAC and CLCs appear to disagree most on the level of priority that is being afforded by the demonstration project to "[identify] and [meet] unmet needs of families at the community level"³⁰ and the level of priority that should be afforded by the project to "[coordinate] the provision of core services to families at community-based centers".³¹ Conversely, the GFCAC and CLCs appear to agree most on (1) the level of priority that is being afforded by the demonstration project to "[offer] a range of community identified activities, services, training opportunities, and information in accessible and supportive locations", "[facilitate] access to existing services through community-based

PURPOSES, ACTIVITIES, AND PROBLEMS

centers", and "[educate] the community on how to support families",³² and (2) the level of priority that should be afforded by the project to "[offer] a range of community identified activities, services, training opportunities, and information in accessible and supportive locations".³³

The GFCAC and CLCs appear to agree most on the level of priority that is being and should be afforded by the demonstration project to "[offer] a range of community identified activities, services, training opportunities, and information in accessible and supportive locations".

According to the data,³⁴ the members of the CLCs appear to disagree most over the relative amount of emphasis that is being and should be afforded by the demonstration project to "[develop] new and collaborative funding sources for family prevention programs".³⁵ Conversely, the members of the CLCs appear to disagree least over the relative amount of emphasis that is being and should be afforded by the demonstration project to "[offer] a range of community identified activities, services, training opportunities, and information in accessible and supportive locations".³⁶ The members of the GFCAC appear to disagree most over the relative amount of emphasis that is being and should be afforded by the demonstration project to "[develop] new and collaborative funding sources for family prevention programs".³⁷ Conversely, the members of the GFCAC appear to disagree least over the relative amount of emphasis that is being and should be afforded by the demonstration project to "[identify] and [meet] unmet needs of families at the community level".³⁸

Both the members of the GFCAC and the members of the CLCs appear to disagree most over the relative amount of emphasis that is being and should be afforded by the demonstration project to "[develop] new and collaborative funding sources for family prevention programs".

According to the data,³⁹ the members of the GFCAC appear to disagree most over the level of priority that is being and should be afforded by the demonstration project to "[develop] new and collaborative funding sources for family prevention programs" and "[create] a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs".⁴⁰ The members of the CLCs appear to disagree most over the level of priority that is being and should be afforded by the demonstration project to "[educate] the community on how to support families".⁴¹

According to the data,⁴² there appears to be strong agreement between the GFCAC and CLCs regarding the level of priority that each of the foregoing implementing activities is being afforded by the demonstration project.⁴³ Conversely, there appears to be weak

agreement between the GFCAC and CLCs regarding the level of priority that each of the foregoing implementing activities should be afforded by the demonstration project.⁴⁴

Purposes. According to a survey conducted by the Bureau, the results of which are included in Table 4,⁴⁵ the GFCAC and CLCs, when taken together, appear to believe that "[strengthening] and [building] on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community" is and should be the highest "priority"⁴⁶ of the demonstration project in terms of purposes.⁴⁷ Conversely, the GFCAC and CLCs, when taken together, appear to believe that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services" and "[reducing] fragmentation in human services" are the lowest priorities of the demonstration project in terms of purposes.⁴⁸ The GFCAC and CLCs, when taken together, also appear to believe that "[reducing] fragmentation in human services" should be the lowest priority of the demonstration project in terms of purposes.⁴⁹

The GFCAC and CLCs, when taken together, appear to believe that "[reducing] fragmentation in human services" is and should be a low, if not the lowest, priority of the demonstration project in terms of purposes.

According to the data,⁵⁰ the members of the GFCAC appear to believe that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services" and "[strengthening] and [building] on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community" should be receiving more "emphasis"⁵¹ than the purposes are currently being afforded by the demonstration project.⁵² The members of the GFCAC also appear to believe that "[testing] the effectiveness of the family center concept" and "[implementing] state-wide an effective primary prevention service delivery system that will improve the quality of life for families" should be receiving less emphasis than the purposes are currently being afforded by the demonstration project.⁵³ The members of the GFCAC appear to believe that "[developing] a community's capacity to identify and resolve its problems and fully utilize its assets" and "[reducing] fragmentation in human services" should be receiving the same emphasis than the purposes are currently being afforded by the demonstration project.⁵⁴ The members of the CLCs appear to believe that all of the foregoing purposes should be receiving less emphasis than the purposes are currently being afforded by the demonstration project.⁵⁵ One possible explanation for the latter result is that the members of the CLCs are less certain about the relative amounts of emphasis that the foregoing purposes should be given, than they are about the relative amounts of emphasis that those purposes are actually receiving.

Both the members of the GFCAC and the members of the CLCs appear to believe that "[testing] the effectiveness of the family center concept" and "[implementing] state-wide an effective primary prevention service delivery system that will improve the quality of life for families" should be receiving less emphasis than the purposes are currently being afforded by the demonstration project.

PURPOSES, ACTIVITIES, AND PROBLEMS

Table 2

SUMMARY OF RESULTS FROM PART III OF QUESTIONNAIRE #1

Services to families are fragmented because:

- (1) There is no holistic or family-centered vision of service delivery;
- (2) Services are problem or crisis-oriented, unrelated, or provided by many different agencies;
- (3) There is insufficient communication, cooperation, coordination, or collaboration between and among agencies and service providers;
- (4) Funding is problem or crisis-oriented, fragmented, categorical, competitive, or uncoordinated;
- (5) Agencies do not have enough money, staff, or time; and
- (6) Access to services is difficult.

There is a lack of coordination and communication among those who provide services because:

- (1) Service providers are territorial, competitive, or uncooperative;
- (2) Service providers do not have enough time, staff, or resources, and there is too much work;
- (3) There is insufficient incentive, effort, or opportunity, and service providers are not aware of one another;
- (4) Funding is fragmented, and programs are categorical or fragmented; and
- (5) There are problems at the state level that need to be resolved.

Consumers in general and families (in particular) find it difficult to access services and information because:

- (1) Consumers or families may not know what exists, where to go, or who to ask, consumers or families may be reluctant, and consumers or families may not have the means;
- (2) The services or information are inconveniently located, physically inaccessible, or not well publicized;
- (3) Agencies do not have enough money or personnel;
- (4) Funding is categorical, and services are problem-oriented, categorical, or fragmented; and
- (5) Government agencies or service providers have a poor attitude.

Access to services and information across agencies is difficult because:

- (1) Agencies do not have enough time, staff, or resources;
- (2) Agencies do not know or cannot explain what other services are available;

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (3) Funding is categorical or competitive, and services are fragmented or provided by many different agencies;
- (4) There is no incentive; and
- (5) The services or information are inconveniently located, physically inaccessible, or not well publicized.

Access to services and information between fund sources and providers is difficult because:

- (1) Funding or fund sources are categorical, have different requirements, or serve different groups;
- (2) There is not enough communication, cooperation, collaboration, or standardization of information; and
- (3) Funding is limited, not forthcoming, or must be sought out.

The impact and effectiveness of service is difficult to assess because:

- (1) Behavioral changes occur over time, and long-range or longitudinal assessments are needed to assess behavioral changes;
- (2) Outcomes have not been established or identified, and a target population has not been specified;
- (3) There are many variables that contribute to behavioral changes; and
- (4) Measuring instruments do not exist or are not well developed, and outcomes are subjective or not amenable to measurement.

There is difficulty in assessing the real needs of families because:

- (1) Families may not know how, may not have the means, or may be reluctant to discuss their needs, and families may not know their own needs;
- (2) There has been little or no effort to assess the needs of families; and
- (3) There is no comprehensive value system.

Leverage funding and more innovative multiple funding streams are needed:

- (1) Because more money is needed, and funding is unreliable, insufficient, or limited;
- (2) To change the way that state government or service providers do business, and to reduce service gaps, overlaps, or fragmentation;
- (3) *To provide needed services or programs, and to empower families or communities; and*
- (4) To change the configuration or nature of funding.

Table 3
SUMMARY OF RESULTS FROM
PART II OF QUESTIONNAIRE NO. 1

Questionnaires	RANGE		MEAN		MEAN DIFFERENCE	RANK OF MEAN		RANK OF MEAN DIFFERENCE	NUMBER OF COMPLETE RESPONSES SETS
	What Is	What Should Be	What Is	What Should Be		What Is	What Should Be		
(1) To the best of my knowledge the Family Center Demonstration Project is coordinating the provision of core services to families at community-based centers. (Circle one number.) In my opinion the demonstration project should be coordinating the provision of core services to families at community-based centers. (Circle one number.) 1 2 3 4 5 Strongly Disagree Neutral Agree Strongly Do Not agree know disagree	3-5	3-5	3.89	4.09	0.22	5	7	6	9
	NA	2-4	2.00	3.00	0.67	7	7	6	3
	1-5	2-5	3.50	4.00	0.50	6	7	3	6
	3-5	1-5	4.50	4.26	0.55	4	2.5	5	33
(2) To the best of my knowledge the Family Center Demonstration Project is offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings. (Circle one number.) In my opinion the demonstration project should be offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings. (Circle one number.) 1 2 3 4 5 Strongly Disagree Neutral Agree Strongly Do Not agree know disagree	3-5	4-5	4.20	4.55	0.40	1.5	1.5	3.5	10
	3-5	4-5	4.00	4.75	0.75	1.5	1.5	4.5	4
	4-5	4-5	4.71	4.86	0.14	1.5	1	5.5	7
	3-5	1-5	4.74	4.59	0.45	1	1	7	33
(3) To the best of my knowledge the Family Center Demonstration Project is facilitating access to existing services through community-based centers. (Circle one number.) In my opinion the demonstration project should be facilitating access to existing services through community-based centers. (Circle one number.) 1 2 3 4 5 Strongly Disagree Neutral Agree Strongly Do Not agree know disagree	3-5	4-5	4.20	4.55	0.40	1.5	1.5	3.5	10
	2-5	4-5	4.00	4.75	0.75	1.5	1.5	4.5	4
	4-5	4-5	4.71	4.71	0	1.5	2.5	7	7
	4-5	1-5	4.66	4.26	0.74	2	2.5	3	34

Table 3 Continued

Questionnaires	RANGE		MEAN		MEAN DIFFERENCE	RANK OF MEAN		RANK OF MEAN DIFFERENCE	NUMBER OF COMPLETE RESPONSES SETS
	What Is	What Should Be	What Is	What Should Be		What Is	What Should Be		
(4) To the best of my knowledge the Family Center Demonstration Project is identifying and meeting unmet needs of families at the community level. In my opinion the demonstration project should be identifying and meeting unmet needs of families at the community level. 1 2 3 4 5 0 Strongly Disagree Neutral Agree Strongly Do Not disagree agree know	3-5	3-5	4.00	4.18	0.20	3.5	5	7	10
	2-4	4-5	3.00	4.67	1.67	4.5	3	1	3
	4-5	4-5	4.43	4.57	0.14	3	4.5	5.5	7
	2-5	1-5	4.33	4.23	0.54	5	4	6	35
(5) To the best of my knowledge the Family Center Demonstration Project is educating the community on how to support families. In my opinion the demonstration project should be educating the community on how to support families. 1 2 3 4 5 0 Strongly Disagree Neutral Agree Strongly Do Not disagree agree know	2-5	2-5	4.00	4.10	0.33	3.5	6	5	9
	3-4	4-5	3.75	4.25	0.50	3	5.5	7	4
	3-5	4-5	4.14	4.57	0.43	4	4.5	4	7
	3-5	1-5	4.57	4.20	0.59	3	5	4	34
(6) To the best of my knowledge the Family Center Demonstration Project is developing new and collaborative funding sources for family prevention programs. In my opinion the demonstration project should be developing new and collaborative funding sources for family prevention programs. 1 2 3 4 5 0 Strongly Disagree Neutral Agree Strongly Do Not disagree agree know	2-5	3-5	3.50	4.36	0.90	7	4	1	10
	2-4	4-5	2.75	4.25	1.50	6	5.5	2.5	4
	2-5	4-5	3.71	4.71	1.00	5	2.5	2	7
	3-5	1-5	4.32	4.03	0.86	6	7	1	26

Table 4

SUMMARY OF RESULTS FROM PART I OF QUESTIONNAIRE NO. 1

Questionnaires	RANGE		MEAN		MEAN DIFFERENCE	RANK OF MEAN		RANK OF MEAN DIFFERENCE	NUMBER OF COMPLETE RESPONSES SETS
	What Is	What Should Be	What Is	What Should Be		What Is	What Should Be		
(1) To the best of my knowledge the purpose of the Family Center Demonstration Project is to test the effectiveness of the family center concept. (Circle one number.) In my opinion the purpose of the demonstration project should be to test the effectiveness of the family center concept. (Circle one number.) 1 2 3 4 5 0 Strongly Disagree Neutral Agree Strongly Do Not disagree agree know	4-5	4-5	4.64	4.55	0.09	1	2.5	3	11
	4-5	4-5	4.25	4.25	0	1.5	2.5	5	4
	2-5	2-5	4.43	4.43	0.86	3	3	2.5	7
	3-5	1-5	4.50	4.00	0.65	5	5	2	31
(2) To the best of my knowledge the purpose of the Family Center Demonstration Project is to test models of service delivery that enhance support to individuals and families in need of health and human services. (Circle one number.) In my opinion the purpose of the demonstration project should be to test models of service delivery that enhance support to individuals and families in need of health and human services. (Circle the appropriate response.) 1 2 3 4 5 0 Strongly Disagree Neutral Agree Strongly Do Not disagree agree know	2-5	2-5	3.36	3.45	0.09	6	6	3	11
	2-4	2-4	3.25	3.25	0	5.5	5.5	5	4
	2-5	2-5	4.29	4.29	0.86	4	4	2.5	7
	1-5	1-5	4.57	4.29	0.62	4	3	4	34
(3) To the best of my knowledge the purpose of the Family Center Demonstration Project is to develop a community's capacity to identify and resolve its problems and fully utilize its assets. (Circle one number.) In my opinion the purpose of the demonstration project should be to develop a community's capacity to identify and resolve its problems and fully utilize its assets. (Circle one number.) 1 2 3 4 5 0 Strongly Disagree Neutral Agree Strongly Do Not disagree agree know	2-5	2-5	4.55	4.55	0	2.5	2.5	5.5	11
	4-5	4-5	4.25	4.50	0.25	1.5	1	2.5	4
	3-5	4-5	4.57	4.86	0.29	1.5	1	4.5	7
	3-5	1-5	4.80	4.34	0.63	2	2	3	35

Table 4 Continued

Questionnaires	RANGE		MEAN		MEAN DIFFERENCE	RANK OF MEAN		RANK OF MEAN DIFFERENCE	NUMBER OF COMPLETE RESPONSES SETS	
	What Is	What Should Be	What Is	What Should Be		What Is	What Should Be			
(4) To the best of my knowledge the purpose of the Family Center Demonstration Project is to strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community. (Circle one number.) 1 Strongly disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly agree 0 Do Not know	GFCAC	4.5	4.5	4.55	4.64	0.09	2.5	1	3	11
	DHS/HCSC	NA	4.5	4.00	4.25	0.25	3	2.5	2.5	4
	LAs/FCs	4.5	4.5	4.57	4.71	0.14	1.5	2	6	7
	CLCs	2.5	1.5	4.83	4.46	0.43	1	1	6	35
(5) To the best of my knowledge the purpose of the Family Center Demonstration Project is to implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families. (Circle one number.) 1 Strongly disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly agree 0 Do Not know	GFCAC	2.5	2.5	4.00	3.82	0.18	5	5	1	11
	DHS/HCSC	2.4	2.4	3.25	3.25	1.00	5.5	5.5	1	4
	LAs/FCs	1.5	2.5	3.86	4.00	1.00	6	6	1	7
	CLCs	3.5	1.5	4.74	4.18	0.72	3	4	1	32
(6) To the best of my knowledge the purpose of the Family Center Demonstration Project is to reduce fragmentation in human services. (Circle one number.) 1 Strongly disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly agree 0 Do Not know	GFCAC	2.5	2.5	4.09	4.09	0	4	4	5.5	11
	DHS/HCSC	3.4	3.4	3.75	3.75	0	4	4	5	4
	LAs/FCs	3.5	4.5	4.14	4.14	0.29	5	5	4.5	7
	CLCs	3.5	1.5	4.29	3.86	0.55	6	6	5	33

Table 4 Continued

"CLCs" mean the community liaison committees
"DHS" means the Department of Human Services
"FCs" mean the family centers
"GFAC" means the Governor's Family Center Advisory Committee
"HCSC" means the Hawaii Community Services Council
"LAs" mean the lead agencies for the family centers
"NA" means not applicable

PURPOSES, ACTIVITIES, AND PROBLEMS

According to the data,⁵⁶ the members of the CLCs appear to widely disagree on the relative amounts of emphasis that all of the foregoing purposes should be afforded by the demonstration project and the relative amounts of emphasis that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services" and "[strengthening] and [building] on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community" are being afforded by the demonstration project.⁵⁷ The former results appear to support the previous explanation that the members of the CLCs are less certain about the amounts of emphasis that these purposes should be given as opposed to what they are actually receiving. The members of the GFCAC appear to widely disagree on the relative amounts of emphasis that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services", "[developing] a community's capacity to identify and resolve its problems and fully utilize its assets", "[implementing] state-wide an effective primary prevention service delivery system that will improve the quality of life for families", and "[reducing] fragmentation in human services" are being and should be afforded by the demonstration project.⁵⁸

According to the data,⁵⁹ both the members of the GFCAC and the members of the CLCs appear to widely disagree on the relative amount of emphasis that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services" is being and should be afforded by the demonstration project.⁶⁰

According to the data,⁶¹ the GFCAC and CLCs appear to disagree most on the level of priority that is being afforded by the demonstration project to "test the effectiveness of the family center concept"⁶² and the level of priority that should be afforded by the project to "test models of service delivery that enhance support to individuals and families in need of health and human services".⁶³ Conversely, the GFCAC and CLCs appear to agree most on the level of priority that is being afforded by the demonstration project to "develop a community's capacity to identify and resolve its problems and fully utilize its assets"⁶⁴ and the level of priority that should be afforded by the project to "strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community".⁶⁵

According to the data,⁶⁶ the members of the CLCs appear to disagree most over the relative amount of emphasis that is being and should be afforded by the demonstration project to "implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families".⁶⁷ Conversely, the members of the CLCs appear to disagree least over the relative amount of emphasis that is being and should be afforded by the demonstration project to "strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community".⁶⁸ The members of the GFCAC appear to disagree most over the relative amount of emphasis that is being and should be afforded by the demonstration project to "implement state-wide an effective primary prevention service delivery system that will improve the quality of life for

families".⁶⁹ Conversely, the members of the GFCAC appear to disagree least over the relative amounts of emphasis that are being and should be afforded by the demonstration project to "develop a community's capacity to identify and resolve its problems and fully utilize its assets" and "reduce fragmentation in human services".⁷⁰

Both the members of the GFCAC and the members of the CLCs appear to disagree most over the relative amount of emphasis that is being and should be afforded by the demonstration project to "implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families".

According to the data,⁷¹ the members of the GFCAC appear to disagree most over the level of priority that is being and should be afforded by the demonstration project to "test the effectiveness of the family center concept" and "strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community".⁷² The members of the CLCs appear to disagree most over the level of priority that is being and should be afforded by the demonstration project to "test models of service delivery that enhance support to individuals and families in need of health and human services" and "implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families".⁷³

According to the data,⁷⁴ there appears to be weak agreement between the GFCAC and CLCs regarding the level of priority that each of the foregoing purposes is being afforded by the demonstration project.⁷⁵ Conversely, there appears to be moderate agreement between the GFCAC and CLCs regarding the level of priority that each of the foregoing purposes should be afforded by the demonstration project.⁷⁶

Summary

Problem Statement. It appears that the problem statement for the demonstration project (1) lacks sufficient detail to describe the multiple causes of some problems, (2) lacks sufficient detail to describe the multiple effects of some causes, (3) addresses some problems that extend beyond the authority of the project, and (4) describes the symptoms of some more deep-seated problems. While this study helps to clarify the original problem statement, the Bureau believes that the Legislature, DHS, and HCSC should consider conducting more work in this area. The Bureau therefore recommends that the Legislature, DHS, and HCSC consider spending some time and effort on the further development of the problem statement for the demonstration project.

Implementing Activities. The GFCAC and CLCs, when taken together, appear to believe that:

- (1) "Offering a range of community identified activities, services, training opportunities, and information in accessible and supportive locations" is and

PURPOSES, ACTIVITIES, AND PROBLEMS

should be the highest "priority" of the demonstration project in terms of implementing activities; and

- (2) "Developing new and collaborative funding sources for family prevention programs" is and should be a low, if not the lowest, priority of the project in terms of implementing activities.

There appears to be strong agreement between the GFCAC and CLCs on the level of priority that each of the foregoing implementing activities is being given by the demonstration project, but weak agreement on the level of priority that each of those activities should be given.

Since both the GFCAC and CLCs have important advisory roles with respect to the planning of the demonstration project, the GFCAC and CLCs should make an effort to come to some agreement on the level of priority that each of the foregoing implementing activities should be given by the project. The Bureau therefore recommends that the Legislature, DHS, and HCSC consider spending some time and effort to develop an agreement regarding the level of priority that each of the foregoing implementing activities should be afforded by the demonstration project.

Purposes. The GFCAC and CLCs, when taken together, appear to believe that:

- (1) "[Strengthening] and [building] on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community" is and should be the highest "priority" of the demonstration project in terms of purposes; and
- (2) "[Reducing] fragmentation in human services" is and should be a low, if not the lowest, priority of the demonstration project in terms of purposes.

There appears to be weak agreement between the GFCAC and CLCs regarding the priority that each of the foregoing purposes is being afforded by the demonstration project, but moderate agreement on the level of priority that each of those purposes should be given by the demonstration project. Again, since both the GFCAC and CLCs have important advisory roles with respect to the planning of the demonstration project, both groups should make an effort to come to some agreement on the level of priority that each of the foregoing purposes is being afforded and should be given by the project. The Bureau therefore recommends that the Legislature, DHS, and HCSC consider spending some time and effort to develop an agreement regarding the level of priority that each of the foregoing purposes should be afforded by the demonstration project.

Endnotes

1. 1990 Haw. Sess. Laws, Act 329; 1992 Haw. Sess. Laws, Act 188.

Act 188, Session Laws of Hawaii 1992, amended this particular provision by: (1) changing the name of the "Family Support Center Demonstration Project" to the "Family Center Demonstration Project"; (2) repealing provisions limiting the demonstration project to one family center located on the island of Oahu; and (3) adding provisions authorizing the establishment of more than one family center. Act 356, Session Laws of Hawaii 1993 did not amend this particular provision.
2. 1990 Haw. Sess. Laws, Act 329; 1992 Haw. Sess. Laws, Act 188.

Act 188, Session Laws of Hawaii 1992, amended this particular provision by: (1) changing the name of the "Family Support Center Demonstration Project" to the "Family Center Demonstration Project"; (2) repealing provisions limiting the demonstration project to one family center located on the island of Oahu; and (3) adding provisions authorizing the establishment of more than one family center. Act 356, Session Laws of Hawaii 1993 did not amend this particular provision.
3. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), p. 1.
4. Ibid., p. 1.
5. Hawaii Community Services Council, "Request for Proposal: The Family Center Demonstration Project, 1990-1992" (undated: circa August 13, 1990), p. 1.
6. Hawaii Community Services Council, "The Family Center System: An Evaluation and Report on Accomplishments, Period of Evaluation: July 1990 - October 1991" (November 1991), p. 5.
7. Ibid., p. 5.
8. Hawaii Community Services Council, "The Family Center Demonstration Project: A Second Year Status Report, October 1991 - December 1992" (March 1993), p. 1.
9. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 5 and 134.
10. Hawaii Community Services Council, "The Family Center Plan: The Final Report of the Family Center Planning Committee" (August 1990), p. 2.
11. "Program structure" means a display of programs that are grouped in accordance with the objectives to be achieved or the functions to be performed. Hawaii Rev. Stat., sec. 37-62.
12. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 3-5. and 133-134.
13. It is not appropriate for the Bureau to impose a purpose or purposes, objectives, and implementing activities on the demonstration project. The Bureau seeks to provide the Legislature, Department of Human Services, and Hawaii Community Services Council with the information that will allow all three to come to a consensus on the purpose or purposes, objectives, and implementing activities of the demonstration project.
14. Refer to Appendix K, part III of Questionnaire #1 Summary.

PURPOSES, ACTIVITIES, AND PROBLEMS

15. This does not mean that (1) the multiple causes of problems cannot be described, (2) the multiple effects of causes cannot be described, (3) problems that extend beyond the authority of the demonstration project cannot be addressed, or (4) the underlying cause or causes of more deep-seated problems cannot be described; rather, it means that the original problem statement does not readily lend itself to these activities.
16. Refer to Appendix K, part II of Questionnaire #1 Summary.

Refer to "Rank of Mean".
17. Although the Bureau surveyed individuals with the Department of Human Services and the Hawaii Community Services Council, the lead agencies for the family centers, and the family centers, the following analyses and discussions are limited to the Governor's Family Center Advisory Committee (GFCAC) and Community Liaison Committees (CLCs). The Bureau lacked sufficient time and resources to perform comprehensive and detailed analyses of all the data collected for this study.
18. "Priority" refers to the "ranking", e.g., "1", "2", "3", "4", "5", "6", or "7", given to an implementing activity rather than the rating, i.e., "strongly disagree", "disagree", "neutral", "agree", or "strongly agree", given to the activity.
19. The former was determined by summing the ranks of what is, and then selecting the value or values closest to 2.0. The latter was determined by summing the ranks of what should be, and then selecting the value or values closest to 2.0. A rank of "1" (the highest rank possible) added to another rank of "1" equals 2.0 (the highest combined rank possible).
20. This was determined by summing the ranks of what is, and then selecting the value or values closest to 14.0. A rank of "7" (the lowest rank possible) added to another rank of "7" equals 14.0 (the lowest combined rank possible).
21. This was determined by summing the ranks of what should be, and then selecting the value or values closest to 14.0.
22. Refer to "Mean".
23. "Emphasis" refers to the rating, i.e., "strongly disagree", "disagree", "neutral", "agree", or "strongly agree", given to an implementing activity rather than the "ranking", e.g., "1", "2", "3", "4", "5", "6", or "7", given to the activity.
24. This was determined by searching for instances where the mean of what should be was greater than the mean of what is.
25. This was determined by searching for instances where the mean of what should be was less than the mean of what is.
26. Refer to "Range".
27. The members of the CLCs appear to have a full range of opinions (1-5) concerning the relative amounts of emphasis that all of the foregoing implementing activities should be afforded by the demonstration project. The only other implementing activity that generated a full range of opinions from the members of the CLCs (2-5) concerned the relative amount of emphasis that "identifying and meeting unmet needs of families at the community level" is being afforded by the demonstration project.

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

28. The members of the GFCAC appear to have a full range of opinions (2-5) concerning the relative amount of emphasis that "educating the community on how to support families" should be afforded by the demonstration project and the relative amounts of emphasis that "educating the community on how to support families" and "developing new and collaborative funding sources for family prevention programs" are being afforded by the project.

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.

29. Refer to "Rank".
30. This was determined by computing the absolute value of the difference between the ranks of what is, and then selecting the value or values closest to 6.0. A rank of "1" (the highest rank possible) subtracted from a rank of "7" (the lowest rank possible) equals 6.0 (the largest difference between ranks possible).
31. This was determined by computing the absolute value of the difference between the ranks of what should be, and then selecting the value or values closest to 6.0.
32. This was determined by computing the absolute value of the difference between the ranks of what is, and then selecting the value or values closest to zero. A rank of "1" (the highest rank possible) subtracted from another rank of "1" equals zero (the smallest difference between ranks possible).
33. This was determined by computing the absolute value of the difference between the ranks of what should be, and then selecting the value or values closest to zero.
34. Refer to "Rank of Mean Difference".
35. This was determined by searching for the largest mean difference.
36. This was determined by searching for the smallest mean difference.
37. This was determined by searching for the largest mean difference.
38. This was determined by searching for the smallest mean difference.
39. Refer to "Rank of Mean".
40. This was determined by computing the absolute value of the difference between the rank for the mean of what is and the rank for the mean of what should be".
41. Ibid.
42. Refer to "Rank of Mean".
43. This was determined by comparing the ranks for the means of what is.
44. This was determined by comparing the ranks for the means of what should be.
45. Refer to Appendix K, part I of Questionnaire #1 Summary.
- Refer to "Rank of Mean".
46. "Priority" refers to the "ranking", e.g., "1", "2", "3", "4", "5", or "6", given to a purpose rather than the rating, i.e., "strongly disagree", "disagree", "neutral", "agree", or "strongly agree", given to the purpose.

PURPOSES, ACTIVITIES, AND PROBLEMS

47. The former was determined by summing the ranks of what is, and then selecting the value or values closest to 2.0. The latter was determined by summing the ranks of what should be, and then selecting the value or values closest to 2.0. A rank of "1" (the highest rank possible) added to another rank of "1" equals 2.0 (the highest combined rank possible).
48. This was determined by summing the ranks of what is, and then selecting the value or values closest to 12.0. A rank of "6" (the lowest rank possible) added to another rank of "6" equals 12.0 (the lowest combined rank possible).
49. This was determined by summing the ranks of what should be, and then selecting the value or values closest to 12.0.
50. Refer to "Mean".
51. "Emphasis" refers to the rating, i.e., "strongly disagree", "disagree", "neutral", "agree", or "strongly agree", given to a purpose rather than the "ranking", e.g., "1", "2", "3", "4", "5", or "6", given to the purpose.
52. This was determined by searching for instances where the mean of what should be was greater than the mean of what is.
53. This was determined by searching for instances where the mean of what should be was less than the mean of what is.
54. This was determined by searching for instances where the mean of what should be was equal to the mean of what is.
55. This was determined by searching for instances where the mean of what should be was less than the mean of what is.
56. Refer to "Range".
57. The members of the CLCs appear to have a full range of opinions (1-5) concerning the relative amounts of emphasis that all of the foregoing purposes should be afforded by the demonstration project. The only other purposes that generated a full range of opinions from the members of the CLCs (1-5 or 2-5) concerned the relative amounts of emphasis that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services" and "[strengthening] and [building] on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community" are being afforded by the demonstration project.

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.

58. The members of the GFCAC appear to have a full range of opinions (2-5) concerning the relative amounts of emphasis that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services", "[developing] a community's capacity to identify and resolve its problems and fully utilize its assets", "[implementing] state-wide an effective primary prevention service delivery system that will improve the quality of life for families", and "[reducing] fragmentation in human services" are being and should be afforded by the demonstration project.

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

59. Refer to "Range".
60. Both the members of the GFCAC and the members of the CLCs appear to have a full range of opinions (1-5 and 2-5) concerning the relative amount of emphasis that "[testing] models of service delivery that enhance support to individuals and families in need of health and human services" is being and should be afforded by the demonstration project.

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.
61. Refer to "Rank".
62. This was determined by computing the absolute value of the difference between the ranks of what is, and then selecting the value or values closest to 5.0. A rank of "1" (the highest rank possible) subtracted from a rank of "6" (the lowest rank possible) equals 5.0 (the largest difference between ranks possible).
63. This was determined by computing the absolute value of the difference between the ranks of what should be, and then selecting the value or values closest to 5.0.
64. This was determined by computing the absolute value of the difference between the ranks of what is, and then selecting the value or values closest to zero. A rank of "1" (the highest rank possible) subtracted from another rank of "1" equals zero (the smallest difference between ranks possible.)
65. This was determined by computing the absolute value of the difference between the ranks of what should be, and then selecting the value or values closest to zero.
66. Refer to "Rank of Mean Difference".
67. This was determined by searching for the largest mean difference.
68. This was determined by searching for the smallest mean difference.
69. This was determined by searching for the largest mean difference.
70. This was determined by searching for the smallest mean difference.
71. Refer to "Rank of Mean".
72. This was determined by computing the absolute value of the difference between the rank for the mean of what is and the rank for the mean of what should be".
73. Ibid.
74. Refer to "Rank of Mean".
75. This was determined by comparing the ranks for the means of what is.
76. This was determined by comparing the ranks for the means of what should be.

Chapter 8

OBJECTIVES AND OUTCOMES

Purposes and Short-term and Long-term Objectives

The purposes and short-term and long-term objectives of each family center should be similar to the purposes and objectives of the Family Center Demonstration Project if each family center is a component of the demonstration project. Similarly, the purposes and short-term and long-term objectives of one family center should be similar to the purposes and objectives of another family center if the larger purpose of the demonstration project (1) is to develop cost-effective programs for measurably reducing social pathology and increasing social well-being and (2) will involve comparing the effectiveness of one family center with the effectiveness of another family center.¹ Although "similar" does not mean "identical", it becomes increasingly difficult to view each family center as a component of the demonstration project and to compare the effectiveness of one family center with the effectiveness of another family center as the purposes and objectives of the family centers and the demonstration project become increasingly dissimilar. Depending on the larger purpose of the demonstration project, the foregoing dissimilarities could be a detriment to the successful implementation of the project.

This study examines the planning of the demonstration project to assist the Legislature in clarifying the purposes and short-term and long-term objectives of the project with respect to desired outcomes. The purpose of this study is not to criticize or find fault with the planning of the demonstration project.² Instead, the purpose of this study is to promote congruence between the expected and desired outcomes for the demonstration project.³ The Legislature should address the following policy question: "Does the demonstration project have a larger purpose?" If the answer to this question is "yes", then the Legislature should describe this larger purpose for the Department of Human Services (DHS) and Hawaii Community Services Council (HCSC), *e.g.*, to develop cost-effective programs for measurably reducing social pathology and increasing social well-being. If the answer to this question is "no", then the Legislature should determine how expected data from the demonstration project will be used to effect changes in the current human services system, *e.g.*, what existing state objectives and policies will be amended or repealed, and what new objectives and policies will be added?

This study attempts to determine:

- (1) The purposes of the demonstration project;
- (2) The short-term and long-term objectives of the demonstration project with respect to the purposes of the project; how the objectives of the demonstration project effectuate its purposes; the measurable indicators of success for the short-term and long-term objectives of the demonstration project; and how the

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

measurable indicators of success for the demonstration project relate to the objectives of the project.

Although similar data were collected from the family centers,⁴ the Bureau limited the scope of this study to issues concerning the purposes and short-term and long-term objectives of the demonstration project. Discussions regarding the purposes and objectives of the demonstration project--whatever the Legislature expected or desired them to be--should take precedence over discussions concerning the purposes and objectives of individual family centers.

This study describes one view concerning the purposes and short-term and long-term objectives of the demonstration project. Other views concerning the purposes and objectives of the demonstration project exist,⁵ and all of these views can be considered legitimate since the enabling legislation for the demonstration project does not clearly spell out the purpose of the project or its desired outcomes. The purpose of this study is not to document all of these views or to advocate a particular view; rather, the purpose is to provide the Legislature with a framework and starting point for expressing its own views concerning the purposes and objectives of the demonstration project. This study also provides the Legislature with one "vision" for the future of the State's human services system and the demonstration project if the foregoing framework proves to be incompatible with the decisionmaking processes of the Legislature. Again, the purpose of this study is not to discuss all of the possible visions for the human services system and demonstration project or to advocate a particular vision; rather, the purpose is to provide the Legislature with an alternative method and starting point for expressing its own views concerning these purposes and objectives.

Although any vision would still need to be made operational (*i.e.*, translated into functional terms) by the DHS and HCSC, such a vision-driven approach may prove to be more compatible with the decisionmaking processes of the legislature given the relative unfamiliarity of the public with the emerging concept of results-oriented (outcome-driven) government.⁶ This approach could (1) give the Legislature more time to develop public policy for the human services system, (2) deter attempts by specific individuals and special interest groups to micromanage human services programs, (3) allow the Legislature to utilize the personnel and program resources of executive branch agencies, (4) give the DHS, DOE, DOH, and DLIR more time to conceptualize human services programs, and (5) make executive branch agencies more accountable for carrying out the policies established by the Legislature for the human services system. Most of all, this approach could allow legislators and legislative committees to focus discussions on the more abstract, policy oriented concepts, such as the fragmentation of services to families and the specification of outcome objectives with a wider range of constituents, which is the most effective use of the legislative arena.

OBJECTIVES AND OUTCOMES

One View

The purposes of the demonstration project are to:

- (1) "To test the Family Center concept as a method of empowering families . . . to help themselves . . .";
- (2) "To test the Family Center concept as a method of empowering . . . communities to help themselves . . ."; and
- (3) ". . . [T]o act as a catalyst for systems change".

The short-term objectives of the demonstration project are to:

- (1) "Allow different communities to implement family centers (based on principles provided through training and consultation) in different ways";
- (2) "Provide training . . . opportunities to the community to learn about family strengthening principles . . .";
- (3) "Provide training . . . opportunities to the community to learn about . . . family centers";
- (4) "Provide . . . educational opportunities to the community to learn about family strengthening principles . . ."; and
- (5) "Provide . . . educational opportunities to the community to learn about . . . family centers".

The short-term objectives of the demonstration project effectuate the purposes of the project:

- (1) "By providing for a base of [experience] from which a model or models can be developed";
- (2) "By informing people beyond the project of the principles of family . . . strengthening"; and
- (3) "By informing people beyond the project of the principles of . . . community strengthening".

The measurable indicators of success for the short-term objectives of the demonstration project are the:

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (1) "Number of people using the centers"; and
- (2) "Numbers of people attending training sessions".

The measurable indicators of success for the demonstration project relate to the short-term objectives of the project because:

- (1) "They indicate a level of interest in . . . the actual center operations . . ."; and
- (2) "They indicate a level of interest in . . . the general concepts behind the centers".

The long-term objectives of the demonstration project are to:

- (1) ". . . [D]emonstrate actual improvement in the lives of families . . . where sites operate through the use of family strengthening . . . strategies";
- (2) ". . . [D]emonstrate actual improvement in the lives of . . . communities where sites operate through the use of . . . community building/strengthening strategies";
- (3) ". . . [M]ake it easier for families to access both formal and informal support by reducing the fragmentation . . . of the formal support systems at the community level . . .";
- (4) ". . . [M]ake it easier for families to access both formal and informal support by reducing the . . . confusion of the formal support systems at the community level . . .";
- (5) ". . . [M]ake it easier for families to access both formal and informal support by . . . increasing the availability of information support systems at the community level"; and
- (6) "[A]ct as a catalyst for changes in systems at the policy level".

The long-term objectives of the demonstration project effectuate the purposes of the project:

- (1) "[B]y providing information on whether the implementation of the principles actually result in families . . . being better off";
- (2) "[B]y providing information on whether the implementation of the principles actually result in . . . communities being better off";

OBJECTIVES AND OUTCOMES

- (3) "[B]y addressing the barriers to access to services . . .";
- (4) ". . . [B]y increasing the [capacity] for communities to assist families to help themselves"; and
- (5) "[B]y identifying what kinds of changes would facilitate improved use of resources at the community level".

The measurable indicators of success for the long-term objectives of the demonstration project are:

- (1) "[S]elf-reports of improvement by families involved in sites";
- (2) "[S]elf-reports of increased access to services . . .";
- (3) "[S]elf-reports of . . . [increased] support through informal systems"; and
- (4) "[A]nalysis of how current systems actually operate at the community level and recommendations for change".

The measurable indicators of success for the demonstration project relate to the long-term objectives of the project because:

- (1) "[I]ncremental changes in the lives of families who participate in the sites are the basis for any significant change in policy outcomes (such as reduction in delinquency, or an increase in graduation rates); self-reports from families provide for insight into these incremental changes";
- (2) "[I]ncreased access essentially relates to satisfaction with the service delivery system--increased satisfaction would lead to greater and possibly earlier use of the system in times of stress--use of the system would allow families to cope with problems experienced";
- (3) "[I]ncreased informal support would mean that families are less isolated and have places to turn to for coping with situations that they can handle with assistance from their own networks--consciously helping families to expand their networks of support would lead to greater sense of community--an increased sense of community would allow communities to identify and collectively tackle more difficult problems"; and
- (4) "[P]olicies and systems that are created at a higher level are often well intended, but as they are translated into operations they become barriers to access rather than the supports that they were intended to be; at the community level informal agreements between providers to interpret policies in certain ways or to make

referral based on trust between individuals working in these systems are the 'glue' that makes services accessible and useful to individuals and families. Identifying these patterns of operation and recommending changes would increase the efficiency and effectiveness of the system overall".

One Vision

The following vision was based on data concerning the reasons why (1) services to families are fragmented, (2) there is a lack of coordination and communication among those who provide services, (3) consumers in general and families (in particular) find it difficult to access services and information, (4) access to services and information across agencies is difficult, (5) access to services and information between fund sources and providers is difficult, (6) the impact and effectiveness of service is difficult to assess, (7) there is difficulty in assessing the real needs of families, and (8) leverage funding and more innovative multiple funding streams are needed.⁷

Envision the State being divided into approximately forty service areas based solely on geography. For the sake of discussion, assume that the boundaries of each service area correspond roughly to the boundaries of the school complexes established by the Department of Education (DOE). On the island of Oahu these (twenty-one) school complexes are designated as: Kaimuki, Kaiser, Kalani, McKinley, Roosevelt, Farrington, Aiea, Moanalua, Radford, Leilehua, Mililani, Waiialua, Pearl City, Waipahu, Campbell, Nanakuli, Waianae, Castle, Kahuku, Kailua, and Kalaheo.

Envision a human services system where the DHS, DOE, Department of Health (DOH), and Department of Labor and Industrial Relations (DLIR) agree on a common set of outcome objectives for all human services programs and the commingling of agency funds (e.g., capital investment funds; research and development funds; and operating funds, including grants, subsidies, and purchases of service) to attain these objectives.⁸ The DHS, DOE, DOH, and DLIR agree to let people and communities determine how to best attain these objectives. The Legislature and the Governor have given these agencies the authority to decategorize and commingle agency funds to attain the foregoing outcome objectives, i.e., to institute lump-sum budgeting, and to let people and communities determine how to go about attaining these objectives.

Envision human services providers, both within and outside each service area, forming consortiums or working alone to bid competitively on consolidated services packages developed jointly by the DHS, DOE, DOH, and DLIR. Among other things, the packages require that a winning consortium or provider do the following things, or arrange for them to be done:

- (1) Create multiple, open-ended entry points into the network of providers who will operate in a service area;

OBJECTIVES AND OUTCOMES

- (2) Provide transportation to and from the providers in the consortium, whether or not the providers are co-located;
- (3) Provide transportation to and from the providers outside the consortium if the providers within the consortium cannot supply the kinds and types of services that a person or the community may need or want, whether or not the providers are co-located;
- (4) Provide translators and bilingual service representatives to assist a person or the community in requesting and utilizing the kinds and types of services that they may need or want;
- (5) Provide a person or the community with a continuum of treatment and prevention (strengthening) services using funds provided by the DHS, DOE, DOH, DLIR, and other entities (e.g., county agencies, private businesses, and charitable organizations), utilizing family strengthening principles and an assets-based approach;
- (6) Provide outreach assistance to a person or the community if they are unwilling or unable to request or utilize the kinds and types of services that they may need or want;
- (7) Communicate, cooperate, coordinate, and collaborate to determine the most cost-effective ways and means of providing the kinds and types of services that a person or the community may need or want;
- (8) Maintain information about the kinds and types of services being offered by providers outside the consortium, but which may be relevant to the services that a person or the community may need or want;
- (9) Make referrals to the kinds and types of services being offered by providers outside the consortium, but which may be relevant to the services that a person or the community may need or want;
- (10) Disseminate noticeable information about the kinds and types of services that are being provided by the consortium, and make this information accessible to disabled people, illiterate people, homeless people, and people who may not have telephones;
- (11) Conduct periodic customer and community satisfaction surveys to identify aspects of the provider network that are working and aspects that need to be improved;

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (12) Utilize one intake form and procedure for all the different kinds and types of services being offered by the providers within the consortium;
- (13) Provide follow up services and visits to track individual customer and overall community satisfaction;
- (14) Assist the consortium/community council in determining how to go about attaining the outcome objectives specified by the DHS, DOE, DOH, and DLIR, with respect to such matters as the kinds and types of services to be offered and the manner (*e.g.*, places, times, and personnel) in which these services are to be offered;
- (15) Assist a person or the community in conducting periodic assessments of their needs and wants;
- (16) Assist a person or the community in conducting periodic assessments of their strengths (assets) and areas in need of improvement; and
- (17) *Purchase specialized personnel services from the DHS, DOE, DOH, and DLIR if these agencies can match or surpass the proposals (in terms of quality and costs) submitted by health maintenance organizations, other state agencies, private nonprofit organizations, private for-profit businesses, consortiums of existing service providers, nonprofit health care facilities, churches, and "grass-roots" community organizations.*

Envision consortium/community councils being established to (1) provide for community participation in each service area, (2) enable a consortium to consider the needs and wants, and views and expectations of residents and the community on a systematic basis, and (3) be a grass-roots communication link to a consortium and the DHS, DOE, DOH, and DLIR. The councils serve as the sounding board and resource of the consortium for developing policies, programs, and priorities that are responsive to the views and expectations, and needs and wants of residents and the community. The council serves as a forum for sharing and discussing with residents and the community, and the DHS, DOE, DOH, and DLIR the accomplishments, problems, and needs and wants of the service area.

Every effort is made by the consortium/community council to have representation from the following groups, each in numbers according to the needs and wants of the service area and the groups: residents of the community, including parents, adults (single and married), minors, and consortium staff. The process of selecting members is reviewed annually by the entire council and amended as necessary to suit the needs and wants of the service area and the groups. The council is organized in the manner best suited to the views and expectations, and needs and wants of residents and the community. The council has adopted a written set of procedures to select its members, organize itself, and conduct its business. The council meets at least once each fiscal quarter; however, additional meetings may be

OBJECTIVES AND OUTCOMES

called as the need arises. All meeting dates are announced, and the meetings are open to the public.

The consortium/community council prepares a written report of its activities and accomplishments each year, in a format determined by the council, utilizing criteria specified jointly by the DHS, DOE, DOH, and DLIR. Copies of the report are made available to the public at schools, providers' offices, and the DHS, DOE, DOH, and DLIR. The providers within the consortium keep the council regularly informed of (1) the accomplishments, problems, and needs and wants of the service area, and (2) the progress made on matters in which the council expressed its concerns and matters in which its advice and participation were sought.

Internal evaluations are periodically conducted by the consortium, with the assistance of the consortium/community council, to ensure that the foregoing outcome objectives are being attained, or that satisfactory progress in attaining these objectives is being made by the consortium. If these objectives are not being attained and the consortium is not making satisfactory progress in attaining these objectives, then the providers within the consortium may choose to amend or repeal existing procedures or adopt new procedures. External evaluations are also periodically conducted by a team of researchers from the DHS, DOE, DOH, and DLIR, with the assistance of the consortium/community council, to ensure that the foregoing outcome objectives are being attained, or that satisfactory progress in attaining these objectives is being made by the consortium. Based on the results of these evaluations, the consortium may qualify for monetary bonuses. If these objectives are not being attained and the consortium is not making satisfactory progress in attaining these objectives, then the consortium is fined or released at the end of its contract.

Next, envision the creation of an eight-year demonstration project to assess and evaluate the cost-effectiveness of different program approaches designed to carry out the foregoing vision. These approaches include contracting with a health maintenance organization (e.g., the Hawaii Medical Services Association), another state agency (e.g., the University of Hawaii), a private nonprofit organization (e.g., the Young Mens Christian Association), a private for-profit business (e.g., Hawaiian Electric Industries, Inc.), a consortium of existing service providers (e.g., Parents and Children Together, Susannah Wesley Community Center, Family Service Center, and Hawaii Foodbank), a nonprofit health care facility (e.g., Waianae Coast Comprehensive Health Center), a church (e.g., Saint Patrick), a public school (e.g., McKinley High School), and a "grass-roots" community organization.

Envision the State being divided into service areas based solely on geography for the purposes and duration of the demonstration project.

Envision the DHS, DOE, DOH, and DLIR agreeing on a common set of outcome objectives for all human services programs and the commingling of agency funds to attain these objectives for the purposes and duration of the project. The DHS, DOE, DOH, and

DLIR agree to let people and communities temporarily determine how to best attain these objectives. The Legislature and the Governor give these agencies the temporary authority to decategorize and commingle agency funds to attain the foregoing outcome objectives, *i.e.*, to institute lump-sum budgeting, and to let people and communities temporarily determine how to go about attaining these objectives. Health maintenance organizations, other state agencies, private nonprofit organizations, private for-profit businesses, consortiums of existing service providers, nonprofit health care facilities, churches, and "grass-roots" community organizations develop proposals to implement the consolidated services packages developed jointly by the DHS, DOE, DOH, and DLIR.

Envision a winning consortium or provider purchasing specialized personnel services from the DHS, DOE, DOH, and DLIR if these agencies can match or surpass the proposals (in terms of quality and costs) submitted by health maintenance organizations, other state agencies, private nonprofit organizations, private for-profit businesses, consortiums of existing service providers, nonprofit health care facilities, churches, and "grass-roots" community organizations.

Envision:

- (1) The generation of data describing the measurable changes in social pathology or well-being in each service area and its control group;
- (2) The generation of data describing the true costs of each program approach and its control group;
- (3) The generation of data describing the cost-effectiveness of each program approach; and
- (4) The generation of data comparing the cost-effectiveness of each program approach with the cost-effectiveness of its control group.

Finally, envision being able to demonstrate to the Governor, other legislators, the voters, and the federal government that the expense and trouble of restructuring the general and supplemental appropriations acts, The Executive Budget Act,⁹ and the programs and personnel of the DHS, DOE, DOH, and DLIR to carry out the foregoing vision, are in the public interest and for the general welfare of the State.

Summary

For purposes of reviewing the demonstration project, the Legislature should address the following policy question: "Does the demonstration project have a larger purpose?" If the answer is "yes", then the Legislature should describe this larger purpose. If the answer is "no", then the Legislature should determine how expected data from the demonstration project will be used to effect changes in the current human services system.

OBJECTIVES AND OUTCOMES

If the demonstration project has a larger purpose, and this purpose involves being able to demonstrate that the expense and trouble of restructuring the general and supplemental appropriations acts, The Executive Budget Act, and the programs and personnel of the DHS, DOE, DOH, and DLIR are in the public interest and for the general welfare of the State, then the DHS and HCSC should consider restructuring the project to generate data:

- (1) Describing the measurable changes in social pathology or well-being in a service area and its control group;
- (2) Describing the true costs of each program approach and its control group;
- (3) Describing the cost-effectiveness of each program approach; and
- (4) Comparing the cost-effectiveness of each program approach with the cost-effectiveness of its control group.

If the demonstration project is restructured to generate the abovementioned data, then the Bureau suggests that the Legislature extend the project for several more years to give the project time to generate these data.

Endnotes

1. Refer to Chapter 5 regarding the implementation of the demonstration project, specifically the discussion on time constraints.
2. As previously discussed in Chapter 5, the enabling legislation for the demonstration project does not clearly spell out the purpose of the project or its desired outcomes.
3. As previously discussed in Chapter 5, the outcomes of the demonstration project are not what the Department of Human Services expected.
4. Refer to Appendix L, Questionnaire #3 Summary.
5. Refer to Appendix M, Questionnaire #2 Summary.
6. See David Osborne and Ted Gaebler, Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector (Massachusetts: Addison-Wesley Publishing Company, 1992), pp. 138-165 and 349-359.
7. Refer to Chapter 7, Table 2: Summary of Results from Part III of Questionnaire #1.
8. Refer to Appendices N and O regarding (1) the five basic principles of family service strategies for Hawaii, and (2) the goals and outcomes for family well-being, developed by the Governor's Family Policy Academy. The Family Policy Academy is not directly involved with the planning or evaluation of the demonstration project.
9. Hawaii Rev. Stat., sec. 37-61.

Chapter 9

INDICATORS AND IMPACT

Purpose, Short-Term and Long-Term Objectives, Measurable Indicators of Success, and Data Collection

Ideally:

- (1) The specific data that are being collected by the Family Center Demonstration Project as a whole should relate to the measurable indicators of success for the short-term and long-term objectives of the demonstration project;
- (2) The measurable indicators of success should relate to the short-term and long-term objectives of the project; and
- (3) The short-term and long-term objectives should effectuate the purpose or purposes of the project.

Accordingly, prerequisites determining what specific data should be collected by the demonstration project include specifying the purpose or purposes of the project, the short-term and long-term objectives of the project, and the measurable indicators of success for the short and long-term objectives.

Similarly, to determine what specific data should be collected by a particular family center, it is necessary to specify the purpose or purposes of that center, the short-term and long-term objectives of the family center, and the measurable indicators of success for the short and long-term objectives.

Proxy Indicators of Success

Even if no valid and reliable indicators of success exist for the short-term and long-term objectives of a demonstration project, common sense dictates that proxy indicators of success¹ should not be used to evaluate the impact of the project if the purpose or purposes of the project and the short- and long-term objectives of the project have not been clearly specified. Proxy indicators of success would be useless if they do not relate to the objectives of the project.

This is not to say that proxy indicators of success can never be used. There is always a chance, however, that the proxies may provide answers to questions that either no one wants asked or are so subjective that the reliability of the answers is automatically suspect. More likely, the proxies may not provide specific information on such critical issues as:

INDICATORS AND IMPACT

- (1) Whether or not family centers will save money and maximize human potential;
- (2) What works, how, when, where, and why;
- (3) What family center models are exportable and should be exported or adapted for implementation more broadly;
- (4) Whether or not family centers will be able to reach the most needy and hard-to-reach families;
- (5) How family centers will fit in with existing human service programs in health, education, and social services;
- (6) Whether or not family centers should be targeted to at-risk populations or open to everyone; and
- (7) Whether or not family centers can harm a family, abridge family privacy, or create family dependence.²

Having established that proxy indicators of success are not good tools to evaluate the impact of the demonstration project if the purposes and objectives of the project have not been clearly specified, the Bureau was nevertheless inclined to use a proxy indicator -- the revenues of the project (to determine how much and what kinds of financial support are available for the project, and whether or not this support has changed over time) -- to draw some conclusions about how valuable government agencies, social service providers, businesses, charitable foundations, the general populace, *etc.*, perceive the project to be.

Use of this less than satisfactory analytical tool was made necessary because the Bureau believed that nothing else was readily available.³ Measurable indicators of success for the long-term objectives of the project did not appear to exist and there was not enough time to develop them. To be of any use, the indicators would have to be developed and thoroughly discussed at least eighteen months before the repeal date of the project (*i.e.*, not later than January 1, 1994) to produce at least six months of longitudinal-type data before the Department of Human Services submits its fiscal year 1995-1996 biennium budget to the Governor,⁴ and at least nine months of longitudinal-type data before the convening of the Regular Session of 1995.⁵

If nothing else, the amounts and kinds of financial support for the project may be an indication of how valuable government agencies, social service providers, businesses, charitable foundations, and the general populace perceive the project to be even in the absence of indicators of success. Given the abovementioned time constraints, it may be difficult, if not impossible, for any evaluator to collect sufficient amounts and kinds of longitudinal-type data to assess the impact of the demonstration project by January 1, 1995, not to mention October 1, 1994. In addition, some indication of the early impact of the

demonstration project--even if limited only to a positive or negative assessment--is needed to assure the Legislature that the project (1) "works/is beginning to work", or (2) "has/is beginning to have a desirable effect". Financial support as a proxy indicator of success could prove to be helpful if evaluators are unable to collect sufficient amounts and kinds of longitudinal-type data.

This study attempted to accomplish the foregoing tasks by determining:

- (1) The revenues of the demonstration project (including leveraged funds),⁶ from the following categories, for the fiscal year beginning July 1, 1991 and ending June 30, 1992:
 - (A) Department of Human Services (DHS) (including donations, contributions, and in-kind support)
 - (B) Hawaii Community Services Council (HCSC) (including donations, contributions, and in-kind support)
 - (C) Others
 - (i) Grants (excluding DHS and HCSC)
 - (ii) Subsidies (excluding DHS and HCSC)
 - (iii) Purchases of Service (excluding DHS and HCSC)
 - (iv) Donations, Contributions, and In-kind Support (excluding donations, contributions, and in-kind support from DHS and HCSC)
 - (v) Miscellaneous (for example fund raising, fees, and sales)
 - (D) "Grant" means an award of funds to the demonstration project, on a one-time basis, based on merit or need, to stimulate and support activities of the demonstration project for a specified purpose.
 - (E) "DHS" means an appropriation of funds for the provision of services by the demonstration project to members of the general public on behalf of the DHS to fulfill the purpose of the demonstration project.
 - (F) "HCSC" means an appropriation of funds for the provision of services by the demonstration project to members of the general public on behalf of the HCSC to fulfill the purpose of the demonstration project.

INDICATORS AND IMPACT

- (G) "Purchase of service" means an appropriation of funds for the provision of services by the demonstration project to specific members of the general public on behalf of an agency to fulfill a specified purpose.
 - (H) "Subsidy" means an appropriation of funds made to alter the price or the cost of a particular good or service of the demonstration project to enable the demonstration project to provide services or goods to the general public or specified members of the general public at a lower price than would otherwise be charged by the demonstration project.
- (2) The revenues of the demonstration project (including leveraged funds), from the abovementioned categories, for the fiscal year beginning July 1, 1992 and ending June 30, 1993.

This study also used the revenues of the family centers to determine how much and what kinds of financial support are available for the family centers, and whether or not this support has changed over time. Data for the demonstration project and the family centers were collected and are displayed separately (1) to allow other researchers to manipulate and reanalyze the data in the future, and (2) because of a report that the demonstration project has not developed a consistent method for collecting, reporting, and analyzing fiscal and programming data. According to a HCSC report entitled, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992":⁷

Finances & Activities

. . . [T]he Family Center Demonstration Project has not developed a consistent method for collecting, reporting, and analyzing project data. The monitoring data which was available prior to this report was inconsistent across sites and erratically reported. The lack of standardized information on the use of resources and the daily activities of the project has led to difficulties in evaluation and complicated the . . . administration and oversight of the project.

This study attempted to determine these amounts and kinds of financial support by determining the revenues of the family center (including leveraged funds)⁸ from:

- (1) HCSC and lead agency (including donations, contributions, and in-kind support);
- (2) Grants, subsidies, purchases of service, and donations, contributions, and in-kind support (excluding HCSC and lead agency); and
- (3) Miscellaneous.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

The terms "grants",⁹ "HSCS",¹⁰ "purchase of service",¹¹ and "subsidy"¹² were amended to reflect the awarding or appropriation of funds to a family center rather than the demonstration project. The term "lead agency" was defined to mean an appropriation of funds for the provision of services by a family center to members of the general public on behalf of a lead agency (for example Family Support Services of West Hawaii, Molokai General Hospital, Parents and Children Together, and KEY Project) to fulfill the purpose of the demonstration project.

Because the perceived value of the demonstration project is a highly subjective matter and, in many respects, a "high stakes" indicator of success for the project, the Bureau used an additional proxy to offset some of the fallibility and validity problems inherent in social science data. The use of multiple indicators of success for "high stakes" outcomes is not a new or novel concept¹³ and, in cases where the validity or reliability of the data are suspect, should probably be the rule rather than the exception. The Bureau used personal opinions about what should happen to the demonstration project on June 30, 1995 (the repeal date of the demonstration project) to draw some conclusions about the perceived impact of the demonstration project from the state level and community level.

This study attempted to accomplish the abovementioned tasks by asking the following questions:

- (1) Should the demonstration project be (A) made a permanent state program after June 30, 1995, (B) deleted/discontinued entirely after June 30, 1995, or (C) extended after June 30, 1995 to promote continued experimentation? Should an extended demonstration project be (A) reduced in scope, (B) retained at current levels, or (C) expanded in scope?
- (2) *What are the best reasons for making the demonstration project a permanent state program after June 30, 1995?*
- (3) *What are the best reasons for deleting entirely the demonstration project after June 30, 1995?*
- (4) *What are the best reasons for extending the demonstration project after June 30, 1995/extending the demonstration project after June 30, 1995 to promote continued experimentation?*

Survey Data

Explanations. According to a survey conducted by the Bureau, the results of which are included in Table 5,¹⁴ there appear to be several reasons for making the demonstration project a permanent state program after June 30, 1995, the most frequently mentioned being that the "family center or family center demonstration project works/is beginning to work, or

INDICATORS AND IMPACT

the family center or family center demonstration project has/is beginning to have a desirable effect". Similarly, there appear to be several reasons for extending the demonstration project after June 30, 1995/extending the demonstration project after June 30, 1995 to promote continued experimentation, the most frequently mentioned being that the "family center or family center demonstration project works/is beginning to work, or the family center or family center demonstration project has/is beginning to have a desirable effect".

According to the data, there appear to be no adverse reasons for immediately discontinuing the demonstration project, e.g., the demonstration project is having a negative impact on the State's human services system or those communities directly affected by the project, except for "[reallocating] funds to entitlement program deficits".

The foregoing results appear to indicate that the demonstration project is having a positive impact and, perhaps more importantly, is not having a negative impact on the State's human services system and those communities directly affected by the project. The foregoing results also appear to indicate the presence of several agendas for the demonstration project, some of which may not be compatible with one another. For example, "[changing] the way that state government does business" may not be compatible with "[providing] needed services or programs" if the former is mostly interested in changing the structure and function of the State's human services system at the legislative and departmental levels and the latter is mostly interested in maintaining the services and programs that are currently being provided to a community through an existing family center.

Dispositions. According to a survey conducted by the Bureau, the results of which are included in Table 6,¹⁵ the Governor's Family Center Advisory Committee (GFCAC) and Community Liaison Committees (CLCs),¹⁶ when taken together, appear to believe that:

- (1) The demonstration project should become a permanent state program after June 30, 1995 (the repeal date of the project);¹⁷
- (2) If the demonstration project does not become a permanent state program after June 30, 1995, then the project should be extended after June 30, 1995 to promote continued experimentation;
- (3) If the demonstration project is extended after June 30, 1995 to promote continued experimentation, then the project should be expanded in scope;
- (4) If the demonstration project cannot be expanded in scope, then the project should be retained at current levels;
- (5) If the demonstration project cannot be retained at current levels, then the project should be reduced in scope; and

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

Table 5

SUMMARY OF RESULTS FROM THE FREE-RESPONSE
SECTIONS OF QUESTIONNAIRES #7 AND #8

In your opinion what are the best reasons for making the demonstration project a permanent state program after June 30, 1995 (the repeal date of the demonstration project)?

- (1) The family center or family center demonstration project works/is beginning to work, or the family center or family center demonstration project has/is beginning to have a desirable effect;
- (2) To provide for continued funding or program continuity;
- (3) To continue the involvement of state government, or to change the way that state government does business;
- (4) To provide needed services or programs, or to provide help; and
- (5) To strengthen or empower families or communities.

In your opinion what are the best reasons for deleting entirely the demonstration project after June 30, 1995?

- (1) To make the family center demonstration project a permanent state funded program, or to require a decision regarding the family center demonstration project's disposition;
- (2) If the family center demonstration project is not working, or if the family center demonstration project is not having a desirable effect; and
- (3) If there is no interest in or need for the family center demonstration project, or if the family center demonstration project is no longer a priority.

In your opinion what are the best reasons for extending the demonstration project after June 30, 1995/extending the demonstration project after June 30, 1995 to promote continued experimentation?

- (1) If the family center demonstration project cannot be made a permanent state program;
- (2) To continue experimentation or testing;
- (3) To provide more time to demonstrate the family center demonstration project's effectiveness;
- (4) The family center or family center demonstration project works/is beginning to work, or the family center or family center demonstration project has/is beginning to have a desirable effect;
- (5) To provide needed services or programs, or to provide help; and
- (6) To strengthen or empower families or communities, or to change the way that state government does business.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

"CLCs" mean the community liaison committees
"DHS" means the Department of Human Services
"FCs" mean the family centers
"GFCAC" means the Governor's Family Center Advisory Committee
"HCSC" means the Hawaii Community Services Council
"LAs" mean the lead agencies for the family centers
"NA" means not applicable

- (6) *The demonstration project should not be discontinued entirely after June 30, 1995.*¹⁸

According to the data,¹⁹ there appears to be strong agreement between the GFCAC and CLCs regarding the order in which each of the foregoing dispositions for the demonstration project should be exercised.²⁰

According to the data,²¹ the members of the GFCAC appear to widely disagree on the foregoing dispositions for the demonstration project, except for "the demonstration project should be discontinued entirely after June 30, 1995" and "an extended demonstration project should be reduced in scope".²² One possible explanation for these results is that the members of the GFCAC are less certain about making the demonstration project a permanent state program or extending the project to promote continued experimentation, than they are about discontinuing the project. Another possible explanation is that the members of the GFCAC are less certain about retaining the demonstration project at current levels or expanding the scope of the project, than they are about reducing the scope of the project. The members of the CLCs appear to widely disagree on the foregoing dispositions for the demonstration project, except for "the demonstration project should become a permanent state program after June 30, 1995".²³ One possible explanation for this result is that the members of the CLCs are less certain about discontinuing the demonstration project or extending the project to promote continued experimentation, than they are about making the project a permanent state program.

According to the data,²⁴ the GFCAC and CLCs appear to disagree most on the extent to which "an extended demonstration project should be expanded in scope".²⁵

Finances. According to a survey conducted by the Bureau, the results of which are included in Table 7,²⁶ the Kuhio Park Terrace (KPT) Family Center received approximately \$189,608 and \$182,934 in "donations, contributions, and in-kind support" during fiscal years 1991-1992 and 1992-1993, respectively. In comparison, the KPT Family Center received approximately \$125,095 and \$150,000 from the HCSC to operate the family center. According to the HCSC,²⁷ the Kuhio Park Terrace Family Center is the only family center that has been consistently recording all in-kind support that it receives.

INDICATORS AND IMPACT

Table 7

SUMMARY OF RESULTS FROM
QUESTIONNAIRES #4 and #5

Source of Revenues	Recipient of Revenues	(1) Dollar Amount Fiscal Year 1991-1992	(2) Dollar Amount Fiscal Year 1992-1993	(3) Dollar Change Between (1) and (2) *	(4) Percent Change Between (1) and (2) **
DHS	HCSC	384,500	814,000	429,500	112
HCSC	WH	124,402	150,000	25,598	21
	KEY	0	31,500	31,500	NA
	KPT	125,095	150,000	24,905	20
	MO	80,000	100,000	20,000	25
	FCDP				
Lead Agency	WH				
	KEY				
	KPT				
	MO				
Grants	FCDP	106,700	22,400	-84,300	-79
	WH	24,900	0	-24,900	-100
	KEY	26,000	0	-26,000	-100
	KPT	6,600	0	-6,600	-100
	MO	21,700	22,400	700	3
Subsidies	FCDP				
	WH				
	KEY				
	KPT				
	MO				
Purchase of Service	FCDP	26,482	0	-26,482	-100
	WH				
	KEY				
	KPT				
	MO	26,482	0	-26,482	-100
Donations, Contributions, and In-kind Support	FCDP	205,538	209,266	3,728	2
	WH	2,765	14,567	11,802	427
	KEY	8,650	5,529	-3,121	-36
	KPT	189,608	182,934	-6,674	-4
	MO	4,515	6,236	1,721	38
Miscellaneous	FCDP	1,230	4,432	3,202	260
	WH				
	KEY				
	KPT				
	MO				

"FCDP" means the Family Center Demonstration Project. For the purposes of this table, the revenues of the FCDP include the revenues of the Office of the Family Center Director (not shown) and the revenues of the four family centers.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

"HCSC" means the Hawaii Community Services Council

"KEY" means the Kualoa-Heeia Ecumenical Youth (KEY) Project Family Center

"KPT" means the Kuhio Park Terrace Family Center

"MO" means the Molokai Family Center

**"Dollar change between (1) and (2)" means that the difference between the dollar amount for fiscal year 1992-1993 and the dollar amount for fiscal year 1991-1992 was equal to ___ dollars.

***"Percent change between (1) and (2)" means that the dollar amount for fiscal year 1992-1993 was ___ percent more than the dollar amount for fiscal year 1991-1992.

"M" means the datum is missing.

"NA" means not applicable due to missing datum or division by zero.

According to the data, all of the family centers received grant moneys during fiscal year 1991-1992. The sum of these grants ranged from a low of \$6,000 to a high of \$26,000. According to the data, only one family center received grant moneys during fiscal year 1992-1993. The sum of these grants was \$22,400, or 3 percent more than the sum of these grants in fiscal year 1991-1992. Assuming that the data regarding grant moneys are correct, it appears that the decrease in grant moneys between fiscal year 1991-1992 and fiscal year 1992-1993 was totally offset by the increase in direct financial support received from the HCSC.

According to the data, only one family center did not receive direct financial support from the HCSC during fiscal year 1991-1992. The amount of direct financial support received from the HCSC ranged from a low of \$80,000 to a high of \$125,095. Assuming that the data regarding direct financial support from the HCSC are correct, it appears that the increase in direct financial support received from the HCSC between fiscal year 1991-1992 and fiscal year 1992-1993 ranged from a low of \$20,000 to a high of \$24,905, or from a low of 20 percent to a high of 25 percent.

According to the data, the family centers appear to have a relatively narrow base of financial support in terms of diversity. Individually, the family centers appear to be dependent on direct financial support from the HCSC (and ultimately the DHS and the Legislature) to meet their day-to-day operating expenses. Because the family centers have not been consistently recording all in-kind support that they receive, it is difficult to determine the degree to which the centers have become institutionalized within their respective communities and the State's human services system.

According to the data, the demonstration project also appears to have a relatively narrow base of financial support in terms of diversity. On the whole, the demonstration project appears to be dependent on direct financial support from the DHS (and ultimately the Legislature) to meet the project's day-to-day operating expenses.

Summary

Explanations. The results appear to indicate that the demonstration project is having a positive impact and, perhaps more importantly, is not having a negative impact on the State's human services system and those communities directly affected by the project. The results also appear to indicate the presence of several agendas for the demonstration project, some of which may not be compatible with one another. To the extent that different and, possibly, incompatible agendas could exist for the demonstration project, the GFCAC and CLCs should make an effort to come to some agreement on the desired outcomes for the project. Agreement is important because both the GFCAC and CLCs have important advisory roles with respect to the planning of the demonstration project. The Bureau therefore recommends that the Legislature, DHS, and HCSC consider spending some time and effort to develop an agreement regarding the desired outcomes for the demonstration project.

Dispositions. According to the GFCAC and CLCs (who strongly agree on the order in which each of the following alternatives should be exercised), the demonstration project should become a permanent state program after June 30, 1995 (the repeal date of the project), or, failing that, extended to promote continued experimentation. According to the GFCAC and CLCs, if the demonstration project is extended, the project should be expanded in scope, or, failing that, retained at current levels. According to the GFCAC and CLCs, the demonstration project should only be reduced in scope if the project cannot be retained at current levels.

Finances. According to the data, both the family centers individually and the demonstration project as a whole appear to have a relatively narrow base of financial support in terms of diversity. On the whole, both the family centers and the demonstration project appear to be dependent on direct financial support from the Legislature to meet their day-to-day operating expenses.

Because the family centers have not been consistently recording all in-kind support that they receive, it is difficult to draw any conclusions about how valuable government agencies, social service providers, businesses, charitable foundations, the general populace, etc., perceive the family centers to be, based on these data alone. In addition, it is difficult to determine (1) the degree to which the centers have become institutionalized within their respective communities and the State's human services system, (2) the true costs of operating these centers, (3) whether or not communities have the capacity to support more than one family center, and (4) the minimum population base needed to support one family center. If these kinds of data are important to the Legislature, DHS, and HCSC, then the Bureau suggests that the Legislature, DHS, and HCSC, consider basing the appropriation of direct financial support from the HCSC to a family center on a ratio of HCSC money to family center money (including grants, subsidies, purchase of service, and donations, contributions, and in-kind support), up to a predetermined amount. Such a condition could provide the family centers with an incentive to develop and utilize innovative methods to consistently record in-kind support.

Endnotes

1. A proxy indicator is an indicator that is meant to serve as a substitute or alternate for another indicator. For example, the number of citations issued by police officers for curfew violations could be considered a proxy indicator for the incidence of curfew violations.

Refer to Chapter 3 regarding causation, observational and experimental studies, specifically the discussion on reliability and validity.

2. See Heather Weiss, "Family Support and Education Programs: Working Through Ecological Theories of Human Development," *Evaluating Family Programs*, ed. Heather Weiss and Francine Jacobs (New York: Aldine de Gruyter, 1988), pp. 27-29, for a discussion on the public policy questions and considerations of family support and education programs.
3. It would not have been appropriate for the Bureau to impose objectives and indicators of success on the demonstration project and the family centers. Ideally, there would have been a clearly articulated, agreed upon set of outcome objectives and indicators of success when the Bureau began this study in May 1993. Unfortunately, this did not seem to be the case. The Bureau came to the foregoing conclusion after (1) reviewing the files of the Department of Human Services (DHS) and Hawaii Community Services Council (HCSC), (2) reviewing past evaluations of the demonstration project, and (3) informal conversations with Ms. Maeona Mendelson (Senior Planner, Decisions/Impacts) of the HCSC. The Bureau, and not the DHS or HCSC, is solely responsible for any errors resulting from these reviews and conversations.
4. The DHS must submit its fiscal year 1995-1997 biennium budget to the Governor by October 1, 1994. Interview with Conroy Chow, Planning Officer, Planning Office, Department of Human Services, November 1, 1994.

The six month figure is based on the assumption that it will take an evaluator approximately two weeks to retrieve, collect, and summarize the raw data needed to conduct a final evaluation of the demonstration project; another four weeks to analyze the summarized data, and write a draft and final evaluation report on the project (including possible reviews by the HCSC and the Governor's Family Center Advisory Committee (GFCAC), or both); an additional two weeks for the DHS to review the final report and transmit the report to the Office of the Governor; and an additional two weeks for the Office of the Governor to review the final report and transmit the report to the Legislature. This timetable, while not unrealistic, is optimistic.

5. The Regular Session of 1995 will convene on the third Wednesday in January.

The nine month figure is based on the assumption that it will take an evaluator approximately two weeks to retrieve, collect, and summarize the raw data needed to conduct a final evaluation of the demonstration project; another four weeks to analyze the summarized data, and write a draft and final evaluation report on the project (including possible reviews by the HCSC and the GFCAC, or both); an additional two weeks for the DHS to review the final report and transmit the report to the Office of the Governor; and an additional two weeks for the Office of the Governor to review the final report and transmit the report to the Legislature.

6. The term "revenues of the demonstration project" includes the revenues of the Office of the Family Center Director (not shown) and the revenues of the four family centers, i.e., the West Hawaii, Kualoa-Heeiea Ecumenical Youth (KEY) Project, Kuhio Park Terrace, and Molokai family centers.

Refer to "revenues of the family center" for a comparison of these terms.

7. Hawaii Community Services Council, "An Evaluation of the Family Center Demonstration Project, Period of Evaluation: July 1990 - December 1992" (Draft Final Report) (July 23, 1993), pp. 2, and 115-118.

INDICATORS AND IMPACT

8. The term "revenues of the family center" includes the revenues of one family center, e.g., the West Hawaii Family Center. The term does not include the revenues of the Office of the Family Center Director and the revenues of the other family centers, e.g., the KEY Project, Kuhio Park Terrace, and Molokai family centers.

Refer to "revenues of the demonstration project" for a comparison of these terms.

9. "Grant" means an award of funds to a family center, on a one-time basis, based on merit or need, to stimulate and support activities of the center for a specified purpose.
10. "HCSC" means an appropriation of funds for the provision of services by a family center to members of the general public on behalf of the HCSC and DHS to fulfill the purpose of the demonstration project.
11. "Purchase of service" means an appropriation of funds for the provision of services by a family center to specific members of the general public on behalf of an agency to fulfill a specified purpose.
12. "Subsidy" means an appropriation of funds made to alter the price or the cost of a particular good or service of a family center to enable the center to provide services or goods to the general public or specified members of the general public at a lower price than would otherwise be charged by the center.
13. See Hawaii, Department of Education, "Evaluation Guidance, Part I: General SCBM Evaluation Plan; Guidance to Schools on Evaluating the Effectiveness of SCBM Implementation" (Revised June 30, 1990), p. 10, for a discussion on the use of multiple indicators of success to measure "high stakes" outcomes.
14. Refer to Appendix P, Questionnaires #7 and #8 Summary.
15. Ibid.

Refer to "Rank of Mean".

16. Although the Bureau surveyed individuals with the DHS, the HCSC, the lead agencies for the family centers, and the family centers, the following analyses and discussions are limited to the GFCAC and Community Liaison Committees (CLCs). The Bureau lacked sufficient time and resources to perform comprehensive and detailed analyses of all the data collected for this study.
17. This was determined by summing the ranks for the means, and then selecting the value or values closest to 2.0. A rank of "1" (the highest rank possible) added to another rank of "1" equals 2.0 (the highest combined rank possible).
18. This was determined by summing the ranks for the means, and then selecting the value or values closest to 12.0. A rank of "6" (the lowest rank possible) added to another rank of "6" equals 12.0 (the lowest combined rank possible).
19. Refer to "Rank of Mean".
20. This was determined by comparing the ranks for the means.
21. Refer to "Range".
22. The members of the GFCAC appear to have a full range of opinions (1-5 and 2-5) concerning the foregoing dispositions for the demonstration project, except for "the demonstration project should be discontinued entirely after June 30, 1995" and "an extended demonstration project should be reduced in scope".

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

23. The members of the CLCs appear to have a full range of opinions (1-5 and 2-5) concerning the foregoing dispositions for the demonstration project, except for "the demonstration project should become a permanent state program after June 30, 1995".

Differences of three or more, e.g., ranges of 1-4, 1-5, and 2-5, were considered to be a "full range" of opinions.

24. Refer to "Mean".
25. This was determined by computing the absolute value of the difference between the means.
26. Although the HCSC and the West Hawaii, KEY Project, Kuhio Park Terrace, and Molokai family centers were surveyed by the Bureau for the data that appear in Table 7, the Bureau decided to rely primarily on the data that were provided by the HCSC. In some instances, the Bureau reclassified data that were provided by the HCSC following further review of the data provided by the family centers. The Bureau, and not the HCSC, is solely responsible for any errors resulting from the reclassification of these data. This decision was based on the observation that the data submitted by the family centers did not match the data submitted by the HCSC. Since different accounting and reporting procedures would result in inconsistent and incompatible data, the Bureau decided that it would be wiser to utilize one source of data rather than four different sources of data to complete Table 7. Although the data provided by the HCSC or the Bureau's subsequent reclassification of the data provided by the HCSC could be in error, the Bureau decided that two probable systematic errors in reporting were preferable to four possible random errors in reporting.
27. Telephone interview with Banks Lowman, Planner, Decisions/Impact, Hawaii Community Services Council, October 1, 1993.

Chapter 10

VALUE ADDED, VALUE DENIED

Purposes

For each of the core services described in Table 8,¹ the family centers were asked to indicate whether the service was:

- (1) Already being provided by the lead agency (for example Family Support Services of West Hawaii, Molokai General Hospital,² Parents and Children Together, and KEY Project) prior to the creation of the family center (*i.e.*, already in existence);
- (2) Added through the creation of the family center;
- (3) *Expanded in scope through the creation of the family center; or*
- (4) Created by combining a service added through the creation of the family center with a service already being provided by the lead agency.

The family centers were also asked to indicate whether they would choose to:

- (1) Retain the service at current levels;
- (2) Delete the service entirely; or
- (3) Reduce the scope of the service;

if state funding for the Family Center Demonstration Project and, consequently, the family centers were to be totally discontinued on June 30, 1995 (the repeal date of the demonstration project).

The purposes for collecting these data were to identify (1) the value added through the creation of the family centers, (2) the value that would be denied through the total discontinuation of the demonstration project, and (3) those policy decisions that can be made by the Legislature to ensure that the project is given every reasonable opportunity to attain its maximum potential.

Results

According to the data,³ many of the core services being provided by the family centers:

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

- (1) Were either already being provided by the lead agency prior to the creation of the family center or expanded in scope through the creation of the family center; and
- (2) Would be deleted or reduced in scope if state funding for the demonstration project and, consequently, the family centers were to be totally discontinued on June 30, 1995.

Table 8

SUMMARY OF CATEGORICAL RESPONSES
FROM QUESTIONNAIRE #6

PART I. VALUE ADDED

	EXISTING	EXPANDED	ADDED	COMBINED
Information and referral services		X	X	
Training and assistance in accessing information and services provided for family members		X		
Involvement of community leadership in defining and resolving family-related issues	X	X		
Opportunities provided for families to interact, share concerns, exchange resources, network with others, and learn from each other	X	X		
Community defined activities:				
Parent skill building sessions	X	X		
Temporary child care	X			
Brief crisis intervention	X	X	X	
Job preparation		X		
Parent/child activities	X	X		
Adolescent services	X	X	X	
Literacy training	X		X	

VALUE ADDED, VALUE DENIED

PART II. VALUE DENIED

	RETAIN	DELETE	REDUCE
Information and referral services		X	X
Training and assistance in accessing information and services provided for family members	X	X	X
Involvement of community leadership in defining and resolving family-related issues	X		X
Opportunities provided for families to interact, share concerns, exchange resources, network with others, and learn from each other			X
Community defined activities:			
Parent skill building sessions	X		X
Temporary child care	X		X
Brief crisis intervention		X	X
Job preparation		X	
Parent/child activities	X		X
Adolescent services	X	X	
Literacy training	X	X	

Value Added. According to the data,⁴ the perceived value added by the demonstration project appears to include, but is not limited to:

- (1) The provision of an open-ended entry point for services;
- (2) The emphasizing of collaboration;
- (3) The identification of community needs;
- (4) The emphasizing of primary prevention;
- (5) The creation of a non-stigmatized setting;
- (6) The collocation of services;
- (7) The addition of services in response to identified community needs;
- (8) The provision of decategorized services to demonstrate their effectiveness and cost-efficiency; and

- (9) The leveraging of personnel and program resources.⁵

An interesting source of value added by the demonstration project could be the collection and compilation of research instruments for measuring outcome objectives.⁶ The use of these instruments to create an index of human welfare indicators (*i.e.*, the social equivalent of the index of leading economic indicators) could allow researchers to assess changes in social pathology and well-being in a holistic and, arguably, more realistic manner. There are, however, no plans to develop and utilize such an index at this time.

One benefit of using existing human services providers, instead of grass-roots organizations or new providers, to implement the demonstration project appears to be the opportunity to utilize the existing personnel and program resources of these existing providers and thereby increase the "purchasing power" of the Legislature through service expansion.⁷ If grass-roots organizations or new human services providers had been chosen to implement the demonstration project, then the Legislature could conceivably have paid to both develop and utilize these personnel and program resources. Although the decision to utilize existing providers to implement the demonstration project has created certain problems with respect to the planning and evaluation of the project, this decision may have enabled the project to progress much farther along than it would have if less established providers had been utilized.

Value Denied. The perceived value denied, if state funding for the family centers is totally discontinued, is not as clear as the value added by the demonstration project.⁸ The value denied appears to include, but is not limited to the loss of:

- (1) The emphasizing of coordination (collaboration);
- (2) The emphasizing of primary prevention;
- (3) The creation of a non-stigmatized setting;
- (4) The collocation of services;
- (5) The addition of services in response to identified community needs; and
- (6) The leveraging of personnel and program resources.

One limitation of rushing the demonstration project to implementation appears to be the lack of opportunities to develop "other" sources of funding for the family centers, *i.e.*, sources that are not linked to the demonstration project and, ultimately, the Department of Human Services (DHS). Although the family centers appear to be providing very valuable and needed services within their communities, their dependence on state funding makes them vulnerable to budget cuts by the Legislature, the Governor, and the DHS, and raises legitimate concerns about the degree to which the family centers can become institutionalized

within their communities and the State's human services system given the fiscal barriers to institutionalization.

The Bureau believes that the family centers need opportunities to develop sources of funding that are linked to the Department of Human Services, Department of Health (DOH), Department of Education (DOE), and Department of Labor and Industrial Relations (DLIR). In order for the family centers to take advantage of these opportunities, however, the Legislature must first give these agencies the authority to temporarily commingle their personnel and program resources to carry out the purposes of the demonstration project. If the family centers cannot convince these agencies to commingle their resources, then perhaps the State is not ready for the family center concept or the family center concept is not sufficiently developed for the purposes of the State. In either case, the Legislature will never know which is true unless it provides the family centers with these opportunities.

Summary

Many of the core services being provided by the family centers:

- (1) Were either already being provided by the lead agency or expanded in scope through the family center; and
- (2) Would be deleted or reduced in scope if state funding for the demonstration project were to be totally discontinued.

Survey data identify at least nine areas of perceived value added by the demonstration project, and six areas of perceived value denied if the demonstration project is totally discontinued.

An interesting source of value added by the demonstration project could be the creation of an index of human welfare indicators that would allow researchers to assess changes in social pathology and well-being in a holistic and, arguably, more realistic manner. There are, however, no plans to develop and utilize such an index.

The decision to utilize existing providers to implement the demonstration project may have enabled the project to progress much farther along than it would have if less established providers had been utilized.

The dependence of the family centers on state funding makes them vulnerable to budget cuts by the Legislature, the Governor, and the DHS, and raises legitimate concerns about the degree to which the family centers can become institutionalized within their communities and the State's human services system given the fiscal barriers to institutionalization.

The Bureau believes that the family centers need opportunities to develop sources of funding that are linked to the DHS, DOH, DOE, and DLIR. In order for the family centers to take advantage of these opportunities, however, the Legislature must first give these agencies the authority to temporarily commingle their personnel and program resources. The Bureau suggests that the Legislature give the DHS, DOH, DOE, and DLIR the authority to temporarily commingle these resources to carry out the purposes of the demonstration project.

Endnotes

1. See Appendix Q, Questionnaire #6 Summary.
2. The lead agency for the Molokai Family Center is Molokai General Hospital rather than Molokai Family Support Services. Letter from Claire Iveson, Director of Molokai Family Support Services to Keith Fukumoto, September 9, 1993, 1 p.
3. See Appendix Q, Questionnaire #6 Summary.
4. ibid.

According to the data, the scope of core services already being provided by the lead agencies were expanded through the creation of the family centers in the following ways.

"Provide open-ended entry point . . .".

". . . [Information and referral] service to other service and resources of agencies . . .".

"Add staff to do referral to other service agencies".

". . . [A]ddition of staff . . .".

". . . [A]ddition of . . . space . . .".

". . . [A]ddition of . . . funding . . .".

". . . [E]mphasis on collaboration".

"Services were made available to all . . . [area] families".

"Much more capacity for parent education".

According to the data, services added through the creation of the family centers were combined with services already being provided by the lead agencies to form core services in the following ways.

"Open-ended entry point . . .".

". . . [(Identify) need for service not met by others, i.e. mail drop for homeless, emergency food to compliment foodbank".

"Community development--expanded agency commitment to primary prevention".

VALUE ADDED, VALUE DENIED

"Toy lending library--more [money] and drop in site".

"Through [collocation] . . .".

"Through . . . collaboration".

According to the data, the following "other" services were added through the creation of the family centers, for the following reasons.

"Mail drop for homeless . . .".

"[H]omeless services . . .".

". . . [F]oodbank".

"Expanded network for [information] and referral".

"Outreach to homeless families . . . [with] counseling . . .".

"Outreach to homeless families . . . [with] [information] referral".

"Information and referral--improve community access to services".

"Literacy--inter generational support, fun".

"Adolescent--new target group".

"Crisis--need to respond to drop in folks, no place in our community for them to go".

According to the data, the following "other" services were expanded through the creation of the family centers, for the following reasons.

"Emergency food distribution utilizing foodbank surplus food to supplement agency food [source]".

"Parenting activities and parent support--due to non-stigmatized setting".

"Home visiting services for additional families with children 0-5 were expanded to meet a long-identified need . . .".

"Home visiting services for additional families with children 0-5 were expanded to . . . demonstrate to ourselves and other agencies that decategorized services are effective . . .".

"Home visiting services for additional families with children 0-5 were expanded to . . . demonstrate to ourselves and other agencies that decategorized services are . . . cost-efficient".

5. According to the data, the Kuhio Park Terrace (KPT) Family Center received approximately \$189,608 and \$182,934 in "donations, contributions, and in-kind support" during fiscal years 1991-1992 and 1992-1993, respectively. Refer to Chapter 9 regarding the amounts received by the family centers in the form of donations, contributions, and in-kind support.
6. Refer to Chapter 4 regarding Jacob's five-tiered approach to evaluation.

THE FAMILY CENTER DEMONSTRATION PROJECT EVALUATION

7. Arguably, the expansion of an existing service should require less time and effort, i.e., money, than the development of a new service since some--if not many--of the personnel and program resources needed to provide an existing service have already been developed.
8. See Appendix Q, Questionnaire #6 Summary.

According to the data, the scope of the foregoing core services would be reduced in the following ways if state funding for the family centers were to be totally discontinued on June 30, 1995.

"Lack a staff to coordinate referral to services with delay in or not linking to service on timely basis".

"Services would only be available to targeted clients i.e., Healthy Start, MIST, etc."

"Most services would be reduced, through reduced staff, in quantity rather than quality".

According to the data, the following "other" services would be retained at current levels (as opposed to being reduced in scope or deleted entirely), for the following reasons.

"Because of long-standing commitment . . . for temporary childcare . . . every attempt would be made to keep . . . [this] at current levels".

"Because of long-standing commitment . . . for . . . parent-child activities . . . every attempt would be made to keep . . . [this] at current levels".

"Because of long-standing commitment . . . for . . . teen services, every attempt would be made to keep . . . [this] at current levels".

"Because of . . . diversified funding . . . for temporary childcare . . . every attempt would be made to keep . . . [this] at current levels".

"Because of . . . diversified funding . . . for . . . parent-child activities . . . every attempt would be made to keep . . . [this] at current levels".

"Because of . . . diversified funding . . . for . . . teen services, every attempt would be made to keep these at current levels".

"It's part of our agency on-going service through other funding sources".

According to the data, the following "other" services would be deleted entirely (as opposed to being retained at current levels or reduced in scope), for the following reasons.

". . . [P]arenting class . . .".

". . . [T]oy lending . . .".

". . . [C]ommunity development . . .".

". . . [C]risis prevention/intervention . . .".

". . . [Information and referral]".

"Job preparation . . . [is] provided by other agencies in collaboration [with] [family center]. Moral support would still be given but space, staff or other monetary commitments may not be possible".

VALUE ADDED, VALUE DENIED

"... [L]iteracy ... [is] provided by other agencies in collaboration [with] [family center]. Moral support would still be given but space, staff or other monetary commitments may not be possible".

"No funds, [equals] no staff, [equals] no program".

Chapter 11

QUESTIONS AND ANSWERS

The purpose of this chapter is to discuss, in a question and answer format, those issues that may be of greatest interest to legislators.

Although this study may be viewed by some as being critical of the Family Center Demonstration Project and, consequently, its implementing agencies, the Bureau notes that *false starts and other setbacks should be viewed as integral parts of any demonstration project, which generally are intended to be experimental.* If the success of new programs were guaranteed, there would be no need for demonstration projects. Demonstration projects can be an inexpensive way for the Legislature to test new programs without having to create permanent bureaucracies in support of the same. The challenge for legislators is to (1) determine whether enough time has elapsed to decide the disposition of a demonstration project, and (2) decide whether the program should become permanent, extended, or discontinued entirely. Evaluations, however characterized, are intended to provide legislators with data and information to meet these challenges.

Question: Is the Bureau suggesting that the Legislature discontinue the Family Center Demonstration Project at this time?

Answer: No. It would be premature for the Legislature to discontinue the demonstration project at this time. Research shows that it usually takes from five to eight years to determine the outcomes and impacts of family strengthening programs--the demonstration project has been operational for approximately two and one-half years. Immediate discontinuation of the demonstration project is neither necessary nor desirable since the project does not appear to be having a negative impact on the State's human services system or those communities directly affected by the project.

Question: How long does the Bureau suggest that the demonstration project be allowed to continue?

Answer: The demonstration project should be allowed to continue until its logical conclusion, which may not be June 30, 1995 (the present termination date of the demonstration project). The termination date of the demonstration project, which has been extended twice by the Legislature (first to June 30, 1993 and then to June 30, 1995), was an arbitrary deadline and not initially based on the results of empirical research. Again, research shows that it takes between five to eight years to determine the outcomes and impacts of family strengthening programs.

Question: Does the Bureau believe that the demonstration project is having a positive impact on the State's human services system and those communities directly affected by the project?

Answer: Yes. The results of this study, based on the information available, indicate that the demonstration project is having a positive impact (versus a negative impact) on the

QUESTIONS AND ANSWERS

State's human services system and those communities directly affected by the project. Because the data in support of these results were subjective comments and collected through mailed questionnaires (due to the limited resources available to the Bureau to conduct this study), this assessment of the early impact of the demonstration project is both crude and not definitive. To answer the question more definitively, a more refined and reliable assessment of the impact of the demonstration project is both necessary and desirable.

Question: What aspects of the demonstration project does the Bureau suggest that the Legislature address during the Regular Session of 1994?

Answer: The Legislature should clarify the purpose of the demonstration project with respect to the project's expected *outcomes*. The Legislature should also develop a "vision" for the future of the State's human services system, describe the role of the demonstration project in realizing this vision, and specify the types and kinds of data that the Legislature needs and wants about the project. A more refined and reliable assessment of the impact of the demonstration project can be conducted once these outcomes are clearly defined. If these outcomes are not clarified, reliable assessment will remain problematic.

Question: What is the purpose of this study?

Answer: The purpose of this study is to (1) assess the impact of the family centers upon the communities served, (2) discuss legislation that may facilitate the continuation or expansion, or both, of the demonstration project, and (3) describe one process by which family centers could be allocated resources. The purpose of this study is not to duplicate any of the work previously or presently being performed by the Hawaii Community Services Council; rather, its purpose is to build upon the knowledge created by previous evaluations in order to increase the depth and breadth of this knowledge.

Appendix A

Act 329, Session Laws of Hawaii 1990,
as amended by
Act 188, Session Laws of Hawaii 1992, and
Act 356, Session Laws of Hawaii 1993

SECTION 1. The legislature finds that families and family structures have changed dramatically in Hawaii, and many families are suffering because of the stresses and strains of economic demands.

Hawaii has the nation's highest proportion of women in the labor force and future projections show that by the year 2020, two-thirds of those entering the labor force will be women, of which eighty-four per cent will be of child-bearing age. Additionally, nearly 29,000 single-parent households in Hawaii are headed by females, with approximately twenty-eight per cent of these below the poverty line.

The legislature finds that many of these families are at high risk of becoming fragmented and dysfunctional, and a substantial number will continue to be trapped in a cycle of poverty unless existing support systems designed to intervene and assist them in times of need are vastly improved.

Under our present system of services to families, families are required to be in trouble or dysfunctional before they can become eligible to receive services and assistance. Furthermore, once families do become eligible to receive services, they too frequently are treated with little understanding and compassion and all too often are placed in uncomfortable settings at stressful times where they are required to fill out complex forms with little assistance.

The legislature also finds that the relationship between families and their neighborhoods is an interactive process. Family members are profoundly affected by the quality of life in their neighborhoods. By the same token, the quality of life in neighborhoods is affected by the values and input of the families living there.

The legislature further finds that in order to reach out to families and successfully assist them, support services should be coordinated and provided in a community-based setting. These community-based centers should be responsive to and involved with the communities in which they are located to the extent that the communities feel a strong sense of ownership of and identification with the centers. In addition, the overall atmosphere of the facility, as well as the attitude of the staff, should project compassion, understanding, friendliness, and patience.

The purpose of this Act is to establish the family center demonstration project, with family centers to demonstrate the effectiveness of the community-based family center concept and to test different models of service delivery.

SECTION 2. In accordance with Section 9 of Article VII of the Constitution of the State of Hawaii and sections 37-91 and 37-93, Hawaii Revised Statutes, the legislature has determined that the appropriations contained in this Act will cause the state general fund expenditure ceiling for fiscal year 1990-1991 to be exceeded by \$550,000, or 0.022 per cent. The reasons for exceeding the general fund expenditure ceiling are that the appropriations made in this Act are necessary to serve the public interest and to meet the need provided for by this Act.

SECTION 3. (a) Effective July 1, 1990, to June 30, 1995, there is established a five-year demonstration project, known as the family center demonstration project, to be conducted by the department of human services. Under this project, the department shall be responsible for the planning, implementation, and establishment of family centers.

For the purpose of this Act, "family" means the family as an enduring personal support system with the functions of nurturing, caring for, and educating children, youths, adults, and the elderly.

(b) There is established the family center council for the purpose of planning and implementing the establishment and development of the family center demonstration project. The council shall be appointed by the governor and consist of representatives from the public and private sectors of the community.

The council's duties shall include but not be limited to the development of a plan to make the family center demonstration project permanent. This plan shall focus on implementation of a permanent family center project in 1995 and shall, at minimum, address and make recommendations on the following:

- (1) The continuance of the family center project;
- (2) The development of an administrative structure promoting family center concepts;

- (3) The development of a funding structure promoting collaboration and integration between agencies, both public and private, and with the different sectors of the community;
- (4) The incorporation of training components and community action;
- (5) The provision of technical assistance to communities, agencies, and interested community members relating to the development of family centers;
- (6) The development of an evaluation and assessment component which includes, but is not limited to, the review, assessment, and development of project methodology and process, and the evaluation of project results and accomplishments;
- (7) The development of a process by which family centers are allocated resources;
- (8) The development of a process by which family center sites are selected; and
- (9) The preparation of a projected budget for the expenditures required to continue or to expand the family center project.

(c) The purpose of the family center demonstration project shall be to coordinate the provision of core services to families at community-based centers to develop each community's capacity to identify and resolve its problems. Each center shall be responsive to its community and involve its participants as equal partners in program development and execution. Accordingly, each center shall be advised by a community liaison committee which shall be composed of community members.

Each family center shall offer an array of services tailored to the specific needs of its constituents. Services shall be developed pursuant to family support principles which direct that services must:

- (1) Be offered at convenient times in accessible locations;
- (2) Build on strengths, rather than search for deficits;
- (3) Involve participants and the community in planning and implementation;
- (4) Show respect for participants;
- (5) Serve the best interests of children;
- (6) Strengthen families;
- (7) Be presented in coordination with other agencies and services in the community; and
- (8) Focus on community strengthening and development.

No single service shall overshadow the others, and services shall be provided in a coordinated manner. Because some services will be provided directly by the centers and other services will be provided by other agencies, the centers, with input from parent constituents, shall develop a service plan, using a systems management approach, for the provision of services. The staff of each center shall be responsible for ensuring that all components of the service plan are carried out. This may require interventions on the part of the staff, including but not limited to:

- (1) Accompanying parents to appointments with other agencies;
- (2) Advocating on behalf of parents;
- (3) Reminding parents of appointments with other agencies; and
- (4) Providing short-term counseling to parents concerning referrals for services.

Each family center shall consider the following services, activities, and components when developing its core services:

- (1) Enhancement of parenting skills, including community- or neighborhood-wide events and activities which promote family relationships in a positive and enjoyable manner;
- (2) Infant and child stimulation activities to maximize child growth and development;
- (3) Outreach services targeted at community organizations, families, youth, and others to ensure community awareness, acceptance, and participation;
- (4) Health care, family planning, counseling, and other services to avoid unwanted pregnancies;
- (5) Assessment and treatment planning for developmental problems of the parent or the child;
- (6) Temporary developmental child care for the offspring of parents receiving services on-site;
- (7) Peer support activities, including recreational and social activities;
- (8) Educational services, such as post-high school classes and instruction to those attempting to earn general equivalency diplomas; and
- (9) Job preparation and skill development services to assist young parents in preparing for, securing, and maintaining employment.

(d) After conferring with the family center council, the director of human services may:

- (1) Enter into agreements with the federal government, state departments and agencies, and the counties;

- (2) Enter into assistance agreements with private persons, groups, institutions, or corporations;
- (3) Purchase services required or appropriate under this Act from any private persons, groups, institutions, or corporations;
- (4) Allocate and expend any resources available for the purposes of this Act; and
- (5) Do all things necessary to accomplish the purposes and provisions of this Act.

(e) An evaluation component shall be required for the family centers, that shall include, but not be limited to, the following areas:

- (1) Descriptive data on client status;
- (2) Program utilization data;
- (3) Profiles of participants;
- (4) Intervention plans;
- (5) Participant and community satisfaction ratings;
- (6) Information pertaining to the lessons learned from operating under family center concepts; and
- (7) Information pertaining to whether the family center project has changed the human services system, why each change occurred, and, if applicable, why expected changes did not occur.

The department of human services may utilize a portion of the funds available to conduct evaluations of the family centers.

(f) A training and technical assistance component shall be required for the family centers, that shall include, but not be limited to, the following:

- (1) Conducting training sessions for family center directors, staff, and liaison committee members to promote strengthening families within the community;
- (2) Conducting community development sessions for local communities;
- (3) Conducting community forums to describe the asset model and philosophy of family centers to private businesses, government agencies, and nonprofit agencies;
- (4) Providing technical assistance to community groups relating to the development of community capacity to address community problems through family centers;
- (5) Providing technical assistance to applicants for family centers in addressing collaboration with existing services within the community; and
- (6) Conducting periodic sessions with family center directors to address on-going networking requirements and to share solutions in addressing community problems.

The department of human services may utilize a portion of the funds available to conduct training sessions and provide technical assistance in developing and promoting family centers.

SECTION 4. The legislative reference bureau, in consultation with the department of human services shall monitor and evaluate the demonstration project and shall submit a preliminary evaluation report on its findings to the legislature at least twenty days prior to the convening of the regular session of 1994, and a final evaluation report on its findings to the legislature at least twenty days prior to the convening of the regular session of 1995. Preliminary and final evaluation reports shall include but not be limited to:

- (1) A descriptive summary of the operation of the family centers, including the services provided and a copy of the service plan developed by the centers; the number of recipients of services at the centers; the allocation of funds; staffing information; and the role and responsibility of the community family center liaison committees;
- (2) An assessment of the impact of the centers upon the communities served;
- (3) The composition and role of the family centers;
- (4) Recommendations regarding the continuance of the family center demonstration project and plans for the implementation of other project sites;
- (5) Recommendations regarding the process by which family centers are allocated resources;
- (6) A projected budget for the expenditures required to continue or to expand the demonstration project; and
- (7) Proposals for legislation necessary to facilitate the continuation or expansion of the demonstration project.

SECTION 5. There is appropriated out of the general revenues of the State of Hawaii the sum of \$350,000 or so much thereof as may be necessary for fiscal year 1990-1991, for the establishment of a family support center demonstration site, including the hiring of necessary staff.

The sum appropriated shall be expended by the department of human services for the purposes of this Act.

SECTION 7. There is appropriated out of the general revenues of the State of Hawaii the sum of \$200,000, or so much thereof as may be necessary for fiscal year 1990-1991, for the establishment of two family literacy programs, including the hiring of necessary staff.

The sum appropriated shall be expended by the office of children and youth for the purposes of this Act.

SECTION 8. This Act shall take effect upon its approval; provided that sections 5 and 7 shall take effect on July 1, 1990; provided further that sections 1, 3, and 4 shall be repealed on July 1, 1995.

(Approved July 1, 1993.)

Appendix B

SURVEYEES

JoAnn Farnsworth (LA 1)
Executive Director
West Hawaii Family Support Services

Claire Iveson (LA 2)
Director
Molokai Family Support Services

Diana Buckley (LA 3)
Executive Director
Parent and Child Center of Hawaii

Richard Kato (LA 4)
Executive Director
Kualoa-Heeia Ecumenical Youth Project

Jan Marrack (FC 1)
Director
West Hawaii Family Center

Kehau Pule (FC 2)
Coordinator
Molokai Family Center

Helenann Lauber (FC 3)
Director
Kuhio Park Terrace Family Center

Gloria Fraiola (FC 4)
Program Director
Kualoa-Heeia Ecumenical Youth
Project Family Center

Dan Watanabe (HCSC 1)
Executive Director
Hawaii Community Services Council

Maeona Mendelson (HCSC 2)
Senior Planner, Decisions/Impacts
Hawaii Community Services Council

Marilyn Muttick (HCSC 3)
Project Director, The Family Center
Hawaii Community Services Council

Winona Rubin (DHS 1)
Director
Department of Human Services

Conroy Chow (DHS 2)
Planning Officer
Department of Human Services

Don Anderson (GFCAC 1)
President
YMCA of Honolulu

Desmond Byrne (GFCAC 2)
President
Desmond Byrne & Associates

Berna Cabacungan (GFCAC 3)
Principal
Earthplan

Andrew Chang (GFCAC 4)
Vice President, Government Relations
Hawaiian Electric Industries, Inc.

Pat Stone (GFCAC 5)
Education Programs Manager,
Northern California
Bank of America

Sue Berg (GFCAC 6)
State Literacy Coordinator
Office of Children & Youth

Kay Ewaliko (GFCAC 7)
Chief, Program Budget Analysis &
Evaluation Branch I
Department of Budget and Finance

Loretta Fuddy (GFCAC 8)
Chief, Maternal & Child Health Branch
Department of Health

Gretchen Goo (GFCAC 9)
Chairperson
Kauai County Committee on
the Status of Women

Captain James Halvorson (GFCAC 10)
Commanding Officer
Navy Legal Service Office

Joanne Kealoha (GFCAC 11)
Social Services Coordinator
International Longshoremen's and
Warehousemen's Union Local 142

Chris Kinard (GFCAC 12)
Vice President, Human Resources
Amfac/JMB Hawaii, Inc.

Rev. Wallace Ryan-Kuroiwa (GFCAC 13)
Pastor
Nuuanu Congregational Church

Lynette Kurren (GFCAC 14)
County Executive on Aging
Department of Human Resources

Clarence Liu (GFCAC 15)
Executive Director
Homeless Aloha, Inc.

Joyce Tanji (GFCAC 16)
Children & Youth Specialist
Office of Youth Services

Lorraine Godoy (GFCAC 17)
Health & Human Services Officer
Office of Hawaiian Affairs

Rosemary Taylor (GFCAC 18)
Executive Director
Hawaii Island YWCA

Betty Williams (GFCAC 19)
Executive Director
Maui Family Support Services

Dr. Kathy Wilson (GFCAC 20)
Chairperson, Department of Urban
and Regional Planning
University of Hawaii at Manoa

Vivian Ing (GFCAC 21)
State Resource Teacher, Community
Education Section
Department of Education

Abbott Galaher (WH 1) Holuaoa, Hawaii	Pat Bergin (WH 19) Kailua-Kona, Hawaii	Iulai Pei (KPT 14) Manager KPT Friendly Store Honolulu, Hawaii	Uilani Colon (MO1) Maunaloa, Hawaii
Bev Bedwell (WH 2) Kailua-Kona, Hawaii	Ruby McDonald (WH 20) Kailua-Kona, Hawaii	Rosa Misiafa (KPT 15) Honolulu, Hawaii	Glenda Mawae (MO2) Hoolehua, Hawaii
Cathy Woodbury (WH 3) Kailua-Kona, Hawaii	Virginia Isbell (WH 21) Kealahakua, Hawaii	Marlene Kamaunu (KPT 16) Honolulu, Hawaii	Tim Meyer (MO3) Kaunakakai, Hawaii
Eve Orr (WH 4) Captain Cook, Hawaii	Vai Tavai (KPT 1) Hawaii Lawyers Care Honolulu, Hawaii	Elena Usuvale (KPT 17) Honolulu, Hawaii	Henrietta Mokiao (MO4) Kaunakakai, Hawaii
Julie Lawrence (WH 5) Kailua-Kona, Hawaii	Pua Iuli (KPT 2) Healthy Tomorrows Honolulu, Hawaii	Mary Whittle (KPT 18) Honolulu, Hawaii	Rusty Panui (MO5) Kaunakakai, Hawaii
Rebecca Transue (WH 6) Kealahakua, Hawaii	Yvonne Hoaeae (KPT 3) Susannah Wesley Community Center/Hui Kokua Honolulu, Hawaii	Rachel Galeng (KEY 1) Parent Facilitator Waihole Elementary School Parent Community Networking Center Kaneohe, Hawaii	Lani Sahagun (MO7) Kaunakakai, Hawaii
Sharon Mertel (WH 7) Kailua-Kona, Hawaii	Jean Young (KPT 4) University of Hawaii/Family Community Leadership Honolulu, Hawaii	Wanda Hanson (KEY 2) Program Coordinator KEY Project Information & Referral Program Kaneohe, Hawaii	Bonnie Sutcliffe (MO8) Kaunakakai, Hawaii
Wes Margheim (WH 8) Honokaa, Hawaii	Jodi Makesi (KPT 6) Honolulu, Hawaii	Val Nakama (KEY 3) KEY Project Hui Laulima After School Enrichment Program Kaneohe, Hawaii	Harleen Waldorf (MO9) Kaunakakai, Hawaii
Alice Daniel (WH 9) Kailua-Kona, Hawaii	Rebecca Kaopuiki (KPT 5) Honolulu, Hawaii	Ycnan Ravelo (KEY 4) Kaneohe, Hawaii	
Carol Ikeda (WH 10) Kealahakua, Hawaii	Malaea Pei (KPT 7) Honolulu, Hawaii	Kandy Rayman (KEY 5) KEY Project Youth in Crisis Program Kaneohe, Hawaii	
Daryl Picadura (WH 11) Kailua-Kona, Hawaii	Hermilinda Sulu (KPT 8) Honolulu, Hawaii	Helen Self (KEY 6) KEY Project Information & Referral Program Kaneohe, Hawaii	
Jack Schuster (WH 12) Kealahakua, Hawaii	Ene Taifane (KPT 9) Honolulu, Hawaii	Martha Turner (KEY 7) District Coordinator Windward Honolulu Community Action Program, Inc. Kaneohe, Hawaii	
Kent Nakamura (WH 13) Kealahakua, Hawaii	Sinuka Kesi (KPT 10) Honolulu, Hawaii		
Rev. Bob Wicherts (WH 14) Kailua-Kona, Hawaii	Fuamata Lesu (KPT 11) Honolulu, Hawaii		
Ticia O'Kieffe (WH 15) Kamuela, Hawaii	Raymond Mamea (KPT 12) Honolulu, Hawaii		
Alva Sachs (WH 16) Kealahakua, Hawaii	Ramona Sooalo (KPT 13) Honolulu, Hawaii		
Cathy Jardine (WH 17) Kamuela, Hawaii			
Debbie Wiley (WH 18) Kealahakua, Hawaii			

Appendix C

QUESTIONNAIRE #1: PLANNING

Effective Period

July 1, 1990 - June 30, 1993

Part I. Purpose

DIRECTIONS: Rate the following statements describing the purpose of the Family Center Demonstration Project according to what you think the purpose of the demonstration project "is", and what you think the purpose of the demonstration project "should be". If there is a difference of two or more points between your ratings, explain why you think this difference exists.

- (1) To the best of my knowledge the purpose of the Family Center Demonstration Project is to test the effectiveness of the family center concept. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the purpose of the demonstration project should be to test the effectiveness of the family center concept. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

- (2) To the best of my knowledge the purpose of the Family Center Demonstration Project is to test models of service delivery that enhance support to individuals and families in need of health and human services. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the purpose of the demonstration project should be to test models of service delivery that enhance support to individuals and families in need of health and human services. (Circle the appropriate response.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

- (3) To the best of my knowledge the purpose of the Family Center Demonstration Project is to develop a community's capacity to identify and resolve its problems and fully utilize its assets. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the purpose of the demonstration project should be to develop a community's capacity to identify and resolve its problems and fully utilize its assets. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

- (4) To the best of my knowledge the purpose of the Family Center Demonstration Project is to strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the purpose of the demonstration project should be to strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

- (5) To the best of my knowledge the purpose of the Family Center Demonstration Project is to implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the purpose of the demonstration project should be to implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

- (6) To the best of my knowledge the purpose of the Family Center Demonstration Project is to reduce fragmentation in human services. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the purpose of the demonstration project should be to reduce fragmentation in human services. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

- (7) **Other.** To the best of my knowledge the purpose of the Family Center Demonstration Project is to (Complete the sentence, if applicable.)

Other. In my opinion the purpose of the demonstration project should be to (Complete the sentence, if applicable.)

Other. My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because (Complete the sentence, if applicable.)

Part II. Implementing Activities

DIRECTIONS: Rate the following statements describing the implementing activities of the Family Center Demonstration Project according to what you think the demonstration project "is" doing, and what you think the demonstration project "should be" doing. If there is a difference of two or more points between your ratings, explain why you think this difference exists.

- (1) To the best of my knowledge the Family Center Demonstration Project is coordinating the provision of core services to families at community-based centers. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be coordinating the provision of core services to families at community-based centers. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (2) To the best of my knowledge the Family Center Demonstration Project is offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (3) To the best of my knowledge the Family Center Demonstration Project is facilitating access to existing services through community-based centers. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be facilitating access to existing services through community-based centers. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (4) To the best of my knowledge the Family Center Demonstration Project is identifying and meeting unmet needs of families at the community level.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be identifying and meeting unmet needs of families at the community level.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (5) To the best of my knowledge the Family Center Demonstration Project is educating the community on how to support families.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be educating the community on how to support families.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (6) To the best of my knowledge the Family Center Demonstration Project is developing new and collaborative funding sources for family prevention programs.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be developing new and collaborative funding sources for family prevention programs.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (7) To the best of my knowledge the Family Center Demonstration Project is creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion the demonstration project should be creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs.

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

- (8) **Other.** To the best of my knowledge the Family Center Demonstration Project is (Complete the sentence, if applicable.)

Other. In my opinion the demonstration project should be (Complete the sentence, if applicable.)

Other. My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because (Complete the sentence, if applicable.)

Part III: Problem Definition

DIRECTIONS: Answer the following questions regarding the problems that the Family Center Demonstration Project was expected to address.

- (1) In your opinion are services to families fragmented? Why or why not?
- (2) In your opinion is there a lack of coordination and communication among those who provide services? Why or why not?

- (3) In your opinion do consumers in general and families (in particular) find it difficult to access services and information? Why or why not?
- (4) In your opinion is access to services and information across agencies difficult? Why or why not?
- (5) In your opinion is access to services and information between fund sources and providers difficult? Why or why not?
- (6) In your opinion is the impact and effectiveness of service difficult to assess? Why or why not?
- (7) In your opinion is there difficulty in assessing the real needs of families? Why or why not?
- (8) In your opinion are leverage funding and more innovative multiple funding streams needed? Why or why not?

Appendix D

QUESTIONNAIRE #2: EVALUATION
(Family Center Demonstration Project)
Period of Interest
July 1, 1990 - June 30, 1993

DIRECTIONS: Answer the following questions regarding the specific data are being collected by the Family Center Demonstration Project with respect to the measurable indicators of success for the demonstration project.

- (1) What is the purpose of the Family Center Demonstration Project?

What are the short-term objectives of the demonstration project with respect to the purpose of the project?

How do the short-term objectives of the demonstration project effectuate the purpose of the project?

What are the measurable indicators of success for the short-term objectives of the demonstration project?

How do the measurable indicators of success for the demonstration project relate to the short-term objectives of the project?

What specific data are being collected by the demonstration project with respect to the measurable indicators of success? How long and how consistently have these data been collected?

How do the specific data that are being collected by the demonstration project relate to the measurable indicators of success?

- (2) What are the long-term objectives of the demonstration project with respect to the purpose of the project?

How do the long-term objectives of the demonstration project effectuate the purpose of the project?

What are the measurable indicators of success for the long-term objectives of the demonstration project?

How do the measurable indicators of success for the demonstration project relate to the long-term objectives of the project?

What specific data are being collected by the demonstration project with respect to the measurable indicators of success? How long and how consistently have these data been collected?

How do the specific data that are being collected by the demonstration project relate to the measurable indicators of success?

Appendix E

QUESTIONNAIRE #3: EVALUATION
(Family Center)
Period of Interest
July 1, 1990 - June 30, 1993

DIRECTIONS: Answer the following questions regarding the specific data are being collected by your family center with respect to the measurable indicators of success for the family center.

(1) What is the purpose of your family center?

What are the short-term objectives of your family center with respect to the purpose of the center?

How do the short-term objectives of your family center effectuate the purpose of the center?

What are the measurable indicators of success for the short-term objectives of your family center?

How do the measurable indicators of success for your family center relate to the short-term objectives of the center?

What specific data are being collected by your family center with respect to the measurable indicators of success? What are the sources of these data? How long and how consistently have these data been collected?

How do the specific data that are being collected by your family center relate to the measurable indicators of success?

(2) What are the long-term objectives of your family center with respect to the purpose of the center?

How do the long-term objectives of your family center effectuate the purpose of the center?

What are the measurable indicators of success for the long-term objectives of your family center?

How do the measurable indicators of success for your family center relate to the long-term objectives of the center?

What specific data are being collected by your family center with respect to the measurable indicators of success? What are the sources of these data? How long and how consistently have these data been collected?

How do the specific data that are being collected by your family center relate to the measurable indicators of success?

Appendix F

QUESTIONNAIRE #4: Finance
(Family Center)
Period of Interest
July 1, 1991 - June 30, 1993

Part I. Fiscal Year 1991-1992

DIRECTIONS: For the fiscal year beginning July 1, 1991 and ending June 30, 1992, account for all family center revenues (including leveraged funds) to the nearest dollar using the following categories and definitions:

HCSC (including donations, contributions, and in-kind support)	\$
Lead Agency (including donations, contributions, and in-kind support)	\$
Others	
Grants (excluding HCSC and lead agency)	\$
Subsidies (excluding HCSC and lead agency)	\$
Purchase of Service (excluding HCSC and lead agency)	\$
Donations, Contributions, and In-kind Support (excluding donations, contributions, and in-kind support from HCSC and lead agency)	\$
Miscellaneous (for example fund raising, fees, and sales)	\$

"Grant" means an award of funds to a family center, on a one-time basis, based on merit or need, to *stimulate and support activities of the center for a specified purpose.*

"HCSC" means an appropriation of funds for the provision of services by a family center to members of the general public on behalf of the Hawaii Community Services Council and Department of Human Services to fulfill the purpose of the Family Center Demonstration Project.

"Lead agency" means an appropriation of funds for the provision of services by a family center to members of the general public on behalf of a lead agency (for example Family Support Services of West Hawaii, Moio kai Family Support Services, Parents and Children Together, and KEY Project) to fulfill the purpose of the Family Center Demonstration Project.

"Purchase of service" means an appropriation of funds for the provision of services by a family center to specific members of the general public on behalf of an agency to fulfill a specified purpose.

"Subsidy" means an appropriation of funds made to alter the price or the cost of a particular good or service of a family center to enable the center to provide services or goods to the general public or specified members of the general public at a lower price than would otherwise be charged by the center.

Part II. Fiscal Year 1992-1993

DIRECTIONS: For the fiscal year beginning July 1, 1992 and ending June 30, 1993, account for all family center revenues (including leveraged funds) to the nearest dollar using the categories and definitions in part I:

HCSC (including donations, contributions, and in-kind support)	\$
Lead Agency (including donations, contributions, and in-kind support)	\$
Others	
Grants (excluding HCSC and lead agency)	\$
Subsidies (excluding HCSC and lead agency)	\$
Purchase of Service (excluding HCSC and lead agency)	\$
Donations, Contributions, and In-kind Support (excluding donations, contributions, and in-kind support from HCSC and lead agency)	\$
Miscellaneous (for example fundraising, fees, and sales)	\$

Appendix G

QUESTIONNAIRE #5: Finance
(Family Center Demonstration Project)
Period of Interest
July 1, 1991 - June 30, 1993

Part I. Fiscal Year 1991-1992

DIRECTIONS: For the fiscal year beginning July 1, 1991 and ending June 30, 1992, account for all Family Center Demonstration Project revenues (including leveraged funds) to the nearest dollar using the following categories and definitions:

DHS (including donations, contributions, and in-kind support)	\$
HCSC (including donations, contributions, and in-kind support)	\$
Others	
Grants (excluding DHS and HCSC)	\$
Subsidies (excluding DHS and HCSC)	\$
Purchase of Service (excluding DHS and HCSC)	\$
Donations, Contributions, and In-kind Support (excluding donations, contributions, and in-kind support from DHS and HCSC)	\$
Miscellaneous (for example fund raising, fees, and sales)	\$

"Grant" means an award of funds to the Family Center Demonstration Project, on a one-time basis, based on merit or need, to stimulate and support activities of the demonstration project for a specified purpose.

"DHS" means an appropriation of funds for the provision of services by the Family Center Demonstration Project to members of the general public on behalf of the Department of Human Services to fulfill the purpose of the Family Center Demonstration Project.

"HCSC" means an appropriation of funds for the provision of services by the Family Center Demonstration Project to members of the general public on behalf of the Hawaii Community Services Council to fulfill the purpose of the demonstration project.

"Purchase of service" means an appropriation of funds for the provision of services by the Family Center Demonstration Project to specific members of the general public on behalf of an agency to fulfill a specified purpose.

"Subsidy" means an appropriation of funds made to alter the price or the cost of a particular good or service of the Family Center Demonstration Project to enable the demonstration project to provide services or goods to the general public or specified members of the general public at a lower price than would otherwise be charged by the demonstration project.

Part II. Fiscal Year 1992-1993

DIRECTIONS: For the fiscal year beginning July 1, 1992 and ending June 30, 1993, account for all Family Center Demonstration Project revenues (including leveraged funds) to the nearest dollar using the categories and definitions in part I:

DHS (including donations, contributions, and in-kind support)	\$
HCSC (including donations, contributions, and in-kind support)	\$
Others	
Grants (excluding DHS and HCSC)	\$
Subsidies (excluding DHS and HCSC)	\$
Purchase of Service (excluding DHS and HCSC)	\$
Donations, Contributions, and In-kind Support (excluding donations, contributions, and in-kind support from DHS and HCSC)	\$
Miscellaneous (for example fund raising, fees, and sales)	\$

Appendix H

QUESTIONNAIRE #6: PROGRAMMING (Family Center) Period of Interest July 1, 1990 - June 30, 1993

Part I. Value Added

DIRECTIONS: For each of the core services described below indicate whether the service was (1) already being provided by the lead agency (for example Family Support Services of West Hawaii, Molokai Family Support Services, Parents and Children Together, and KEY Project) prior to the creation of the family center (i.e., already in existence), (2) added through the creation of the family center, (3) expanded in scope through the creation of the family center, or (4) created by combining a service added through the creation of the family center with a service already being provided by the lead agency.

- (1) Information and referral services (check the appropriate response)
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
- (2) Training and assistance in accessing information and services provided for family members (check the appropriate response)
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
- (3) Involvement of community leadership in defining and resolving family-related issues (check the appropriate response)
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
- (4) Opportunities provided for families to interact, share concerns, exchange resources, network with others, and learn from each other (check the appropriate response)
- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
- (5) Community defined activities (check the appropriate response):
- | | |
|-----------------------------------|-----------------------------------|
| Parent skill building sessions | |
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
| Temporary child care | |
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
| Brief crisis intervention | |
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |
| Job preparation | |
| <input type="checkbox"/> Existing | <input type="checkbox"/> Added |
| <input type="checkbox"/> Expanded | <input type="checkbox"/> Combined |

Parent/child activities		
____ Existing		____ Added
____ Expanded		____ Combined
Adolescent services		
____ Existing		____ Added
____ Expanded		____ Combined
Literacy training		
____ Existing		____ Added
____ Expanded		____ Combined

DIRECTIONS: Answer the following questions regarding the value added through the creation of the family center.

- (6) How were the scope of core services already being provided by the lead agency expanded through the creation of the family center?
- (7) How were services added through the creation of the family center combined with services already being provided by the lead agency to form core services?
- (8) **Other.** What other services were added through the creation of the family center? Why were these other services added?
- (9) **Other.** What other services were expanded through the creation of the family center? Why were these other services expanded?

Part II. Value Denied

DIRECTIONS: If state funding for the Family Center Demonstration Project and, consequently, the family center were to be totally discontinued on June 30, 1995 (the repeal date of the demonstration project), for each of the core services described below, indicate whether you would choose to (1) retain the service at current levels, (2) delete the service entirely, or (3) reduce the scope of the service.

- (1) Information and referral services (check the appropriate response)
 ____ Retain ____ Delete ____ Reduce
- (2) Training and assistance in accessing information and services provided for family members (check the appropriate response)
 ____ Retain ____ Delete ____ Reduce
- (3) Involvement of community leadership in defining and resolving family-related issues (check the appropriate response)
 ____ Retain ____ Delete ____ Reduce
- (4) Opportunities provided for families to interact, share concerns, exchange resources, network with others, and learn from each other (check the appropriate response)
 ____ Retain ____ Delete ____ Reduce

(5) Community defined activities (check the appropriate response):

Parent skill building sessions

____ Retain ____ Delete ____ Reduce

Temporary child care

____ Retain ____ Delete ____ Reduce

Brief crisis intervention

____ Retain ____ Delete ____ Reduce

Job preparation

____ Retain ____ Delete ____ Reduce

Parent/child activities

____ Retain ____ Delete ____ Reduce

Adolescent services

____ Retain ____ Delete ____ Reduce

Literacy training

____ Retain ____ Delete ____ Reduce

DIRECTIONS: Answer the following questions regarding the value denied through the discontinuance of the family center.

(6) How would the scope of the core services be reduced?

(7) **Other.** What other services would be retained at current levels? Why would these other services be retained at current levels (as opposed to being reduced in scope or deleted entirely)?

(8) **Other.** What other services would be deleted entirely? Why would these other services be deleted entirely (as opposed to being retained at current levels or reduced in scope)?

Appendix I

QUESTIONNAIRE #7: IMPACT

(State-level)

Period of Interest

July 1, 1990 - June 30, 1993

DIRECTIONS: Rate the following statements describing what should happen to the Family Center Demonstration Project after June 30, 1995 (the repeal date of the demonstration project). For example, should the demonstration project be (1) made a permanent state program after June 30, 1995, (2) discontinued entirely after June 30, 1995, or (3) extended after June 30, 1995 to promote continued experimentation? Additionally, should an extended demonstration project be (1) reduced in scope, (2) retained at current levels, or (3) expanded in scope?

- (A) In my opinion the demonstration project should become a permanent state program after June 30, 1995. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

- (B) In my opinion the demonstration project should be discontinued entirely after June 30, 1995. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

- (C) In my opinion the demonstration project should be extended after June 30, 1995 to promote continued experimentation. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion an extended demonstration project should be reduced in scope. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion an extended demonstration project should be retained at current levels. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion an extended demonstration project should be expanded in scope. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

DIRECTIONS: Answer the following questions regarding the best reasons for (1) making the Family Center Demonstration Project a permanent state program after June 30, 1995, (2) discontinuing entirely the demonstration project after June 30, 1995, and (3) extending the demonstration project after June 30, 1995?

- (2) In your opinion what are the best reasons for making the demonstration project a permanent state program after June 30, 1995 (the repeal date of the demonstration project)?

- (3) In your opinion what are the best reasons for deleting entirely the demonstration project after June 30, 1995?

- (4) In your opinion what are the best reasons for extending the demonstration project after June 30, 1995 to promote continued experimentation?

Appendix J

**QUESTIONNAIRE #8: Impact
(Community-level)
Period of Interest
July 1, 1990 - June 30, 1993**

DIRECTIONS: Rate the following statements describing what should happen to the Family Center Demonstration Project after June 30, 1995 (the repeal date of the demonstration project). For example, should the demonstration project be (1) made a permanent state program after June 30, 1995, (2) deleted entirely after June 30, 1995, or (3) extended after June 30, 1995 to promote continued experimentation? Additionally, should an extended demonstration project be (1) reduced in scope, (2) retained at current levels, or (3) expanded in scope?

- (A) In my opinion the demonstration project should become a permanent state program after June 30, 1995. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

- (B) In my opinion the demonstration project should be deleted entirely after June 30, 1995. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

- (C) In my opinion the demonstration project should be extended after June 30, 1995 to promote continued experimentation. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion an extended demonstration project should be reduced in scope. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion an extended demonstration project should be retained at current levels. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

In my opinion an extended demonstration project should be expanded in scope. (Circle one number.)

1	2	3	4	5	0
Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do Not know

DIRECTIONS: Answer the following questions regarding the best reasons for (1) making the Family Center Demonstration Project a permanent state program after June 30, 1995, (2) deleting entirely the demonstration project after June 30, 1995, and (3) extending the demonstration project after June 30, 1995 to promote continued experimentation?

- (2) In your opinion what are the best reasons for making the demonstration project a permanent state program after June 30, 1995 (the repeal date of the demonstration project)?

- (3) In your opinion what are the best reasons for deleting entirely the demonstration project after June 30, 1995?

- (4) In your opinion what are the best reasons for extending the demonstration project after June 30, 1995?

Appendix K

QUESTIONNAIRE #1: SUMMARY

Part I. Purpose

- (1) To the best of my knowledge the purpose of the Family Center Demonstration Project is to test the effectiveness of the family center concept.

"CLCs" mean the community liaison committees
"D" means a response of "do not know"
"DHS" means the Department of Human Services
"FCs" mean the family centers
"GFCAC" means the Governor's Family Center Advisory Committee
"HCSC" means the Hawaii Community Services Council
"LAs" mean the lead agencies for the family centers
"M" means the datum is missing

■GFCAC 55455544545
■DHS/HCSC 4544
■LAs/FCs 4525555
■CLCs 54455M5444445D55D54D5554555553535444

In my opinion the purpose of the demonstration project should be to test the effectiveness of the family center concept.

■GFCAC 54455544545
■DHS/HCSC 4544
■LAs/FCs 4255555
■CLCs 44455M5444445D44M5555152154D53544423

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because

"*" means the difference is not computable because the datum is missing or a response of "do not know" was made
"0" refers to the difference between what "is" and what "should be"

Difference between what "is" and what "should be"

■GFCAC 01000000000
■DHS/HCSC 0000
■LAs/FCs 0330000
■CLCs 10000*0000000*11*01*0402401*00011021

". . . [T]o demonstrate the project . . .".
". . . [To] provide viable services . . . to families in need and otherwise".
". . . [To] provide . . . referrals to families in need and otherwise".
"[N]ot to test-but to teach, to show and to educate all Center's how they can be useful one to another . . .".
". . . [W]e must extent . . . the program to meet the need of the residents".
". . . [W]e must . . . continue the program to meet the need of the residents".
"[T]he sole purpose of the demonstration project should not only focus on the 'effectiveness' of the family center project".
"The project is actually helping, filling a need not necessarily testing effectiveness only".
"Lack of shared goal as to what 'family center concept is'".

"No criteria for 'effectiveness' has been developed".
"The Family Centers . . . [provide] the [catalyst] for change".

- (2) To the best of my knowledge the purpose of the Family Center Demonstration Project is to test models of service delivery that enhance support to individuals and families in need of health and human services.

■ GFCAC 54225244522
■ DHS/HCSC 4432
■ LAs/FCs 4525554
■ CLCs 54555M554445555445555554555154545454

In my opinion the purpose of the demonstration project should be to test models of service delivery that enhance support to individuals and families in need of health and human services.

■ GFCAC 55225244522
■ DHS/HCSC 4432
■ LAs/FCs 4255554
■ CLCs 44555M5544455D4455535154155544544445

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because

Difference between what "is" and what "should be"

■ GFCAC 01000000000
■ DHS/HCSC 0000
■ LAs/FCs 0330000
■ CLCs 10000*0000000*1010020400400410001011

". . . [T]heir too much duplication going on".
"The project is actually helping, filling a need not necessarily testing effectiveness only".
"No evaluation of different models--yet to see church, business etc. model developed".
". . . [A] means to test models has not been developed".
"[T]he Project should assist families . . . to identify needs . . .".
"[T]he Project should assist . . . communities to identify needs . . .".
"[T]he Project should . . . connect them [families] with existing services".
"[T]he Project should . . . connect them [communities] with existing services".

- (3) To the best of my knowledge the purpose of the Family Center Demonstration Project is to develop a community's capacity to identify and resolve its problems and fully utilize its assets.

■ GFCAC 52555544555
■ DHS/HCSC 4445
■ LAs/FCs 4535555
■ CLCs 54555M553455545545555554555555555555

In my opinion the purpose of the demonstration project should be to develop a community's capacity to identify and resolve its problems and fully utilize its assets.

■ GFCAC 52555544555
■ DHS/HCSC 4545
■ LAs/FCs 4555555
■ CLCs 54555M452555555555425154155155554555

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because

Difference between what "is" and what "should be"

- GFCAC 00000000000
- DHS/HCSC 0100
- LAs/FCs 0020000
- CLCs 00000*101100010010130400400400001000

". . . [Y]our project is doing things other people or . . . agency".

"Some communities are territorial".

"Not all community problems deal with families, these problems (zoning, development plans, etc.) are resolved thru other means (County Council hearings, etc.)".

"Shouldn't be the only agency developing for the whole community".

"[Family centers] (local and central office) are still learning about capacity building".

"The development of methods for developing community capacity . . . have not yet been developed".

"The development of methods for . . . monitoring results have not yet been developed".

- (4) To the best of my knowledge the purpose of the Family Center Demonstration Project is to strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community.

- GFCAC 54555544544
- DHS/HCSC 4444
- LAs/FCs 4445555
- CLCs 55555555555555544552555455555555555

In my opinion the purpose of the demonstration project should be to strengthen and build on the ability of family members to enrich and contribute to the well-being of their family life and the life of their community.

- GFCAC 54555544554
- DHS/HCSC 4445
- LAs/FCs 4455555
- CLCs 55555M5555555554455425254155155554555

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because

Difference between what "is" and what "should be"

- GFCAC 00000000010
- DHS/HCSC 0001
- LAs/FCs 0010000
- CLCs 00000*000000001010100300400400001000

"In theory this sounds good".

- (5) To the best of my knowledge the purpose of the Family Center Demonstration Project is to implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families.

- GFCAC 52535244545
- DHS/HCSC 2344
- LAs/FCs 2515554
- CLCs 54453M5545555555555D4554555553555555

In my opinion the purpose of the demonstration project should be to implement state-wide an effective primary prevention service delivery system that will improve the quality of life for families.

- GFCAC 52535244525
- DHS/HCSC 4342
- LAs/FCs 2255554
- CLCs 44553M5555535545MM425354154144553555

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because

Difference between what "is" and what "should be"

- GFCAC 00000000020
- DHS/HCSC 2002
- LAs/FCs 0340000
- CLCs 10100*0010020010**1*1200401411002000

"Need to strengthen more work in this area--continue to provide more prevention programs".
 "Not clear as to whether or not it is a primary prevention program".
 "No systematic approach has been envisioned (let alone implemented) to statewide primary prevention".
 "There has not been agreement on this purpose among the stakeholders".
 ". . . [T]he purpose should be to implement statewide healthy and effective service delivery systems that capitalize on the strengths of families to improve their quality of life".
 "[W]e should design a purpose that will 'promote healthy systems' e.g. support strengths already in existence within families, individuals and communities".

- (6) To the best of my knowledge the purpose of the Family Center Demonstration Project is to reduce fragmentation in human services.

- GFCAC 54555325542
- DHS/HCSC 4344
- LAs/FCs 4435454
- CLCs 45454435344354355552555445254555D455

In my opinion the purpose of the demonstration project should be to reduce fragmentation in human services.

- GFCAC 54555325542
- DHS/HCSC 4344
- LAs/FCs 4445444
- CLCs 45554M223442544555425254152145553455

My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because

Difference between what "is" and what "should be"

- GFCAC 00000000000
- DHS/HCSC 0000
- LAs/FCs 0010010
- CLCs 00100*13000100100*10030030040000*000

"Go the extra mile whereas most state agencies have too many restrictions".
 "Its [Department of Human Services'] job to provide programs/funds to reduce fragmentation of services".
 "Family Center can only help identify where the fragmentation is occurring".
 ". . . [R]eduction of fragmentation should include all [department] heads and state agencies".
 ". . . [I]t is more feasible to work towards this goal than to be held responsible for total outcome".

(7) **Other.** To the best of my knowledge the purpose of the Family Center Demonstration Project is to

■ **TO PROVIDE NEEDED SERVICES OR PROGRAMS; TO PROVIDE HELP (23)**

"... [P]rovide services within the family center itself".
"Help families become families again".
"Help family become united ...".
"Help family become ... stronger again".
"Meet new people, good to know each other".
"Help people in the community young and old and don't have a car".
"[T]each families ways to strengthen the individual family members ...".
"[T]each families ways to strengthen ... the family as a whole ...".
"Extend family service".
"[A]ssess ... the needs of the community in terms of health, education, networking ...".
"... [S]upport ... the needs of the community in terms of health, education, networking ...".
"... [M]eet the needs of the community in terms of health, education, networking ...".
"Establish safe, shame free easily accessible place to get help, direction, knowledge, and relief".
"... [T]o help families stay together ...".
"... [T]o ... give them [families] the tools to help themselves no matter what their situation is".
"Service the entire community".
"... [H]elp strengthen families' coping abilities".
"Build family strengths ...".
"Enhance the quality of their lives".
"Be there for the community no matter what the need is".
"[B]ring people together with information about the services they need ...".
"Enhance the referral process to the appropriate resources ...".
"[S]upport the community using the positive recognition of family strengths and value".

■ **TO TEST NEW WAYS OR CHANGE THE PRESENT WAY OF PROVIDING SERVICES (12)**

"Change paradigms of service delivery at state ... levels".
"Change paradigms of service delivery at ... community levels".
"... [E]ducating service providers of the family center concept in order to create increasingly effective service providers".
"... [R]educe fragmentation in human services".
"[D]evelop a community based family center concept to test various models and select the best for the community".
"Demonstrate and created some activities that will bring about all different culture to help others understand and learn from it resources etc."
"Test an alternative model of [services] to families based on [long-term] prevention ...".
"Test an alternative model of [services] to families based on ... community/family strengthening".
"[D]etermine the most effective ways and means of coordinating human services in assisting families to become self sufficient".
"Develop ... a mix of funding streams".
"... [M]anage a mix of funding streams".
"[B]ring together local, state and private resources for the purpose of supporting families on the local level".

■ **TO IMPROVE ACCESS TO SERVICES (3)**

"[M]ake access to services easier ... for families".
"[M]ake access to services ... more comfortable ... for families".
"[M]ake access to services ... less stigmatizing for families".

Other. In my opinion the purpose of the demonstration project should be to ...

■ **TO PROVIDE NEEDED SERVICES OR PROGRAMS; TO PROVIDE HELP (10)**

"[A]ssess ... the needs of the community in terms of health, education, networking ...".

"... [S]upport ... the needs of the community in terms of health, education, networking ...".
 "... [M]eet the needs of the community in terms of health, education, networking ...".
 "Help teen ages level in Drug Prevention and Treatment, teach them of right approach through educational activities and program to occupy their time, but not drifted away and become victims of drug ages etc."
 "Establish safe, shame free easily accessible place to get help, direction, knowledge, and relief".
 "[B]ring people together with information about the services they need ...".
 "To help individuals reunited in family".
 "... [H]elp strengthen families' coping abilities".
 "[Secure] all the families".
 "To better families so the community is better".

■ TO TEST NEW WAYS OR CHANGE THE PRESENT WAY OF PROVIDING SERVICES (4)

"Test an alternative model of [services] to families based on [long-term] prevention ...".
 "Test an alternative model of [services] to families based on ... community/family strengthening".
 "Change paradigms of service delivery at state ... levels".
 "Change paradigms of service delivery at ... community levels".

■ TO IMPROVE ACCESS TO SERVICES (3)

"[M]ake access to services easier ... for families".
 "[M]ake access to services ... more comfortable ... for families".
 "[M]ake access to services ... less stigmatizing for families".

Other. My knowledge about what the purpose of the demonstration project "is" differs from my opinion about what the purpose of the demonstration project "should be" because ...

"[Family center] is heading to the right direction in lending a hand to all these agencies within the ... community in sponsoring, planning, workshop, training, that will benefit residents who are willing to change their lifestyle in the future".

Part II. Implementing Activities

- (1) To the best of my knowledge the Family Center Demonstration Project is coordinating the provision of core services to families at community-based centers.

- GFCAC 4454334D5D3
- DHS/HCSC 222D
- LAs/FCs 2M15454
- CLCs 4544444355455D54454D555455544554554

In my opinion the demonstration project should be coordinating the provision of core services to families at community-based centers.

- GFCAC 44545344543
- DHS/HCSC 2244
- LAs/FCs 2M35455
- CLCs 45544M4555455444555D5354154144553554

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because ...

Difference between what "is" and what "should be"

- GFCAC 0000200*0*0
- DHS/HCSC 002*
- LAs/FCs 0*20001

■CLCs 00100*0200000*10101*0200401400001000

"Their respect [respite] center need's more worker's to handle the children they turn away".
"... [I]t's need more coordination ...".
"... [I]t's need ... provide more services".
"Not all in one [building]".
"Definition of 'core services' is unclear ...".
"... [T]he appropriateness of this function is currently being considered".
"I am not aware that referrals to service agencies are taking place".
"The Family Centers appeared to be unclear as to the focus ...".
"... [I]nformation on daily activities not known".
"'Core services' need to be defined".
"Information of detailed daily activities not known".
"It is a vision that has not been realized fully simply because it is complex and difficult!!!"
"[Governor's Family Center Advisory Committee] has not had access to sufficient data".

- (2) To the best of my knowledge the Family Center Demonstration Project is offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings.

■GFCAC 4455444D534
■DHS/HCSC 5434
■LAs/FCs 4545555
■CLCs 5555555555555D5445435554555545554554

In my opinion the demonstration project should be offering a range of community identified activities, services, training opportunities, and information in accessible and supportive settings.

■GFCAC 44555544554
■DHS/HCSC 5545
■LAs/FCs 4555555
■CLCs 55555M5555555544555D5454154145555555

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Difference between what "is" and what "should be"

■GFCAC 0000110*020
■DHS/HCSC 0111
■LAs/FCs 0010000
■CLCs 00000*0000000*10101*0100401400001001

". . . [S]ome service are still like other agency".
"I agree that continuation of [Demonstration] Projects by [family center] will quickly give result in lifestyle of residents who are consider in poverty level".
"Some seem to be doing a better job than others".

- (3) To the best of my knowledge the Family Center Demonstration Project is facilitating access to existing services through community-based centers.

■GFCAC 4455344D445
■DHS/HCSC 5524
■LAs/FCs 4555554
■CLCs 5545555555555D444544454555554555444

In my opinion the demonstration project should be facilitating access to existing services through community-based centers.

- GFCAC 44555444555
- DHS/HCSC 5554
- LAs/FCs 455554
- CLCs 55555M555551544455525254154154554455

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Difference between what "is" and what "should be"

- GFCAC 0000200*110
- DHS/HCSC 0030
- LAs/FCs 0000000
- CLCs 00100*0000040*0010121300401400001011

". . . [T]hey should stop duplicating".

"Continue joint offerings on services such as immunizations, computer classes".

"Need to [identify] even more prevention services".

". . . [W]hat I see since [Family Center] establish is tremendously provide new lifestyle . . .".

". . . [W]hat I see since [Family Center] establish is . . . able to become linkage between outside agencies and residents".

"Unclear as to how the Centers facilitate access to existing services".

"Flexibility of Center operating hours for working families unknown".

"Some non-profits are not fully community-based, i.e. boards, staff, wide range of services".

- (4) To the best of my knowledge the Family Center Demonstration Project is identifying and meeting unmet needs of families at the community level.

- GFCAC 4454334D544
- DHS/HCSC 23D4
- LAs/FCs 4545454
- CLCs 545555442455524555434554355555254445

In my opinion the demonstration project should be identifying and meeting unmet needs of families at the community level.

- GFCAC 44544344545
- DHS/HCSC 55D4
- LAs/FCs 4555454
- CLCs 54555M452455554555545254154155154455

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Difference between what "is" and what "should be"

- GFCAC 0000100*001
- DHS/HCSC 32*0
- LAs/FCs 0010000
- CLCs 00000*010000030000111300201400100010

"Program is so new--it needs more time to implement its programs".

"Currently working on client tracking record keeping".

"[Family center] identifies some needs which cannot be met, i.e., child care, transportation and housing".

"The mechanisms for identifying unmet needs have not been implemented consistently across centers".

"Yet to be developed".

- (5) To the best of my knowledge the Family Center Demonstration Project is educating the community on how to support families.

- GFCAC 4255D53D534
- DHS/HCSC 4443
- LAs/FCs 3535454
- CLCs 4545553554555D454443555455555455454

In my opinion the demonstration project should be educating the community on how to support families.

- GFCAC 4255D444544
- DHS/HCSC 4454
- LAs/FCs 4555454
- CLCs 45455M355451544555535154155155455455

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Difference between what "is" and what "should be"

- GFCAC 0000*11*010
- DHS/HCSC 0011
- LAs/FCs 1020000
- CLCs 00000*0000040*0011100400400400000001

"Individual [family centers] need for technical assistance before they can reach full potential".

- (6) To the best of my knowledge the Family Center Demonstration Project is developing new and collaborative funding sources for family prevention programs.

- GFCAC 4245433D343
- DHS/HCSC 2324
- LAs/FCs 4524344
- CLCs 5D445D3333M54D44D4D3555455554D5545M

In my opinion the demonstration project should be developing new and collaborative funding sources for family prevention programs.

- GFCAC 44555444553
- DHS/HCSC 4445
- LAs/FCs 4555554
- CLCs 5D345M3445M1554455535154155154D54455

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Difference between what "is" and what "should be"

- GFCAC 0210111*210
- DHS/HCSC 2121
- LAs/FCs 0031210
- CLCs 0*100*0112*41*00*1*00400400400*0100*

"More funding needed".
 "In dire need of funding".
 "Tapped-out communities do not have funds needed to maintain minimal services".
 "[Family center] personnel has to expend time [hunting] for funds. This time should be spent meeting family needs for services".
 "These sources have not been developed yet".
 "This has not been a high priority at the central office".
 "Needs to be done at [family center] state leadership level".
 "I am not sure of . . . all funding initiatives".
 "I . . . have limited information regarding all funding initiatives".
 "Capacity to do this has not been developed".
 "Difficult to gauge what has been done to develop new and collaborative funding sources.
 "Centers are too heavily dependent on state funds".
 "The project has not reached the maturity level, especially in the funding/governing area, to develop this area as much as we would like".
 "{Governor's Family Center Advisory Committee/Hawaii Community Services Council} needs to be more active in getting this in place . . .".
 ". . . [Department of Human Services] needs to be more active in process".

- (7) To the best of my knowledge the Family Center Demonstration Project is creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs.

■GFCAC 4244443D444
 ■DHS/HCSC 2334
 ■LAs/FCs D224444
 ■CLCs 44455M4444D54D34434355545555544544MD

In my opinion the demonstration project should be creating a method for program accountability that is system-wide and includes statewide community planning and needs assessment, staff and volunteer training, and measurement of progress and outcomes across family center programs.

■GFCAC 44444545555
 ■DHS/HCSC 5445
 ■LAs/FCs 4355554
 ■CLCs 44455M3454415544555351541551545544M5

My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Difference between what "is" and what "should be"

■GFCAC 0200011*111
 ■DHS/HCSC 3111
 ■LAs/FCs *131110
 ■CLCs 00000*1110*41*10121004004004001000**

"Upper level management need to service the individual center more".
 "Administrators should visit each Family Center for evaluation of service to the community".
 "Statewide community planning generally means Oahu planning which has very little in common with . . . [our island and] usually results in ludicrous, useless commands that are not appropriate or applicable to local conditions".
 "I'm not sure that this is all possible thru one agency!"
 "This has not been a priority . . .".
 "[M]y knowledge of the project is not at this (statewide) level".
 "The capacity to do this is still being developed".

(8) **Other.** To the best of my knowledge the Family Center Demonstration Project is

"Changing paradigms around the delivery of services at the State . . . level".

"Changing paradigms around the delivery of services at the . . . Community level".

Other. In my opinion the demonstration project should be

"An opportunity to [strengthen] families . . .".

"An opportunity to [strengthen] . . . communities".

"Changing paradigms around the delivery of services at the State . . . level".

"Changing paradigms around the delivery of services at the . . . Community level".

"[A] comfortable safe place for people to come to for any need, so we can directly help them . . .".

"[A] comfortable safe place for people to come to for any need, so we can . . . refer them to appropriate agency or service provider".

Other. My knowledge about what the demonstration project "is" doing differs from my opinion about what the demonstration project "should be" doing because

Part III: Problem Definition

(1) In your opinion are services to families fragmented? Why or why not?

Yes (39)

■ THERE IS NO HOLISTIC OR FAMILY-CENTERED VISION OF SERVICE DELIVERY (8)

"Lack of holistic vision . . .".

"Lack of holistic . . . mechanism to deliver [services]".

". . . [L]ack of a unifying vision of how services could best be delivered".

"Few mandated services look at the needs of the whole family".

"An underlying support system for the whole family is a new concept".

". . . [F]amily resources or strengths are not generally taken into account".

"The service delivery system has been set up to serve individuals with particular problems and not families as a whole".

". . . [L]ack of agreement on values . . .".

■ SERVICES ARE PROBLEM OR CRISIS-ORIENTED, UNRELATED, OR PROVIDED BY MANY DIFFERENT AGENCIES (15)

". . . [A]gencies are not interconnected . . .".

". . . [T]oo many unrelated programs".

". . . [D]ifferent departments ([Department of Health/Department of Human Services], etc.) involved . . .".

"Intervention and treatment programs are 'crisis oriented' and targeted to specific problems/issues. Family issues/problems are not specific".

"Families may have to deal with several caseworkers".

"Services are offered in response to problems".

". . . [F]ragmented by category of need . . .".

". . . [F]ragmented . . . by governmental body . . .".

". . . [F]ragmented . . . by public/private."

"Separate programs . . .".

". . . [D]eficit orientation . . .".

". . . [A]dministered through several different [departments] of government".

". . . [S]tate agencies . . . doing many kinds of services".

". . . [P]rivate agencies doing many kinds of services".

"Service staff say "We don't do that, we can't help you!"

■ THERE IS INSUFFICIENT COMMUNICATION, COOPERATION, COORDINATION, OR COLLABORATION BETWEEN AND AMONG AGENCIES AND SERVICE PROVIDERS (21)

"... [D]ifferent agencies ... have their own agendas".
 "... [W]e' are ... unwilling to take time to develop collaborations".
 "... [T]erritoriality or 'turf' thinking of some service providers".
 "... [A]gencies are] very territorial".
 "... [N]o sharing of information ...".
 "... Programs have become bureaucratized over time--Agencies do not relate to each other".
 "... [T]urf ...".
 "... [T]urf issues between agencies ...".
 "... [A]ll departments ... provide services independent of each other".
 "... [M]any agencies provide services independent of each other".
 "[Request for proposals] awarded [with] no regard as to service coordination at the community level".
 "State agencies, especially [Department of Human Services], do not collaborate".
 "... [L]ack of coordination of services across state and human services agencies ...".
 "... [S]tate government does not coordinate with each other ...".
 "... [S]tate government does not coordinate with ... private agencies".
 "[L]ack of communication among agencies".
 "Lack of communication/networking between service providers and agencies".
 "[C]ompetition between government bureaucracies, private non-profit entrepreneurs and politicians".
 "Programs are not coordinated so that they meet family needs".
 "State and Federal [statutory concerns] at time fragment coordinated services to families".
 "... [P]roblems with confidentiality interpretations".

■ FUNDING IS PROBLEM OR CRISIS-ORIENTED, FRAGMENTED, CATEGORICAL, COMPETITIVE, OR UNCOORDINATED (16)

"... Fight over available monies ...".
 "... [D]ifferent] ... eligibility requirements".
 "... [F]inancial eligibility criteria ...".
 "Program eligibilities differ for each program".
 "The state system awards services based on a means test".
 "Funding sources are ... different ...".
 "Funding sources ... often have their own rules and regulations".
 "... [C]ategorical sources of funding isolate issues but families may have multiple needs".
 "... [F]unding is based on crisis ...".
 "... [F]unding streams are [fragmented]".
 "Funding bases create fragmentation of services".
 "... [F]unding is competitive ...".
 "Typically, human services are provided through categorical grants ... Elaborate eligibility criteria is often established and often excludes families in need of such services, but could not meet eligibility criteria".
 "... [C]ategorical funds ...".
 "... [S]trings" attach to various programs ...".
 "Purchase of service system of funding which tends to fund services on the basis of identified problems and 'solutions' rather than on promotion of healthy systems or prevention programs".

■ AGENCIES DO NOT HAVE ENOUGH MONEY, STAFF, OR TIME (9)

"... '[W]e' are unable ... to take time to develop collaborations".
 "It is because we're understaffed".
 "Agencies do [not] have the funds ... available to meet and develop programs".
 "Agencies do [not] have the ... personnel available to meet and develop programs".
 "... [C]ontinual budget cuts in tight economic times".
 "... [O]verhead and administrative funds (for planning) tends to be scarce".
 "... [M]any agencies or service providers tend to be very dedicated to providing services in which they have expertise ...".
 "There is no systematic approach to developing new programs. Much depends on funding resources".
 "Services are available in some communities and not in others".

■ ACCESS TO SERVICES IS DIFFICULT (11)

"People need to go to ten different places for ten different things, all connected to the same thing".

". . . [S]ervices . . . are not centralized".

". . . [T]here is not a single point of access . . .".

". . . [F]amilies have to go to too many different places just to meet one need".

"Often a person needs to make several phone calls before reaching someone who can begin to find answers".

". . . [T]oo many different applications are required for services that either overlap or leave big gaps".

"Access to services is difficult . . .".

"There are resources which could be available for families. However families don't know about these . . .".

"There are resources which could be available for families. However . . . accessing these resources takes great skills and patience".

"Clients go through a lot of red tape which relates to one need".

"[T]here are so many services, some sounding similar that the average person can't sort them out".

■ OTHER (8)

". . . [M]any agencies or service providers . . . [do] not have resources to coordinate their services in a broad scale".

"Agency regulations/rules stifle change".

"Depending on the needs of families".

". . . [S]ocial services are inefficient".

". . . [F]ragmented, weak communities".

". . . [A]ccountability to loosely defined".

"Variety of services to low income families are many (from food stamps to housing to consumer [education] to medical [services] etc.)".

"Lots of intense services for young children and families. Need to spread services thru ages, [especially] for older teens and young adults".

Not specific (9)

"There's a need for service".

"Their services are like other's".

". . . [S]ome family never experience these sources of service, like Lao, Vietnamese . . .

". . . [O]ther [families] they heard [of these sources of service] before, never like to come out".

"Cause some families don't get this service from the community".

". . . [S]ometimes family need more than one kind of service . . .".

". . . [S]ometimes family . . . get the run around".

"There might possibly be services not yet tapped . . .".

"Depends on individual circumstances. Families with complex situations usually get more efficient services than families less needy".

"[O]bvious to anyone working with families".

No (5)

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (3)

"They are doing a fantastic job".

". . . [W]hen family center provide a service they follow through".

"Services are available to all families as long as they are residents who want the help".

■ OTHER (1)

". . . [E]very attempt has been made to provide coordinated services".

(2) In your opinion is there a lack of coordination and communication among those who provide services? Why or why not?

Yes (37)

■ SERVICE PROVIDERS ARE TERRITORIAL, COMPETITIVE, OR UNCOOPERATIVE (21)

"... [T]erritoriality or 'turf' thinking of some service providers".
 "... '[W]e' are ... unwilling to take time to develop collaborations".
 "... [T]urf ...".
 "... [N]o sharing of information ...".
 "... [T]urf issues ...".
 "... [S]o many seem alike and overlapping rather than working together".
 "... [L]ittle information is exchanged".
 "... [T]urf ...".
 "At times agencies are competitive ...".
 "Turf issues ...".
 "... [I]n competition with each other for [money] ...".
 "... [T]urf battles promote independence".
 "... [C]ompeting philosophies ...".
 "... [C]ompeting ... political orientation ...".
 "... [C]ompeting ... demands on limited public funds".
 "... [F]unding is competitive ...".
 "... [T]here is a tendency to compete with, rather than cooperate with, others for job survival."
 "... [S]ome competitive spirits ...".
 "Fight over available monies ...".
 "... [F]ear of sharing ...".
 "Their existence depends upon proof of need for them. Measured by statistics not outcomes."

■SERVICE PROVIDERS DO NOT HAVE ENOUGH TIME, STAFF, OR RESOURCES; THERE IS TOO MUCH WORK (14)

"... [M]any times agencies are so short staffed that they do not have the time to do the networking necessary to make their services more effective".
 "... [N]eed more time ...".
 "... [N]eed ... more staff".
 "Lack of working people in the family center".
 "Not enough money".
 "... '[W]e' are unable ... to take time to develop collaborations".
 "Work overload".
 "... [W]ork overload ...".
 "... [L]ack of staffing ...".
 "Families are ... denied the available information because of lack of personnel ...".
 "... [L]ack of staff (time) to communicate and co-ordinate".
 "Limitation of time ...".
 "Limitation of ... resources".
 "... [P]ress of work".

■THERE IS INSUFFICIENT INCENTIVE, EFFORT, OR OPPORTUNITY; SERVICE PROVIDERS ARE NOT AWARE OF ONE ANOTHER (13)

"... [A] lot of energy is put in providing services, overall coordination is left out".
 "... [L]ack of a driving incentive (such as money) ...".
 "... [N]o system of communication ... by providers of services".
 "... [N]o system of ... coordination by providers of services".
 "... [T]here is no incentive for coordination or collaboration".
 "No incentives to coordinate".
 "No attempts at collaboration unless there is a crisis".
 "Willingness ... is needed as to how we support families".
 "... [O]ver-haul is needed as to how we support families".
 "... [L]ittle opportunities to learn about what each agency, [department]/programs does".
 "... [L]ack of awareness of each other ...".
 "... [M]any services [are] unknown to each other".
 "Families are ... denied the available information because of lack of ... training".

■ **FUNDING IS FRAGMENTED; PROGRAMS ARE CATEGORICAL OR FRAGMENTED (9)**

"... [A]gencies should provide a flow of [services] thru the community ... they are designed to assist".

"... [A]gencies should provide a flow of [services] thru the ... population they are designed to assist".

"Fragmentation ...".

"... [S]pecific ... client criteria for program eligibility".

"... [S]pecific geographic ... criteria for program eligibility".

"[Fragmented] funding streams create providers who ... lack resources ... to deal in larger context".

"[Fragmented] funding streams create providers who ... lack ... [mandate] to deal in larger context".

"... [T]he need to scramble for funding (nonprofits)".

"Funding issues ...".

■ **THERE ARE PROBLEMS AT THE STATE LEVEL THAT NEED TO BE RESOLVED (9)**

"... [T]urf battles between department and programs keep providers from seeing the big picture (state agencies)".

"... [L]ack of coordination at the state level".

"... [A]gency/state restrictions".

"... [L]ack of communication between state agencies".

"... [S]tate is too far removed from needs of real people living on different islands and in communities".

"... [S]tate funds new programs rather than requiring existing programs to work [together] and adapt to meet the need".

"There is an effort at the local level to communicate and coordinate, but there need to be more of same at all levels".

"More collaboration ...". is needed from the state to resolve these issues ...".

"More ... commitment is needed from the state to resolve these issues ...".

■ **OTHER (10)**

"... [P]roliferation of services ...".

"There are many reasons, but the key ones are structural".

"... [P]roblems with confidentiality interpretations".

"... [S]ometimes they are very intimidating ...".

"... [S]ometimes they ... don't relate to different types of people".

"... [D]uplication of services ...".

"Many families have several case managers due to multiple needs".

"... [A]gency identification ...".

"Social service agencies are typically dependent on personalities of its leaders".

"... [A]ccountability to loosely defined".

Not specific (7)

"It's how you present the services to the families".

"We do have communication and service provided, and have been very good".

"To some degree. [No] time for workers".

"[P]eople in different agencies and programs need opportunities to know what each other is doing".

"... [T]akes time to meet and coordinate services".

"... [T]here is very little system wide support for these efforts".

"Coordination and communication efforts are frequently made. However, elaborate bureaucracies are often established to deliver the services. It is the inherent nature of the bureaucracies that prevent effective [coordination] and communication".

No (12)

■ **THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (9)**

"... [F]amily center staff make a point of reaching out and contacting service providers".

"... [T]he family center is working".

"... [S]ervice providers are treated as part of the family project".

"Service providers come to the Center to offer services".

"... [W]e can give or share our advice or opinion".
 "... [V]olunteers who come out and help ...".
 "... [M]ore residents felt secure and trust to share problems, ask for help in financial, medical, food and abuse".
 "Flyers of events are posted all over in FSC".
 "To the [extent], that they participate with the Center--no".

■OTHER (1)

"The organizational structure is designed to facilitate communication".

(3) In your opinion do consumers in general and families (in particular) find it difficult to access services and information? Why or why not?

Yes (37)

■CONSUMERS OR FAMILIES MAY NOT KNOW WHAT EXISTS, WHERE TO GO, OR WHO TO ASK; CONSUMERS OR FAMILIES MAY BE RELUCTANT; CONSUMERS OR FAMILIES MAY NOT HAVE THE MEANS (30)

"A lot of times people need to be led through the system".
 "... [P]erson does not have the ability ... to aggressively seek help".
 "... [P]erson does not have the ... courage to aggressively seek help".
 "... [T]hey are afraid to ask for help ...".
 "... [T]hey ... don't know where to go".
 "[Some] people haven't heard about it".
 "Sometimes they don't know how to go about finding information ...".
 "Sometimes they don't know how to ... [utilize] what they find out".
 "... [S]ome just don't know how to go about seeking help ...".
 "... [S]ome are illiterate ...".
 "They don't know where to go".
 "... [P]eople in need don't know where ... to go to ...".
 "... [P]eople in need don't know ... whom to go to ...".
 "... [P]eople in need don't know ... how to look it up in phone book".
 "[F]amilies are very busy, society/news bombards them. Have to learn to filter thru mass information ...".
 "... [K]nowledge of services ...".
 "... [I]lliteracy ...".
 "... [L]anguage proficiency ...".
 "... [S]hame ...".
 "... [S]ome groups [with] different languages will have a difficult time initially ...".
 "They don't know what exists ...".
 "They don't know ... where services are located ...".
 "They don't know ... how to look them up in the phone book".
 "... [M]any families cannot utilize the information they are given".
 "... [T]hose that need services and information most are often those who lack the skills ... to access them".
 "... [T]hose that need services and information most are often those who lack the ... knowledge to access them".
 "There is ... an inherent reluctance to seek help from formal social services.
 "... [M]any have no phone ...".
 "... [M]any have no ... transportation".
 "... [D]ifficulties in transportation for rural residents ...".

■THE SERVICES OR INFORMATION ARE INCONVENIENTLY LOCATED, PHYSICALLY INACCESSIBLE, OR NOT WELL PUBLICIZED (18)

"... [I]nconvenient location ...".
 "... [I]nconvenient ... hours ...".
 "... [I]nformation is not made readily available to the general public ...".
 "[L]ack of information ...".

"... [T]oo little publicity".
 "... [H]ard to find in the phone book".
 "Keep changing names ...".
 "... [S]ervices are not located in communities where families have easy access to them".
 "... [T]here is no one stop shopping".
 "Services are not customer driven ...".
 "No single point of access".
 "Services do not exist readily in all communities".
 "Lack of information ...".
 "[L]ack of ... communication".
 "[L]ocation can be a problem".
 "Names of agencies do not necessarily reflect programs ...".
 "... [V]ariety of [information] is so great".
 "... [L]ack of clarity".

■ AGENCIES DO NOT HAVE ENOUGH MONEY OR PERSONNEL (9)

"[M]usical chairs with where services are because of high rents".
 "[I]f the ... [volunteers] don't come out and help the family center, the community don't get the information...".
 "... [N]eed money ...".
 "... [N]eed ... hire more people to work".
 "Not enough funding".
 "... [L]ack of help on the local level".
 "The high turn over in social service agencies breed discontent Pay structures need to be changed, and jobs offered on permanent status".
 "The high turn over in social service agencies breed ... errors in judgment Pay structures need to be changed, and jobs offered on permanent status".
 "The high turn over in social service agencies breed ... paper work. Pay structures need to be changed, and jobs offered on permanent status".

■ FUNDING IS CATEGORICAL; SERVICES ARE PROBLEM-ORIENTED, CATEGORICAL, OR FRAGMENTED (14)

"Each funding source has its own rules and regulations (eligibility requirements) ...".
 "Some services are specialized and serve only specific populations. The family or individual would have to have the skills, and community connections to know about most of the resources".
 "... [I]t's difficult to get services that look at the 'total picture' (the whole family)".
 "... [P]rograms are all categorical".
 "... [B]ecause of the fragmentation ...".
 "... [B]ecause of the many restrictions placed on services".
 "[E]ligibility".
 "... [R]equirements imposed such as interviews or paper work".
 "... [D]ifferent eligibility requirements. ...".
 "... [Multiple] agencies and lack of gateway Again this is based on specialized funding streams".
 "Confused by multiple providers ...".
 "... [S]ervices needed also tend to be multiple for single consumer/family, so even if provider is known, several must be accessed ...".
 "Need holistic approach ... to help families interpret and access services tailored to each familie's situation and strengths".
 "... [P]roviders categorize by "deficiency/need"--embarrassing".

■ GOVERNMENT AGENCIES OR SERVICE PROVIDERS HAVE A POOR ATTITUDE (7)

"... [G]overnmental attitude (lack of caring)".
 "... [D]isrespect for consumers' needs (long waits and intake procedures)".
 "[C]ultural insensitivity".
 "... [G]overnment workers lack a caring attitude".
 "... [Government] services aren't consumer oriented ...".

"... [S]ome racial discrimination issues".
"... [C]onstant run around given when trying to locate help".

■OTHER (8)

"Frequently they have no basis for comparison (i.e., truly user-friendly systems or effective services)".
"For the mere fact that the majority rules by ethnicity which in fact do not have self-respect and honesty due to the tradition of their culture yet want to have high position of respect".
"... [P]rocedures and forms hard to understand ...".
"... [C]entralization of services".
"... [L]ack of organized 'system'".
"Coordination and communication efforts are frequently made. However, elaborate bureaucracies are often established to deliver the services. It is the inherent nature of the bureaucracies that prevent effective [coordination] and communication".
"... [R]ed tape ...".
"'[R]ed tape'".

Not specific (8)

"... [T]he difficulty is ... in being motivated in utilizing existing services".
"There's need for more workers ...".
"There's need for ... more trained volunteers".
"Part of the difficulty is not knowing who to ask ...".
"Part of the difficulty is not knowing ... where to go".
"It depends on the type of service they are seeking".
"This is becoming less so because of ASK 2000".
"Within the demonstration project many services and much information has become more accessible through cooperation and collaboration".
"... [L]ack of one central location ...".
"... [L]ack of public transportation ...".
"To some extent if left to do so on their own. They simply do not know where to begin, who to contact etc."

No (11)

■THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (8)

"... [T]hey get their question and services [answered]".
"[T]here's always someone there to help you".
"... [Family Center] ... is located in a convenience area that all resident have easy access into it".
"... [W]e have a knowledgeable staff".
"... [K]nowledge of service information is readily available from ... agency ... referral [here]".
"... [K]nowledge of service information is readily available from ... other consumer referral [here]".
"... [T]he [Family Center] ... has all kinds of [neat] resources ...".
"... [T]he staff is always willing to help the community".

■OTHER (3)

"... [O]nce they know where and what is available they [generally] will seek it out if they need it".
"If they know what services are needed".
"Knowledge of the [usage] of available resources needs to be taught".

(4) In your opinion is access to services and information across agencies difficult? Why or why not?

Yes (27)

■AGENCIES DO NOT HAVE ENOUGH TIME, STAFF, OR RESOURCES (10)

"There are just too many people who need help and not enough funding for everyone".
"... [N]ot enough time ...".
"... [N]ot enough ... staff".
"Agencies often do not share information because of lack of personnel ...".

"... [L]ack of resources ...".
"... [I]nadequate number of staff to provide services ...".
"... [M]usical chairs with where services are because of high rents".
"Most are resource ... poor".
"Most are ... staff poor".
"High turn-over in agency staff".

■ AGENCIES DO NOT KNOW OR CANNOT EXPLAIN WHAT OTHER SERVICES ARE AVAILABLE (8)

"Agencies often do not share information because of ... lack of training ...".
"... [N]o one is able to explain all the different services available to families".
"Workers in agencies may not be familiar with the various services outside their area".
"... [I]ndividuals do not know of services outside their area of expertise".
"... [H]ard to keep track of what's available".
"They don't know what each other does".
"... [N]o clear picture of what services each agency provides".
"... [L]ack of opportunities to learn what other people are doing ...".

■ FUNDING IS CATEGORICAL OR COMPETITIVE; SERVICES ARE FRAGMENTED OR PROVIDED BY MANY DIFFERENT AGENCIES (11)

"... [A]gencies should provide a flow of [services] thru the community ... they are designed to assist".
"... [A]gencies should provide a flow of [services] thru the ... population they are designed to assist".
"... [P]roviders are not interconnected".
"Too many agencies. Services should be centralized in order to down size the bigness and cut down the amount of traveling, calling, contacting time ...".
"Each service is isolated from the others".
"... [T]oo many limitations ...".
"... [I]ncome criteria eligibility requirements ...".
"Each agency tends to be wrapped up in their own programs and needs".
"... [D]ifferent criteria ...".
"... [F]unding is competitive ...".
"... [F]unding system creates competitive spirit which closes people's willingness to share [information]".

■ THERE IS NO INCENTIVE (3)

"... [T]here is no incentive for coordination or collaboration".
"No incentives".
"No incentives to coordinate".

■ THE SERVICES OR INFORMATION ARE INCONVENIENTLY LOCATED, PHYSICALLY INACCESSIBLE, OR NOT WELL PUBLICIZED (7)

"... [S]ervices are not located in communities where families have easy access to them".
"... [H]ard to find in the phone book".
"... Keep changing names ...".
"Agencies are geographically 'scattered' throughout the community".
"One program may refer family to another which is located somewhere else".
"... [D]ifficulties in transportation for rural residents ...".
"Some families don't know how to speak the language (English)".

■ OTHER (11)

"... '[R]ed tape'".
"... [R]ed tape ...".
"... [T]urf jealousy".
"Crisis management is [the method of working]".
"... [A]ccountability to loosely defined".
"... [C]entralization of services ...".
"Agencies often do not share information because of ... territorial concerns ...".
"Agencies often do not share information because of ... legal issues".

"Families continue to feel reluctant to access bureaucratic services that operate on a deficit model".

"Confidentiality constraints . . .".

". . . [G]overnmental attitude (lack of caring)".

Not specific (10)

"Coordination and communication efforts are frequently made. However, elaborate bureaucracies are often established to deliver the services. It is the inherent nature of the bureaucracies that prevent effective [coordination] and communication".

"[T]oo much run around".

". . . [M]any agencies won't give [information] about anything but their own program".

"Depends on individual circumstances. Could always use improvement".

"Access between state agencies is more difficult than access between private agencies--private agencies have less restrictions and work more at a grass roots level".

"Not [with] the bridge provided by the family center".

"So-so. Better now than pre-Family Center!"

"Not enough service capacity".

". . . [I]t depends on the type of services requested".

"Services are stigmatized--negatively".

"Lack of community planning based on asset model."

"No clear state policies . . .".

". . . [P]rogram driven system".

"Getting better; more opportunities to network".

"It is knowledge of . . . these services that needs to be [covered]".

"It is knowledge of . . . how to access these services that needs to be [covered]".

No (13)

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (6)

"The Family Center continues to be a clearinghouse for information . . .".

"The Family Center continues to be a clearinghouse for . . . referral".

"I learned alot from the Family Center. Meet new people, get information about houses, legal aid, computer training".

"Good informal communication among staff people".

"[Not] thru the center--to those agencies who participate actively".

". . . [I]t only becomes difficult if the service is outside of the neighborhood".

■ OTHER (4)

". . . [T]hey have access to other agency service".

". . . [I]nsecurity allows them not to want to take the necessary walk to get information that [most] choose not to want to bother".

"Information is readily shared. If access to services is difficult, it's usually because of limited resources".

". . . [I]ncreasingly agencies are seeing how we need each other".

(5) In your opinion is access to services and information between fund sources and providers difficult? Why or why not?

Yes (14)

■ FUNDING OR FUND SOURCES ARE CATEGORICAL, HAVE DIFFERENT REQUIREMENTS, OR SERVE DIFFERENT GROUPS (13)

". . . [C]onstantly changing requirements restrictions".

". . . [D]ifferent rules and regulations (eligibility requirements) . . .".

". . . [D]ifferent measures of effectiveness".

"Lack of standardization in what funders require makes seeking funds time consuming and difficult".

"Each funding source addresses specific needs and problem areas".

"Families with multiple problems may not fit each funding sources criteria . . .".

"Funding criteria sometimes make it impossible to work in partnership . . .".
"Funding criteria sometimes make it impossible . . . to serve a general population".
"Funders have difficult constituents . . .".
"Funders have . . . different 'cultures'".
". . . [F]unders do not have a standardized format".
". . . [D]ifferent requirements for funding".
". . . [E]ach has their own access rules of road".

■ THERE IS NOT ENOUGH COMMUNICATION, COOPERATION, COLLABORATION, OR STANDARDIZATION OF INFORMATION (15)

"[L]ack of communication . . .".
"[L]ack of . . . understanding".
"Who do we ask? Who has the information?"
"Public sector still makes decisions without public hearings . . .".
"Public sector still makes decisions without . . . inclusion of private sector".
"Between providers and funders there is . . . a communications gap in terms of expectations".
"Providers do not have a standardized format to describe their program . . .".
"Providers do not have a standardized format to describe their . . . fund sources".
". . . [P]roviders do not have a standardized format to describe their programs . . .".
"Limited understanding of true nature of many issues".
"No forum".
"Contending values . . .".
"Contending . . . agendas".
". . . [P]hilosophical/political orientation . . .".
". . . [T]urf jealousy . . .".

■ FUNDING IS LIMITED, NOT FORTHCOMING, OR MUST BE SOUGHT OUT (10)

"Writing for funds is . . . most likely turned down rather than given to providers".
"Funding fluctuates--impacts services".
". . . [W]e have limited pay staff".
"Not enough funding".
". . . [E]specially since Hurricane Iniki . . . it seems as though all funding for . . . [this island] ceased totally".
". . . [M]ust seek out . . . fund sources and providers".
". . . [M]ust . . . match fund sources and providers".
"Writing for funds is not easy . . .".
". . . [P]ublic . . . funders say they want to partner but then aren't forthcoming with funds . . .".
". . . [P]rivate funders say they want to partner but then aren't forthcoming with funds . . .".

■ OTHER (4)

". . . [P]roviders constantly caught in lack of timely dispensing of allotted [government] funds".
"Incredible paper-work . . .".
". . . [B]ureaucratic inertia . . .".
"Coordination and communication efforts are frequently made. However, elaborate bureaucracies are often established to deliver the services. It is the inherent nature of the bureaucracies that prevent effective [coordination] and communication".

Not specific (6)

"Too much run around".
"Not if you know who to speak with".
"The current [purchase of service] system".
"Can be because no one is bothering to ask the right questions".
"Depends on your definition of fund sources. For the most part . . . [we have] experienced good working relations with all of our multiple funding sources because we established a good communication base".
"[Department of Human Services] is very top down in its decision making, not interested in service implementation at community level . . .".

No (8)

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (2)

"... [W]ith sit and show what we no about fund and [information] in the group".
"... [I]f we go out to the community we provide flyers, information etc."

■ OTHER (3)

"Information is readily shared. If access to services is difficult, it's usually because of limited resources".
"... [T]hey who control the monies, can get whatever they want".
"... [T]his is an established relationship".

(6) In your opinion is the impact and effectiveness of service difficult to assess? Why or why not?

Yes (32)

■ BEHAVIORAL CHANGES OCCUR OVER TIME; LONG-RANGE OR LONGITUDINAL ASSESSMENTS ARE NEEDED TO ASSESS BEHAVIORAL CHANGES (9)

"... [S]ometimes the impact and effectiveness is not evident until the long-term goal is reached".
"Change in behavior occurs over time. Long-range assessment needed".
"Except for [numbers]-behavioral outcomes take time to change".
"Although how people feel about the project may be very positive, the prevention impact will need to be measured over a long term".
"... [E]ffectiveness of service on people [takes] time (longitudinal) to show result of service effectiveness".
"... [Y]ou may not see the impact of services for several years if [you are] looking at long-term effects".
"... Communities are transient and changing trends are long term".
"... [L]ongitudinal studies are needed ...".
"Many ... [of] the impacts are long range ...".

■ OUTCOMES HAVE NOT BEEN ESTABLISHED OR IDENTIFIED; A TARGET POPULATION HAS NOT BEEN SPECIFIED (10)

"Not based on outcomes but input measures ...".
"Expected outcomes are not clearly defined ...".
"Lack of clarity about outcomes in mind of funder".
"... [O]utcome measurements not identified".
"Traditional accountability methodology emphasizes product delivery and not outcomes".
"Most human [service] providers are not outcome based".
"Standards are not clear ...".
"... [N]o target population ...".
"... [No] specific narrow task to be accomplished".
"... [T]arget group is not specific".

■ THERE ARE MANY VARIABLES THAT CONTRIBUTE TO BEHAVIORAL CHANGES (5)

"... [C]ause/effect unknown--too many intervening variables, need a 'control group'".
"So many variables affect the attainment of change that it is difficult to pinpoint or demonstrate that the service delivered was the actual cause".
"... [A]n improvement in someone's life is probably the result of a series of events and experiences happening at the same time. There would be difficulties in attributing results to one of those events".
"The criteria for measurement must sometimes be so specific to an agency that it becomes difficult to perform cross-agency comparisons".
"Services are often limited to working on one phase of a problem. More comprehensive services are often needed to resolve family problems, but are not often received".

■ MEASURING INSTRUMENTS DO NOT EXIST OR ARE NOT WELL DEVELOPED; OUTCOMES ARE SUBJECTIVE OR NOT AMENABLE TO MEASUREMENT (12)

"... [T]he outcomes in many respects are qualitative and don't lend themselves to quantifiable, measurable factors".

". . . [I]ntangible outcomes such as pride and self-esteem are not measurable".

"Unlike counting tangible products the effectiveness of services is determined in terms of changes in the lives of people. While we must develop systems to be able to keep track of what happens to people we currently do not have these in place".

". . . [L]ack the measuring tools . . .".

"Instruments to measure how the quality of life for a family has been improved through services is not well established".

". . . [B]ecause of the mobility of families at-risk, longitudinal studies are difficult to obtain".

"Quantitative data do not tell adequate services or not".

"It is difficult to follow up on a subjective level".

". . . [S]o much of the effect is subjective".

"Historically, evaluating prevention programs is difficult. How do we measure what didn't happen . . .".

"How to quantify intangibles? e.g. better able to hold down a job, be a parent, etc."

". . . [T]here is difficulty in quantifying".

■ OTHER (10)

". . . [N]o one collects this kind of data".

"Not enough adequate documentation".

"Often times there is no evaluation done to assess the impact/effectiveness of service".

". . . [I]f volunteer come out, it's help. But if volunteer are not available, we struggle".

". . . [P]eer review would increase our ability to judge impact".

"Families must first want to make changes before services can be effective".

"There is not much 'vision' in how it could be better".

"A program with just one group of people to serve and evaluate is much easier than the family center who serves all for any and all their needs".

"Funding [at] times makes it hard to follow up or to see if they reached their goals".

". . . [S]ome services are easier to assess than others".

Not specific (6)

"People usually don't have all the information . . .".

"People usually don't have all the . . . resources".

"From past evaluations, family members mention often that they "gave up" and feel extremely "angry" by the run around they [got]".

"Not if appropriate measures of effectiveness can be designed".

"Use of service should be criteria. If it isn't effective, it won't be used much".

". . . [A]gencies track those who request--> services met/unmet, but many don't even know to ask/request".

"I observe the effectiveness of our family center weekly . . . [and] hear many stories about the helpfulness of the center".

No (11)

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (3)

"Were always there to help in anyway".

"We learn more about different agency, different people we meet, the service we do".

"This family center is helpful one".

■ OTHER (5)

"In each area of service, I take part in, I find effectiveness information very accessible from each particular agency involved".

". . . [D]efine outcomes--track--assess".

"Differentiations need to be made between interim and ultimate impact and effectiveness. Ultimate outcomes may take more time to happen than we've allowed".

"On . . . [our island] we are a close knit community, we all stick out like a sore thumb at one time or another".

". . . [T]he impact and effectiveness of services provided is quite visible".

(7) In your opinion is there difficulty in assessing the real needs of families? Why or why not?

Yes (23)

■FAMILIES MAY NOT KNOW HOW, MAY NOT HAVE THE MEANS, OR MAY BE RELUCTANT TO DISCUSS THEIR NEEDS; FAMILIES MAY NOT KNOW THEIR OWN NEEDS (13)

"People are not always able to express their needs accurately (is this a symptom or the problem?) . . .".

"People prefer to maintain some secrecy and/or privacy from agencies".

"Some families are not open-arms about getting services".

". . . [T]hey don't always know their own needs".

". . . [F]amilies may take some time in trusting and asking for help".

"Clients (family members) . . . tend to think in terms of what a particular agency 'has to offer'--rather than what they themselves really need".

". . . [F]amilies . . . often have difficulty communicating these needs".

". . . [F]amilies themselves may not know what they need".

". . . [I]narticulatness of most people about real problems".

". . . [S]ome people may say what they think they're expected to say (what is socially or politically correct)".

"You can't always get all the information from your clients [immediately]".

"Articulation of 'problem' can be expressed on many levels . . .".

". . . [T]he traditional method is top down and external [instead of] teaching families how to do self assessment".

■THERE HAS BEEN LITTLE OR NO EFFORT TO ASSESS THE NEEDS OF FAMILIES (7)

". . . [N]o effort is made to assess the needs of families which include the input of the families, themselves".

"Has there been a needs assessment of families? Have not seen this".

"Need to develop instruments to assess family needs".

". . . [O]ften studies of needs focus on specific areas".

". . . [V]ery little research or data applicable to local families".

"Assessing 'the needs of families' must be done on the community level, for the community's families. Do communities know how to do this? I think not".

"Assessing 'the needs of families' must be done on the community level, for the community's families. . . . Are communities organized to plan? I think not."

■THERE IS NO COMPREHENSIVE VALUE SYSTEM (6)

"It's a matter of choice, priority, or [values] . . .".

"No coherent . . . value system".

"No . . . comprehensive value system".

". . . [W]ho is the authority?"

"No uniform cultural standard exists . . .".

". . . [T]he real need for redefining family has not been dealt with".

■OTHER (10)

". . . [M]ost families have had so many [demonstration] projects come in and survey them stay a while, run out of funds and leave! After a while the families no longer want to participate, because they feel it will be another 'flash in the pan' and pau!"

". . . [U]ntil the family gains your trust".

". . . [I]f the family works it grows and goes through the community".

". . . [T]he external factors of jobs, etc., add to the complexity of need assessment."

". . . [L]abels . . .".

". . . [S]tigmatas".

"We mostly base our assessment of needs on symptoms (child abuse, teen pregnancy) the underlying cause or need could be hidden, multiple, or somewhere you not even looking".

". . . [T]he family unit comprises individuals, so you need first to establish the relationships and dynamics of the individuals".

". . . [V]aries geographically . . .".

"There is such great diversity".

Not specific (14)

"Sometimes because some cultures are very private with their situations".

". . . 1) [A]nd gaps".

". . . 2) Yet there is some resistance as we set our priorities in order. I expect this because of the individual freedom we have to express our goals and priorities".

"In many ways--all families have certain similar basic needs to function. ([A]dequate food, shelter, medical care, etc.) . . .".

". . . [F]amilies also need help to build their personal skills to build happy, families contributing to betterment of society as whole. These later 'needs' are hardest to assess".

"Lacking of funding to hire staff. . . . We need staff member to do assessing of family needs".

"No and yes, because of the culture".

"Most of the time people will not share their problems or needs to strangers . . .".

"Most of the time people will not share their problems or needs to . . . people they're not comfortable with".

"Short-term emergency needs are more easily assessed than the more long-term complex needs that aren't immediately brought to light".

"Given the time, money and will, I believe the real needs can be determined".

"Maybe, for those who don't recognize problems . . .".

"Maybe, for those who . . . only see their own way of doing things/reacting".

"Depends. If family not known by agency doing the assessment, inaccuracies or misperceptions may occur".

"If there is a mechanism in place, assessing needs of families can take place. However, 'need' will have to be clearly defined as it can be very broadly stated".

"Not if they are basic--food, clothing, shelter, healthcare, safety, education, jobs".

"Not if there is agreement to a baseline, e.g. poverty level, affordable housing, access to quality medical care etc."

"Sometimes--difficult for families to discuss, to be open with strangers".

"Often the family itself doesn't face up to the real problems and instead articulates tangential issues".

"Cost of doing community . . . surveys".

"Cost of doing . . . family surveys".

No (15)

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (6)

"We provide the information they need . . .".

". . . [I]f we cannot meet their need we will refer to different agency".

". . . [T]he families find their service through other families".

". . . [W]e asked how we can served them or the community better".

"We hear what families need from the families themselves over and over again".

". . . [I]t is obvious, we hear it and see it every day".

■ OTHER (9)

"The problem is . . . for families to find the time to avail themselves of the services that [will] help them".

"Needs are basic".

"Families need help in all areas, Health care, Financial, Psychological, Emotional".

". . . [N]eeds--an appropriate education system that teaches locals, not just Japanese[,] mandated child development and parenting classes with on campus, child/infant care available--and mandated participation by all students male and female as requirement for graduation[,] jobs available that pay a living wage and cover medical care[,] affordable housing[,] alternate transportation system[,] access to jobs other than 'service' (i.e. maids, janitor, porter, etc.)[,] something for young people to look forward to (rather than leaving the island in order to survive, those are the needs".

"The problem is for families to accept help that is not monetary in nature . . .".

"Assessing the needs are easy--in some cases certain needs will come out quickly, others will take time".

"Tools exist and could be developed . . .".

"We just don't build in the assessment and feedback from families into our daily procedures".

"There has been difficulty but this is because efforts are not being made".

(8) In your opinion are leverage funding and more innovative multiple funding streams needed? Why or why not?

Yes (30)

■ MORE MONEY IS NEEDED; FUNDING IS UNRELIABLE, INSUFFICIENT, OR LIMITED (15)

"More money . . .".

"Need more money . . .".

"More funding needed".

"State revenues/funds are dependent on economy . . . [s]o multiple funding sources might help offset state budget cutbacks".

"State revenues/funds are dependent on . . . the legislature . . . so multiple funding sources might help offset state budget cutbacks".

". . . [T]here will always be a limit on funds available . . .".

". . . [C]urrent sources cannot provide sufficient funding to complete the job . . .".

"In view of limited resources, must look towards funding strategies for the Family Centers".

". . . [G]overnment funding is shrinking".

"The future looks bleak for expanded funding of social services".

"The days of 'plenty money' for services are gone forever."

". . . [G]overnment funding is . . . subject to legitimate competing pressures . . .".

". . . [G]overnment funding is . . . subject to . . . economic forces . . .".

". . . [G]overnment funding is . . . subject to . . . policy whims".

"Philanthropy in this State is still short term giving, declining funds-based which doesn't meet needs adequately".

■ TO CHANGE THE WAY THAT STATE GOVERNMENT OR SERVICE PROVIDERS DO BUSINESS; TO REDUCE SERVICE GAPS, OVERLAPS, OR FRAGMENTATION (18)

". . . [T]o build more incentives for business and nonprofit and government to work together collaboratively".

". . . [W]ill give the service providers more incentive to expand their [services] . . .".

". . . [W]ill give the service providers more incentive to . . . involve more of the community in looking for monies to provide services that are accessible to their community".

". . . [S]ervices should be combined and colocated. There should be many more collaborations. This kind of strategy would . . . cut down on confusion . . .".

". . . [S]ervices should be combined and colocated. There should be many more collaborations. This kind of strategy would . . . cut down on . . . gaps . . .".

". . . [S]ervices should be combined and colocated. There should be many more collaborations. This kind of strategy would . . . cut down on . . . duplication".

". . . [T]o avoid duplicating or overlapping services".

". . . [T]he State must take a hard look at how the monies (not [purchase of service]) for their services are being spent . . .".

". . . [T]his would help defragment services if public and private funders would pool ideas and assets to address the broader picture rather than fund band-aid programs".

". . . [A]llows more flexibility at service provision end".

"Community block grants aren't being used as flexibly as could be".

"Innovative funding streams will change the configuration of [service] delivery programs/systems".

". . . [W]e need to address families in a wholistic manner".

"Agencies need to be held accountable for results . . .".

". . . [I]ncentives should be given for performance outcomes that are possible. . .".

". . . [P]rograms' having no accountability systems [are not acceptable].

"Most latest research show that it takes 5-8 years to determine a family strengthening program's outcomes and impacts. . . [y]et our political cycles don't acknowledge this at all".

"I'm not sure exactly but funding which meets the needs of the community is often welcome/sorely needed".

■ TO PROVIDE NEEDED SERVICES OR PROGRAMS; TO EMPOWER FAMILIES OR COMMUNITIES (15)

". . . [M]ore jobs".

"... [W]e need other sources of funding to keep ... Family Center ... pursue many other avenue where need should be met".

"... [W]e need other sources of funding to keep ... Family Center explore ... many other avenue where need should be met".

"[N]eed ... more jobs for the people of the community".

"More activities for the people of the community".

"More job training".

"... [S]ome families have not reach by social workers or [schools] also churches".

"... [M]ore funds would flow into the project, thus more service and opportunities".

"... [The family center] should have more workers. Right now the ... [family center] rely on volunteers to do most of the work".

"It would give the program a greater degree of freedom in using the funds in ways that the community feels will be helpful".

"... [T]o provide what families need, when they need it, how they need it".

"Non-categorical funding would allow programs flexibility in using its funds to address the needs of the community".

"... [O]nce services are being provided, continuous services can be provided. The next level of service does not have to be restated (i.e. service which are limited to age groups)".

"... [T]o ensure consistency ... of services".

"... [T]o ensure ... continuity of services".

■ TO CHANGE THE CONFIGURATION OR NATURE OF FUNDING (8)

"Need more sources of funds that are available for longer periods ...".

"Need more sources of funds that are available ... with less political protocol attached to them".

"One source will not be able to cover full range of options".

"Problems, like fragmented families, communities, homelessness, cannot be confined to one funding source".

"It would be ideal to have some agency be a clearinghouse for financial requests for short-term emergencies for each Family Center".

"... [I]t would be helpful if several sources helped funding--like community, foundations and government".

"Its risky to rely on single source funding".

"The more stakeholders the better in a climate of tight resources ...".

■ OTHER (11)

"... [S]preads responsibility ...".

"... [T]o maximize services provided to families".

"Cost increases ... are not ... acceptable."

"... [H]igher taxes are not ... acceptable."

"... [T]he 'old' delivery systems have not worked ...".

"... [W]ould ... cost less for the taxpayer ...".

"[Statistics] and data collection ... are very difficult to figure out ...".

"... [F]und accounting are very difficult to figure out ...".

"... [N]o coordinated method to track whether funding has any worthwhile outcomes".

"Satisfying broadly based public policy goals with outcomes more difficult than satisfying more narrow based funder goals".

"Ownership by communities is an important tenet".

Not specific (9)

"We need to get some more workers ...".

"We need to ... have enough fundings. ...".

"Their needs of more educations more workshops and training".

"... [W]e need funds for all the different ways to bring the community together ...".

"... [W]e need funds for all the different ways to ... help bring answers to hurting families".

"... I would assume that more (or additional) funding is necessary to complete ... excellence in meeting the needs of families."

"... I would assume that more (or additional) funding is necessary to ... continue excellence in meeting the needs of families."

"We need more funds, but unfortunately multiple funding sources can be a big problem".

"Money is not always the best or only way to do things. By saying we need more money to do this or do that, we close down the possibilities for communities and families to come up with creative solutions, to look at their own strengths first".

"If the politicians can fund themselves koa furniture, new buildings and give plush unwarranted jobs to cronies the money is there--just poorly used".

"Not before there is a thorough systems analysis and action plan developed".

"Family Center at the Project Level has just begun to tap this resource".

"Each Center's community has been innovative in approaching multiple funding sources".

No (4)

"Not right now they have to many grant's going on".

"What is needed is a stronger commitment by the legislature and the people of Hawaii to fund those services that evidence definitive research that proves conclusively that the services they are offering are, in fact, making a difference".

"If this is intended to mean generating additional funds I would tend to say no. I think that what needs to happen is to make better use of the funding streams that are already in place".

"If leverage means control over service providers decision as to providing services to [client], no!"

"If [multiple] funding means accounting to all sources of funds, no!"

Appendix L

QUESTIONNAIRE #3: SUMMARY

(1) What is the purpose of your family center?

(Respondent 1) "To prevent families from failing as a result of their weakness".

(Respondent 1) "To connect families with services ...".

(Respondent 1) "... [T]o demystify ... [services]".

(Respondent 1) "... [T]o ... destigmatize [services]".

(Respondent 1) "To provide services ...".

(Respondent 1) "To provide services ... in partnership [with Department of Health] and other agencies".

(Respondent 1) "To support communities in developing projects for family support so that communities become healthy places to raise families".

(Respondent 2) "To provide support and services ... which assist ... [community residents] in assessing their needs ...".

(Respondent 2) "To ... link community residents to a broad range of services and programs which assist them in assessing their needs ...".

(Respondent 2) "To provide support and services ... which assist ... [community residents] in ... identifying their assets ...".

(Respondent 2) "To ... link community residents to a broad range of services and programs which assist them in ... identifying their assets ...".

(Respondent 2) "To provide support and services ... which assist ... [community residents] in ... developing skills which will help them gain greater control over their own lives ...".

(Respondent 2) "To ... link community residents to a broad range of services and programs which assist them in ... developing skills which will help them gain greater control over their own lives ...".

(Respondent 2) "To provide support and services ... which assist ... [community residents] in ... developing skills which will help them ... become active participants in building a more cohesive community".

(Respondent 2) "To ... link community residents to a broad range of services and programs which assist them in ... developing skills which will help them ... become active participants in building a more cohesive community".

What are the short-term objectives of your family center with respect to the purpose of the center?

(Respondent 1) "To provide the community with a prevention program with no target population so that it is available to all".

(Respondent 1) "To use and model the asset approach to enhance family strengths".

(Respondent 1) "To begin work with communities".

(Respondent 2) "Help residents assess their needs ...".

(Respondent 2) "Help residents ... identify their assets ...".

(Respondent 2) "... [A]ssist ... [residents] through a wide ranging network of agencies and information sources if ... [the family center] does not have a program to meet their needs".

(Respondent 2) "Follow-up to ensure needs are being met".

(Respondent 2) "Coordinate community activities or events to strengthen community ties ...".

(Respondent 2) "Coordinate community activities or events to strengthen community ... interaction ...".

(Respondent 2) "Assist residents to develop skills necessary to access needed support services in the future".

(Respondent 2) "Develop additional resources to meet community needs (i.e. volunteers, programs, etc.)".

How do the short-term objectives of your family center effectuate the purpose of the center?

- (Respondent 1) "It connects families with supports that already exist . . .".
- (Respondent 1) "It . . . helps . . . [families] access their own support system".
- (Respondent 1) "Gets communities to begin to organize and dialog about what they can do to fill the gaps in their rural areas".
- (Respondent 2) "[H]elps cultivate future community leaders . . .".
- (Respondent 2) "[H]elps cultivate future community . . . workers . . .".
- (Respondent 2) "[H]elps cultivate future community . . . volunteers".
- (Respondent 2) "[U]tilizes the assets of our individual residents . . .".
- (Respondent 2) "[U]tilizes the assets of our individual . . . families".

What are the measurable indicators of success for the short-term objectives of your family center?

- (Respondent 1) "The number of people who use our services . . .".
- (Respondent 1) ". . . [T]he numbers who return . . .".
- (Respondent 1) ". . . [T]he numbers who . . . refer their friends".
- (Respondent 1) "Those we see over and over who are increasingly able to cope".
- (Respondent 1) "That community groups are meeting on a regular basis to identify needs . . .".
- (Respondent 1) "That community groups are meeting on a regular basis to identify . . . ways to meet . . . [their] needs".
- (Respondent 2) "[I]ncrease in volunteers and grassroots staff to work in current . . . [family center] programs . . .".
- (Respondent 2) ". . . [I]ncrease in residents who actively participate in community organization (i.e. Lions Club, Boy Scouts, schools, Little League, Pop Warner, advisory [committee], etc.)".
- (Respondent 2) "[E]valuations from participants stating that they are using new skills . . .".
- (Respondent 2) "[E]valuations from participants stating that they . . . have successfully met their needs or goals".
- (Respondent 2) ". . . (This is just a few, we have many specific to programs we run)".

How do the measurable indicators of success for your family center relate to the short-term objectives of the center?

- (Respondent 1) "The increasing numbers of people who use the center attest to the fact that they trust in our ability to honor their priorities . . .".
- (Respondent 1) "The increasing numbers of people who use the center attest to the fact that they trust in our ability to . . . provide them with the support they want . . .".
- (Respondent 1) "[A]t the community level people are involved in a process where they feel their efforts can effect change".
- (Respondent 2) "[S]elf-explanatory".

What specific data are being collected by your family center with respect to the measurable indicators of success? What are the sources of these data? How long and how consistently have these data been collected?

- (Respondent 1) "Right now we are keeping track of numbers using services . . . since we opened.
- (Respondent 1) "Right now we are keeping track of numbers . . . participating in programs and meetings since we opened.
- (Respondent 1) "Work is being done at the project level to [identify] specific outcomes.
- (Respondent 1) "Our data sheets are filled out by staff and this effort has been consistent.
- (Respondent 1) "We . . . attend meetings and keep track of the progress made by community groups initiated and supported by the Family Centers".
- (Respondent 2) "[I]ntake, registration forms, sign in sheets, etc. (name, age, ethnic etc.)".
- (Respondent 2) "[Y]early evaluation from participants . . . we work with".

(Respondent 2) "[Y]early evaluation from . . . agencies we work with".
 (Respondent 2) "[D]ata from follow with residents--met . . . needs".
 (Respondent 2) "[D]ata from follow with residents-- . . . unmet needs".
 (Respondent 2) "[M]inutes from meetings".
 (Respondent 2) "[A]rt work, writings, etc. . . .".
 (Respondent 2) "Follow up data is the least consistent at this time, but we're working on it".

How do the specific data that are being collected by your family center relate to the measurable indicators of success?

(Respondent 1) "They support them by showing how many use our services . . .".
 (Respondent 1) "They support them . . . by keeping track of partnerships with other agencies . . .".
 (Respondent 1) "They support them . . . by keeping track of the numbers . . . of community meetings".
 (Respondent 1) "They support them . . . by keeping track of the . . . content of community meetings".
 (Respondent 2) "Data you collect needs to support and verify your measures".

(2) What are the long-term objectives of your family center with respect to the purpose of the center?

(Respondent 1) ". . . [T]o test a service delivery model that facilitates access to services for families . . .".
 (Respondent 1) ". . . [T]o test a service delivery model that . . . develops a communities capacity to develop and utilize its assets to support families . . .".
 (Respondent 1) ". . . [T]o make the [family center] project a permanent program".
 (Respondent 2) "Work with the Family Center Project in establishing and implementing family center goals and priorities by emphasizing family strengthening philosophy".
 (Respondent 2) "Publish Newsletter to include community-wide events and activities from the various community groups with plans to eventually serve as a community "newspaper".
 (Respondent 2) "Work with other community groups and agencies to establish a collaborative association of organizations to provide services as needed".
 (Respondent 2) "Conduct community forums, workshops and seminars to educate, inform and initiate community responses to issues, needs and concerns of the individual and families in the area".
 (Respondent 2) "Work to establish quality child care services for working adults".
 (Respondent 2) "Work to establish affordable housing and living situations by networking with appropriate agencies and organizations for . . . [family center] constituents".
 (Respondent 2) "Continue and expand our Family Literacy intergenerational program to include a five year tracking system to monitor the progress and achievements of adult learners and their children".
 (Respondent 2) "Raise and/or increase literacy for all members of the family through special programs i.e. GED classes, tutorial and reading support groups".
 (Respondent 2) "Provide alternative and continuing educational opportunities . . .".
 (Respondent 2) "Provide alternative education programs for [Junior] High and High school students".
 (Respondent 2) "Provide opportunities to share cultural heritage, customs and values through arts, crafts, music, recreational activities, workshops, classes and demonstrations".
 (Respondent 2) "Utilize resources of . . . [the family center] to support local farmers, artists, and businesses such as open markets and cottage industries".
 (Respondent 2) "To conserve and preserve the environment by conservation and recycling and clean up efforts to maintain the nature of the area. 'KEEP THE COUNTRY, COUNTRY'".
 (Respondent 2) "Maintain continuous review and planning activities that will provide an active community-based decision-making process for community improvement, self-determination".
 (Respondent 2) "Develop additional means of preventive/intervention in the area of family health, relationships and employment".
 (Respondent 2) "Assist in facilitating the development of community-based grassroots leadership".
 (Respondent 2) "Assist in money management by encouraging financial planning, consumer education and counseling on budgeting".

How do the long-term objectives of your family center effectuate the purpose of the center?

(Respondent 1) "Working with families and communities builds trust and ownership so that the family center concept . . . can continue after the [demonstration] project is over."

(Respondent 1) "Working with families and communities builds trust and ownership so that . . . the "place" can continue after the [demonstration] project is over."

(Respondent 1) "The [asset] model helps people get what they need . . .".

(Respondent 1) "The [asset] model . . . helps . . . individuals . . . assume responsibility for change rather than depending solely on outside supports".

(Respondent 1) "The [asset] model . . . helps . . . communities assume responsibility for change rather than depending solely on outside supports".

(Respondent 2) "[T]hey tie in exactly to our purpose".

What are the measurable indicators of success for the long-term objectives of your family center?

(Respondent 1) "That agencies and other human services report higher use of their services".

(Respondent 1) "That . . . [agencies and other human services] use the [asset] approach . . .".

(Respondent 1) "That . . . [agencies and other human services] . . . are more family friendly".

(Respondent 1) "That communities, with technical support from the family center, have initiated programs that are up and running to support families . . .".

(Respondent 1) "That communities, with technical support from the family center, have initiated programs that are up and running to support . . . individuals".

(Respondent 2) "[T]o be developed".

How do the measurable indicators of success for your family center relate to the long-term objectives of the center?

(Respondent 1) "These will need to show that communities are healthier . . .".

(Respondent 1) "These will need to show that . . . family violence . . . [is] down . . .".

(Respondent 1) "These will need to show that . . . juvenile delinquency . . . [is] down . . .".

(Respondent 1) "These will need to show that . . . communities have organized and followed through on projects that have enhanced family life".

(Respondent 2) "[Not applicable]".

What specific data are being collected by your family center with respect to the measurable indicators of success? What are the sources of these data? How long and how consistently have these data been collected?

(Respondent 1) "We have data on numbers that we have helped access services".

(Respondent 1) "We . . . have stories from [individuals] on how our support and understanding made the difference in their lives".

(Respondent 1) "This data has been collected since the center opened".

(Respondent 2) "We will use similar data in some cases as data listed . . . [above] . . .".

(Respondent 2) ". . . [W]e will have to develop others [data] after we have our measurable indicator".

How do the specific data that are being collected by your family center relate to the measurable indicators of success?

(Respondent 1) "Data has been kept at the community level, but nothing has been collected that relates to service providers as far as higher use".

Appendix M

QUESTIONNAIRE #2: SUMMARY

(1) What is the purpose of the Family Center Demonstration Project?

(Respondent 1) "To test the Family Center concept as a method of empowering families . . . to help themselves . . .".

(Respondent 1) "To test the Family Center concept as a method of empowering . . . communities to help themselves . . .".

(Respondent 1) ". . . [T]o act as a catalyst for systems change".

(Respondent 2) "To test different models of service delivery to families within communities based on family strengthening . . . strategies to see if they can strengthen families . . .".

(Respondent 2) "To test different models of service delivery to families within communities based on . . . community capacity building strategies to see if they can strengthen . . . communities".

What are the short-term objectives of the demonstration project with respect to the purpose of the project?

(Respondent 1) "Allow different communities to implement family centers (based on principles provided through training and consultation) in different ways".

(Respondent 1) "Provide training . . . opportunities to the community to learn about family strengthening principles . . .".

(Respondent 1) "Provide training . . . opportunities to the community to learn about . . . family centers".

(Respondent 1) "Provide . . . educational opportunities to the community to learn about family strengthening principles . . .".

(Respondent 1) "Provide . . . educational opportunities to the community to learn about . . . family centers".

(Respondent 2) "[D]evelop effective collaborative efforts to address community issues".

(Respondent 2) "[B]ring families into the centers".

(Respondent 2) "[K]now community assets . . .".

(Respondent 2) "[K]now community . . . systems".

How do the short-term objectives of the demonstration project effectuate the purpose of the project?

(Respondent 1) "By providing for a base of [experience] from which a model or models can be developed".

(Respondent 1) "By informing people beyond the project of the principles of family . . . strengthening".

(Respondent 1) "By informing people beyond the project of the principles of . . . community strengthening".

(Respondent 2) "[S]trengthens community by engaging people in meeting human needs".

(Respondent 2) "[S]trengthens families by helping them to help themselves where possible".

What are the measurable indicators of success for the short-term objectives of the demonstration project?

(Respondent 1) "Number of people using the centers".

(Respondent 1) "Numbers of people attending training sessions".

(Respondent 2) "[E]xistence of collaborative efforts".

(Respondent 2) "[N]umber of satisfied customers".

(Respondent 2) "[A]bility to use community to support families".

(Respondent 2) "Families involved as decision makers . . . at the centers".

(Respondent 2) "Families involved as . . . policy developers at the centers".

(Respondent 2) "Cultural diversity of community evident in programs . . . of the centers".

(Respondent 2) "Cultural diversity of community evident in . . . decision making bodies of the centers".

(Respondent 2) "Families . . . drive center programs".

(Respondent 2) "... [C]ommunities drive center programs".
 (Respondent 2) "Families assisted to perform roles rather than the agency taking [over] for family".
 (Respondent 2) "Discussions capture family strengths, not deficits".
 (Respondent 2) "Flexible and adaptable programs to meet evolving community needs".
 (Respondent 2) "Families have leadership roles in centers".
 (Respondent 2) "Family centers accessible in terms of location, etc."
 (Respondent 2) "Physical environment reflects respect for families".
 (Respondent 2) "All staff contribute to center development".
 (Respondent 2) "Center develops clearly stated outcomes".
 (Respondent 2) "Center develops way to measure outcomes".
 (Respondent 2) "Families can access services through centers".
 (Respondent 2) "Funds come from a variety of sources".
 (Respondent 2) "Programs at the center provide services that increase families capacity to manage family functions".
 (Respondent 2) "Center integrates health, education, social service systems and nontraditional services".
 (Respondent 2) "Center works collaboratively with other agencies".

How do the measurable indicators of success for the demonstration project relate to the short-term objectives of the project?

(Respondent 1) "They indicate a level of interest in ... the actual center operations ...".
 (Respondent 1) "They indicate a level of interest in ... the general concepts behind the centers".
 (Respondent 2) "Assumption that if these principles are adhered to, families ... will demonstrate less dysfunction".
 (Respondent 2) "Assumption that if these principles are adhered to, ... communities will demonstrate less dysfunction".

What specific data are being collected by the demonstration project with respect to the measurable indicators of success? How long and how consistently have these data been collected?

(Respondent 1) "Monthly and quarterly narrative and statistical reports are produced by each of the sites ...".
 (Respondent 1) "... [T]he format for ... [the monthly and quarterly narrative and statistical] reports were initially left up to the discretion of each of the sites; they are now being reviewed for patterns with the intent of creating a more consistent reporting format".
 (Respondent 1) "[D]ata on attendance at community education activities has not been consistently logged".
 (Respondent 2) "[Q]ualitative data ...".
 (Respondent 2) "... [C]ase studies of individuals ... assisted by the centers".
 (Respondent 2) "... [C]ase studies of ... families assisted by the centers".
 (Respondent 2) "'How to's' of family strengthening ...".
 (Respondent 2) "'How to's' of ... community building".
 (Respondent 2) "Since the beginning of the project but not consistently".

How do the specific data that are being collected by the demonstration project relate to the measurable indicators of success?

(Respondent 1) "[C]urrent data collection relates primarily to the input or effort side of the equation, not to outcomes".
 (Respondent 2) "How Family Centers do business [versus] how others do it--level of satisfaction demonstrated by families--how they articulate differences".
 (Respondent 2) "Amount of community support to centers (monetary and non-monetary)".

(2) What are the long-term objectives of the demonstration project with respect to the purpose of the project?

(Respondent 1) "[T]o demonstrate actual improvement in the lives of families . . . where sites operate through the use of family strengthening . . . strategies".

(Respondent 1) "[T]o demonstrate actual improvement in the lives of . . . communities where sites operate through the use of . . . community building/strengthening strategies".

(Respondent 1) "[T]o make it easier for families to access both formal and informal support by reducing the fragmentation . . . of the formal support systems at the community level . . .".

(Respondent 1) "[T]o make it easier for families to access both formal and informal support by reducing the . . . confusion of the formal support systems at the community level . . .".

(Respondent 1) "[T]o make it easier for families to access both formal and informal support by . . . increasing the availability of information support systems at the community level".

(Respondent 1) "[A]ct as a catalyst for changes in systems at the policy level".

(Respondent 2) "[S]ervice delivery principles of centers as standard operating procedures within programs in the State that impact families".

How do the long-term objectives of the demonstration project effectuate the purpose of the project?

(Respondent 1) "[B]y providing information on whether the implementation of the principles actually result in families . . . being better off".

(Respondent 1) "[B]y providing information on whether the implementation of the principles actually result in . . . communities being better off".

(Respondent 1) "[B]y addressing the barriers to access to services . . .".

(Respondent 1) ". . . [B]y increasing the [capacity] for communities to assist families to help themselves".

(Respondent 1) "[B]y identifying what kinds of changes would facilitate improved use of resources at the community level".

(Respondent 2) "Will have effectively changed service delivery to be community-based, community . . . [responsive] . . . in a manner that will shift power to . . . communities".

(Respondent 2) "Will have effectively changed service delivery to be . . . family supportive in a manner that will shift power to families . . .".

What are the measurable indicators of success for the long-term objectives of the demonstration project?

(Respondent 1) "[S]elf-reports of improvement by families involved in sites".

(Respondent 1) "[S]elf-reports of increased access to services . . .".

(Respondent 1) "[S]elf-reports of . . . [increased] support through informal systems".

(Respondent 1) "[A]nalysis of how current systems actually operate at the community level and recommendations for change".

(Respondent 2) "[M]ix . . . of resource support from community".

(Respondent 2) ". . . [L]evel of resource support from community".

(Respondent 2) "[C]ollaborations . . . from these efforts".

(Respondent 2) ". . . [M]ix of resources from these efforts".

(Respondent 2) "[F]amily able to meet personal goals established by their own efforts".

How do the measurable indicators of success for the demonstration project relate to the long-term objectives of the project?

(Respondent 1) "[I]ncremental changes in the lives of families who participate in the sites are the basis for any significant change in policy outcomes (such as reduction in delinquency, or an increase in graduation rates); self-reports from families provide for insight into these incremental changes".

(Respondent 1) "[I]ncreased access essentially relates to satisfaction with the service delivery system-increased satisfaction would lead to greater and possibly earlier use of the system in times of stress-use of the system would allow families to cope with problems experienced".

(Respondent 1) "[I]ncreased informal support would mean that families are less isolated and have places to turn to for coping with situations that they can handle with assistance from their own networks--consciously helping families to expand their networks of support would lead to greater sense of community--an increased sense of community would allow communities to identify and collectively tackle more difficult problems".

(Respondent 1) "[P]olicies and systems that are created at a higher level are often well intended, but as they are translated into operations they become barriers to access rather than the supports that they were intended to be; at the community level informal agreements between providers to interpret policies in certain ways or to make referral based on trust between individuals working in these systems are the 'glue' that makes services accessible and useful to individuals and families. Identifying these patterns of operation and recommending changes would increase the efficiency and effectiveness of the system overall".

(Respondent 2) "Will demonstrate more effective form of service delivery".

What specific data are being collected by the demonstration project with respect to the measurable indicators of success? How long and how consistently have these data been collected?

(Respondent 1) "[O]nly now starting to look at specific data".

(Respondent 2) "[C]ase studies . . .".

(Respondent 2) ". . . [S]atisfaction levels of clients . . .".

(Respondent 2) ". . . [L]evel of involvement of individual . . .".

(Respondent 2) ". . . [L]evel of involvement of . . . community".

(Respondent 2) "[N]ot consistently . . . across centers".

(Respondent 2) "[N]ot . . . comprehensively across centers".

How do the specific data that are being collected by the demonstration project relate to the measurable indicators of success?

(Respondent 2) "[W]orking on consistency of these two".

Appendix N

FIVE BASIC PRINCIPLES OF FAMILY SERVICE STRATEGIES FOR HAWAII (as determined by the Governor's Family Policy Academy)

RE: PLANNING/COMMUNITY DEVELOPMENT

- (1) Families are the key decision-makers in accessing and planning services and programs.
- (2) Families should have full access to services and programs, including those which are preventive in nature. Services should be designed to address the inter-related needs of all family members.
- (3) The community should have full involvement in the planning, delivery, and evaluation of services and programs.
- (4) Collaboration between existing agencies should be facilitated through flexible funding to address the inter-related needs of families.
- (5) Funding for services and programs should be based on demonstrated outcomes in improving the lives of families.

Appendix O

FAMILY WELL-BEING GOALS & OUTCOMES (as determined by the Governor's Family Policy Academy)

- GOAL 1: Families have affordable housing.**
Outcomes:
of homeless families
of affordable houses
rental housing vacancy rates
low and middle income persons spending more than 30% of income on housing
families housing more than 1.01 persons per room
- GOAL 2: Families have a reasonable standard of living.**
Outcomes:
families living at or below federal poverty level
median household income
persons holding multiple jobs to meet living expenses
% difference between average income of families in top 20% and bottom 20%
- GOAL 3: Families enjoy good health.**
Outcomes:
infant mortality rate
rate of children immunized
% population with chronic conditions
teen pregnancy rate
rate of dental decay
cholesterol rate
rate of acute and chronic use of alcohol
- GOAL 4: Families enjoy, protect and enhance their environment.**
Outcomes:
extent of contaminants in ground water
registered motor vehicles
threatened species and ecosystems
and acres of developed parks and trails
households that actively participate in conservation efforts to minimize waste and conserve energy
- GOAL 5: Families live in an environment that is safe, caring, and free from violence and harm.**
Outcomes:
reported cases of family violence
community crime rates
elder care met and unmet needs
child care met and unmet needs
children in out-of-home placement
- GOAL 6: Families support and participate in educational and cultural activities that strengthen and enrich their lives.**
Outcomes:
% schools with parents and students involved in decision making
% adults enrolling and completing ABE/GED
% students dropping out of school
% illiterate adults
mean score on NAEP
annual visits to arts and cultural attractions
parents participating in parent-child interaction
- GOAL 7: Families are supported in nurturing the emotional and mental health of their members.**
Outcomes:
emotionally handicapped children identified in kindergarten
suicide rate
persons receiving SSI
% children in home and in school until age 18

Appendix P

QUESTIONNAIRES #7 AND #8: SUMMARY

- (1) (A) In my opinion the demonstration project should become a permanent state program after June 30, 1995.

"CLCs" mean the community liaison committees
"D" means a response of "do not know"
"DHS" means the Department of Human Services
"FCs" mean the family centers
"GFCAC" means the Governor's Family Center Advisory Committee
"HCSC" means the Hawaii Community Services Council
"LAs" mean the lead agencies for the family centers
"M" means the datum is missing

■ GFCAC 55535D525M5
■ DHS/HCSC D3M
■ LAs/FCs 555554
■ CLCs 555554555555D55553D555555555544535

- (B) in my opinion the demonstration project should be discontinued/deleted entirely after June 30, 1995.

■ GFCAC 11121D11211
■ DHS/HCSC 431
■ LAs/FCs 511M111
■ CLCs 11M11M15M121111135121112112132111

- (C) In my opinion the demonstration project should be extended after June 30, 1995 to promote continued experimentation.

■ GFCAC 55552D43225
■ DHS/HCSC D32
■ LAs/FCs 425M544
■ CLCs 55M45M4M4MM3M555525254542D5D23544555

In my opinion an extended demonstration project should be reduced in scope.

■ GFCAC 11122D12222
■ DHS/HCSC DM2
■ LAs/FCs 2M11122
■ CLCs 11M21M213MM1M11212351211121121134111

In my opinion an extended demonstration project should be retained at current levels.

■ GFCAC 1M442D34225
■ DHS/HCSC DM2
■ LAs/FCs DM13143
■ CLCs 53M51M4344M3MD14423D1452231141534212

In my opinion an extended demonstration project should be expanded in scope.

■ GFCAC 5M222D53443
■ DHS/HCSC DM4
■ LAs/FCs DM53554
■ CLCs 55MM5M353MM5M554453D5555255545643555

- (2) In your opinion what are the best reasons for making the demonstration project a permanent state program after June 30, 1995 (the repeal date of the demonstration project)?

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (61)

"It works".

"The project . . . reduces the dependency relationship that now exists between service users and the institutional providers".

"The Family Center project is effective on the community level . . .".

"Centers have made services much more accessible to families by demystifying . . . access . . .".

"Centers have made services much more accessible to families by . . . destigmatizing access . . .".

"Centers have made services much more accessible to families . . . by working in partnership with other groups and agencies".

"Centers have been a safety net for families and have given them hope and confidence preventing failure".

"Communities are discovering that with technical support and encouragement from [family centers] that they can get supports that they need".

"Dollarwise the [family center] is the best bargain".

". . . [D]ue to its destigmatized, non-judgmental approach it is able to reach many people in need of services".

"It is an excellent primary prevention model [with] great possibilities to identify gaps in services, advocate, encourage collaborative efforts".

"Defragmentation is starting to happen at the local level but needs to happen at the top also".

"This is one program where there is a strong empowerment focus and where families themselves have input into the service provided".

"Family Centers provide the vehicle for communities to identify their needs . . .".

"Family Centers provide the vehicle for communities to identify their . . . strengths . . .".

"Family Centers provide the vehicle for communities to identify their . . . desired outcomes".

"Family Centers provide the [catalyst] for positive growth".

"Family Centers work . . .".

"The community is slowly coming together".

"The activities that the program has been doing in the community has link many families together".

"The program has shown families their positives and strengths. Building on these strengths, has reduce a lot of family problems. Thus, such strength has transfer to community cooperation and harmony".

"I see the project making people more independent . . .".

"I see the project . . . producing money to put back into the project".

"[T]he project has been very successful . . .".

"[T]he project . . . has demonstrated that 'community building' is really possible when people are helped to extend themselves to others and to realized that collaboration does work".

"It attracts many walks of life . . .".

"Many of the clients have become aggressive in learning about services".

"They [the clients] have . . . provided input which has improved services".

"They [the service providers] have . . . learned new ways to link services".

"Knowledge about available services is being disseminated throughout the community, increasing participation".

"It's more cost effective than building prisons".

"Family Centers are . . . able to meet the needs of the community because they are responsible to local not agency needs".

"It is the only agency that provides services at the 'grass roots' level meeting families at their level or on their 'own turf' so to speak".

"Our Family Center has been a tremendous success. [T]he programs are needed and well attended . . .".

"[T]he Family Center is making a difference in the community".

"It provides an outstanding service to the community".

"... [I]ts values services to the community".
 "Our family center is doing great ...".
 "Has involved the entire community in upgrading services for the community".
 "[H]as ... given the people in the community a sense of pride ... over what's happening in their community".
 "[H]as ... given the people in the community a sense of ... control over what's happening in their community".
 "... [W]e see the different changes in peoples life".
 "Having a store in our community helps ... the elderly ...".
 "Having a store in our community helps ... the mothers who has more then three kids and no car".
 "Family Center is able to identify the needy resident's need ... since we open ...".
 "Family Center is able to ... provide help since we open ...".
 "... [I]t helps a lot of families".
 "We are just settling in and I am seeing the great potential we have to help families".
 "The project provides the best vehicle for community members to help each other ...".
 "People from other agency come here and help us".
 "People are using it".
 "Demonstrated need".
 "Services used ...".
 "Services ... useful ...".
 "Services ... not available elsewhere ...".
 "Services ... obviously needed".
 "Our society needs it!"
 "The Family Center project is ... the vehicle to educate policymakers, program administrators (planners), and practitioners on 'a new way to do business' in human services".
 "The proactive ... approach of the Family Center program is a model for future programs".
 "The ... holistic approach of the Family Center program is a model for future programs".
 "... [T]he [Family Center] is a role model for a healthy community".

■ TO PROVIDE FOR CONTINUED FUNDING OR PROGRAM CONTINUITY (8)

"... [S]tability in funding".
 "It is hard to be innovative if you have to keep worrying about funding".
 "Continued funding for Family Center Demonstration Program".
 "It would provide a stable funding source to address the need to focus on community development with family-strengthening principles ...".
 "... [F]or continuation of funding so they can focus on community needs and not have to lobby at the legislature".
 "Program continuity is important! Too many other programs come and go—even before impact can be assessed".
 "... [S]tability so that we are allowed adequate time to truly evaluate our effectiveness".
 "Without the 'reality' of the project, the conceptual framework would remain purely academic and not very useful in 'the real world' of human/health services".

■ TO CONTINUE THE INVOLVEMENT OF STATE GOVERNMENT; TO CHANGE THE WAY THAT STATE GOVERNMENT DOES BUSINESS (14)

"To guarantee state commitment to innovation ...".
 "To guarantee state commitment to ... collaboration ...".
 "... [I]t would] institutionalize public-private partnerships and collaboration".
 "Place some of the responsibility on the State to assist with such an important family oriented project".
 "It would mandate a government [department] to actively work on innovative funding possibilities between public and private sectors".
 "It would keep a [strengths-based] ... emphasis going in [Department of Human Services]".
 "It would keep a ... [prevention-based] ... emphasis going in [Department of Human Services]".

"It would keep a . . . family-centered . . . emphasis going in [Department of Human Services]".
"It would keep a . . . non-categorical . . . emphasis going in [Department of Human Services]".
"It would keep a . . . partnership-based emphasis going in [Department of Human Services]".
"[T]o ensure commitment to prevention by the State legislature".
"We need to work more collaboratively together (private, nonprofit and [government]) . . .".
"The State could possibly assist in setting up more Family Center projects".
"[A]fter good evaluation--then State should reorganize to support community-based services all together".

■ TO PROVIDE NEEDED SERVICES OR PROGRAMS; TO PROVIDE HELP (8)

"Deleting it would create a gap in the delivery of service to this community".
"The youngsters growing-up in these troubled families will also have their families in short future--they'll need help".
"More children will be coming in--before they will enter into schools. They needing training then and make it easier for them with others".
"For the people who live here, to help educate them . . .".
"For the people who live here, to . . . make them knowledgeable of accountability".
"Shortage of mental health services . . .".
"Shortage of . . . social service workers".
"To make family centers available in all communities of the State . . .".

■ TO STRENGTHEN OR EMPOWER FAMILIES OR COMMUNITIES (15)

"We need to . . . empower citizens to help shape what their futures will be".
"To strengthen community . . .".
"To . . . empower families".
". . . [T]o strengthen families and their communities".
"To guide . . . change within the community".
"To . . . facilitate change within the community".
"Keeping service delivery at grass root community based centers".
"The family unit has become an endangered species".
"Concept of "asset based services" to permeate the larger community as a norm".
". . . [T]o be a connection for the community and important agencies to help meet the needs of the people".
"The involvement of all segments of the community, businesses, residents, and agencies focused on program is desirable".
"Our families and communities need open, accessible, creative support systems to help them identify needs . . .".
"Our families and communities need open, accessible, creative support systems to help them . . . access services . . .".
"Our families and communities need open, accessible, creative support systems to help them . . . solve their own problems".
"We need an agency/organization that advocates for families--one that can work positively with families--to many programs are intervention/treatment/remedial programs".

■ OTHERS (9)

"Long term planning will be easier".
"To better plan for future projects with F.S.C.".
"A permanent force in the community acts as a [stabilizing] catalyst (that community can "count" on)".
"3 years [plus] of demonstration experience. Much learned through evaluation".
"The old system can't continue in the face of reduced funding".
"Depends on findings".
"Depending on staff competence, it could be a model of re-inventing government . . .".
"Our children need to [(1)] dig in, and realize the new ideas and plans that are being born in the minds of the Family Centers employees, family, and friends . . .".
"Our children need to . . . be brought up in a world that was created for them; not for adults self-serving needs".

- (3) In your opinion what are the best reasons for deleting entirely the demonstration project after June 30, 1995?

■ TO MAKE THE FAMILY CENTER DEMONSTRATION PROJECT A PERMANENT STATE FUNDED PROGRAM; TO REQUIRE A DECISION REGARDING THE FAMILY CENTER DEMONSTRATION PROJECT'S DISPOSITION (4)

"Enough experimenting make it a state funded program".

"To make the family center permanent."

". . . [T]o take what has been learned to make the project permanent".

"It should be removed from demonstration status and a decision made on its future structure and purpose within the service delivery system".

■ IF THE FAMILY CENTER DEMONSTRATION PROJECT IS NOT WORKING; IF THE FAMILY CENTER DEMONSTRATION PROJECT IS NOT HAVING A DESIRABLE EFFECT (5)

"If . . . the concept is flawed".

"If model is clearly unworkable".

"If the program is not growing . . .".

"If it is shown to have very little impact on the positive development of a community . . .".

"[N]o vision".

■ IF THERE IS NO INTEREST IN OR NEED FOR THE FAMILY CENTER DEMONSTRATION PROJECT; IF THE FAMILY CENTER DEMONSTRATION PROJECT IS NO LONGER A PRIORITY (4)

"If [Department of Human Services] has lost active interest . . .".

"If [Department of Human Services] . . . is moving to a more traditional social work focus".

"All families in Hawaii are healthy, productive, and positive--services are no longer needed!"

"Reallocate funds to entitlement program deficits".

■ OTHERS (3)

"Lack of funds, keep service delivery at state level offices. No change".

". . . [T]o make or force people to live without the project".

"If system-wide staff were not competent at the level required".

- (4) In your opinion what are the best reasons for extending the demonstration project after June 30, 1995/extending the demonstration project after June 30, 1995 to promote continued experimentation?

■ IF THE FAMILY CENTER DEMONSTRATION PROJECT CANNOT BE MADE A PERMANENT STATE PROGRAM (6)

". . . [I]f permanent funding cannot be obtained".

"If cannot be made permanent--then extend".

"If not ready for permanent state program status".

"If it does not become a permanent state program".

"If cannot receive [permanency] . . .".

"This would be better than not having it at all . . .".

■ TO CONTINUE EXPERIMENTATION OR TESTING (13)

"Reorganize--use what works, eliminate what doesn't work".

"Build--implement new strategies".

"Reinvent--rethinking the concept of family in the 90's".

". . . [P]romote added experimentation and knowledge".

"To refine the 'testing' of family centers to more definitely plan for the implementation of family centers statewide".

". . . [D]ifferent approaches might be more effective in a different community or with a segment of the community, such as teenagers, etc."

"I support the extension of the project, but not the increase of scope of project. Start small and let's get it right".

"If done right the demonstration project, even if it becomes permanent, will never stop promoting continued experimentation".

"Build on success".

". . . I don't feel that the community is totally empowered to continue with the success of this valuable intervention".

"Demonstration project status for another five years (for new, truly innovative approaches) could strengthen the ultimate Statewide network of [family centers] in the year 2000".

". . . [T]o continue work on defragmentation . . .".

". . . [T]o continue work on . . . multiple funding".

■ TO PROVIDE MORE TIME TO DEMONSTRATE THE FAMILY CENTER DEMONSTRATION PROJECT'S EFFECTIVENESS (8)

"We need more time to extend this opinion".

". . . [S]o that determination of the decision to; make it permanent, or delete project or extend project can be made after more data received to show effectiveness of program".

". . . [M]aybe more time and study will show its effectiveness".

". . . [T]o be able to continue to work out outcome and impact indicators, measurement instruments and do at least 2 points in time of evaluation of community-based center component and system-wide component".

". . . [T]o allow time to better document the effectiveness of the program".

"The real impacts may not felt for some time".

"To allow new staff to be hired and to have time to make impact which can be evaluated".

"Program continuity is important! Too many other programs come and go--even before impact can be assessed".

■ THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT WORKS/IS BEGINNING TO WORK; THE FAMILY CENTER OR FAMILY CENTER DEMONSTRATION PROJECT HAS/IS BEGINNING TO HAVE A DESIRABLE EFFECT (21)

". . . [T]he project is helping each families".

"It works".

"The project provides the best vehicle for community members to help each other . . .".

"The project . . . reduces the dependency relationship that now exists between service users and the institutional providers".

". . . [I]t would be short sighted to end it at such an early stage when it is just beginning to build a new paradigm in how we work with families".

"The Family Center . . . has improved the quality of life . . . for a large segment of our population . . .".

"I am confident to have my support to a decision to continue Family Center Demonstration Project a permanent state program".

"Many of the clients have become aggressive in learning about services".

"They [the clients] have . . . provided input which has improved services".

"They [the service providers] have . . . learned new ways to link services".

"Knowledge about available services is being disseminated throughout the community, increasing participation".

"Able to work close with resident that has needs".

"Put their trust to Family Center project, by coming out and reveal the needs".

". . . [W]e'll provide letter of recommendation [to volunteers] if seek for future employment".

"Family Centers strengthen families who then strengthen the community they live in".

"Extending this project will help keep something worthwhile in our community".

"The Family Center has demonstrated that there is a need for such a center in our community".

"The Center has been effective in reaching all cultures in the community . . .".

"They [the family center] have connected people/families to program/services . . .".

"They have connected . . . agencies/organizations to each other".

"They have been able to work with businesses to support the programs".

■ **TO PROVIDE NEEDED SERVICES OR PROGRAMS; TO PROVIDE HELP (8)**

"To meet the needs of Families with less income, or none income but depends with public assistance . . .".
"We need to meet the needs of the people".
". . . [T]o help people in our Community".
". . . [T]o educate people of the community to be on their [feet]".
"The kids growing up in this tough and hard community will make up this community in the future. They will need help".
"Reach more with--schooling, literacy, job training, technology, health services, and social services".
"Reach a larger population within the community".
"There are so many communities that currently have no or limited resources to help meet their needs".

■ **TO STRENGTHEN OR EMPOWER FAMILIES OR COMMUNITIES; TO CHANGE THE WAY THAT STATE GOVERNMENT DOES BUSINESS (5)**

". . . [T]o be a connection for the community and important agencies to help meet the needs of the people".
"Every community should build on its own strengths".
"We need an agency/organization that advocates for families--one that can work positively with families--to many programs are intervention/treatment/remedial programs".
"Continue commitment of the legislature to funding prevention oriented programs which address a wide range of clients".
"Possibility for creating a more responsive system of service delivery sensitive to community needs and concerns".

■ **OTHERS (7)**

". . . [L]ess cost than start another Program . . .".
". . . [L]ess cost than . . . assign another agencies to carry over this project".
"Use a variety of means for families to make money".
"The old system can't continue in the face of reduced funding".
"The current [service] delivery system is not working . . .".
"Prevent it from becoming a state run program especially under [Department] of Human Services or [Department] of Health".
"To allow sufficient time to implement everything mandated by 1993 revised legislation . . .".

(5) **Relevant miscellaneous**

"I believe that it is too early to make a determination as to whether the project should continue after June 30, 1995. Among the results of this upcoming period should be a recommendation on this question. Some of the factors that would need to be taken into account in making the decision on this recommendation should include: [(1)] has the project established an approach that meets the project's objectives; [(2)] is there a way to expand the use of this approach so that it can be made available to communities throughout the state (either through the establishment of additional centers, or through conversion of existing institutions); [(3)] is there sufficient widespread support for a community-based and therefore diversified approach to addressing family issues; and [(4)] has the project clarified its relationship to competing approaches to service delivery".
"Until we have better knowledge of outcomes, it is premature to conclude anticipated status. Based on information to date, the program merits continuation--perhaps permanent, perhaps extended demonstration".
"I am unable to comment on any of these three questions [questions 2, 3, and 4] until we are able to receive the results of the findings and evaluation".

Appendix Q

QUESTIONNAIRE #6: SUMMARY

Part I. Value Added

- | | | |
|-----|---|-----------|
| (1) | Information and referral services | |
| | Existing | Added (2) |
| | Expanded (1) | Combined |
| (2) | Training and assistance in accessing information and services provided for family members | |
| | Existing | Added |
| | Expanded (3) | Combined |
| (3) | Involvement of community leadership in defining and resolving family-related issues | |
| | Existing (1) | Added |
| | Expanded (2) | Combined |
| (4) | Opportunities provided for families to interact, share concerns, exchange resources, network with others, and learn from each other | |
| | Existing (1) | Added |
| | Expanded (2) | Combined |
| (5) | Community defined activities: | |
| | Parent skill building sessions | |
| | Existing (1) | Added |
| | Expanded (2) | Combined |
| | Temporary child care | |
| | Existing (3) | Added |
| | Expanded | Combined |
| | Brief crisis intervention | |
| | Existing (1) | Added (1) |
| | Expanded (1) | Combined |
| | Job preparation | |
| | Existing | Added |
| | Expanded (2) | Combined |
| | Parent/child activities | |
| | Existing (1) | Added |
| | Expanded (2) | Combined |
| | Adolescent services | |
| | Existing (1) | Added (1) |
| | Expanded (1) | Combined |
| | Literacy training | |
| | Existing (1) | Added (2) |
| | Expanded | Combined |
| (6) | How were the scope of core services already being provided by the lead agency expanded through the creation of the family center? | |

"Provide open-ended entry point . . .".
 ". . . [Information and referral] service to other service and resources of agencies . . .".
 "Add staff to do referral to other service agencies".
 ". . . [A]ddition of staff . . .".
 ". . . [A]ddition of . . . space . . .".
 ". . . [A]ddition of . . . funding . . .".
 ". . . [E]mphasis on collaboration".
 "Services were made available to all . . . [area] families".
 "Much more capacity for parent education".

- (7) How were services added through the creation of the family center combined with services already being provided by the lead agency to form core services?

"Open-ended entry point . . .".
 ". . . [Identify] need for service not met by others. i.e. mail drop for homeless, emergency food to compliment foodbank".
 "Community development--expanded agency commitment to primary prevention".
 "Toy lending library--more [money] and drop in site".
 "Through [collocation] . . .".
 "Through . . . collaboration".

- (8) **Other.** What other services were added through the creation of the family center? Why were these other services added?

"Mail drop for homeless . . .".
 "[H]omeless services . . .".
 ". . . [F]oodbank".
 "Expanded network for [information] and referral".
 "Outreach to homeless families . . . [with] counseling . . .".
 "Outreach to homeless families . . . [with] [information] referral".
 "Information and referral--improve community access to services".
 "Literacy--inter generational support, fun".
 "Adolescent--new target group".
 "Crisis--need to respond to drop in folks, no place in our community for them to go".

- (9) **Other.** What other services were expanded through the creation of the family center? Why were these other services expanded?

"Emergency food distribution utilizing foodbank surplus food to supplement agency food [source]".
 "Parenting activities and parent support--due to non-stigmatized setting".
 "Home visiting services for additional families with children 0-5 were expanded to meet a long-identified need . . .".
 "Home visiting services for additional families with children 0-5 were expanded to . . . demonstrate to ourselves and other agencies that decategorized services are effective . . .".
 "Home visiting services for additional families with children 0-5 were expanded to . . . demonstrate to ourselves and other agencies that decategorized services are . . . cost-efficient".

Part II. Value Denied

- | | | | |
|-----|---|------------|------------|
| (1) | Information and referral services | | |
| | Retain | Delete (1) | Reduce (2) |
| (2) | Training and assistance in accessing information and services provided for family members | | |
| | Retain (1) | Delete (1) | Reduce (1) |

- (3) Involvement of community leadership in defining and resolving family-related issues
 Retain (2) Delete Reduce (1)
- (4) Opportunities provided for families to interact, share concerns, exchange resources, network with others, and learn from each other
 Retain Delete Reduce (3)
- (5) Community defined activities:
- Parent skill building sessions
 Retain (1) Delete Reduce (2)
 - Temporary child care
 Retain (2) Delete Reduce (1)
 - Brief crisis intervention
 Retain Delete (1) Reduce (2)
 - Job preparation
 Retain Delete (2) Reduce
 - Parent/child activities
 Retain (2) Delete Reduce (1)
 - Adolescent services
 Retain (2) Delete (1) Reduce
 - Literacy training
 Retain (1) Delete (2) Reduce
- (6) How would the scope of the core services be reduced?
- "Lack a staff to coordinate referral to services with delay in or not linking to service on timely basis".
 - "Services would only be available to targeted clients i.e., Healthy Start, MIST, etc."
 - "Most services would be reduced, through reduced staff, in quantity rather than quality".
- (7) **Other.** What other services would be retained at current levels? Why would these other services be retained at current levels (as opposed to being reduced in scope or deleted entirely)?
- "Because of long-standing commitment . . . for temporary childcare . . . every attempt would be made to keep . . . [this] at current levels".
 - "Because of long-standing commitment . . . for . . . parent-child activities . . . every attempt would be made to keep . . . [this] at current levels".
 - "Because of long-standing commitment . . . for . . . teen services, every attempt would be made to keep . . . [this] at current levels".
 - "Because of . . . diversified funding . . . for temporary childcare . . . every attempt would be made to keep . . . [this] at current levels".
 - "Because of . . . diversified funding . . . for . . . parent-child activities . . . every attempt would be made to keep . . . [this] at current levels".
 - "Because of . . . diversified funding . . . for . . . teen services, every attempt would be made to keep these at current levels".
 - "It's part of our agency on-going service through other funding sources".

- (8) **Other.** What other services would be deleted entirely? Why would these other services be deleted entirely (as opposed to being retained at current levels or reduced in scope)?

". . . [P]arenting class . . .".

". . . [T]oy lending . . .".

". . . [C]ommunity development . . .".

". . . [C]risis prevention/intervention . . .".

". . . [Information and referral]".

"Job preparation . . . [is] provided by other agencies in collaboration [with] [family center]. Moral support would still be given but space, staff or other monetary commitments may not be possible".

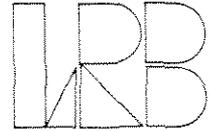
". . . [L]iteracy . . . [is] provided by other agencies in collaboration [with] [family center]. Moral support would still be given but space, staff or other monetary commitments may not be possible".

"No funds, [equals] no staff, [equals] no program".

Appendix R

Samuel B. K. Chang
Director

Research (808) 587-0666
Revisor (808) 587-0670
Fax (808) 587-0720



LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol
Honolulu, Hawaii 96813

December 1, 1993

5112A

Ms. Winona Rubin
Director
Department of Human Services
P.O. Box 339
Honolulu, Hawaii 96809

Dear Ms. Rubin:

Enclosed for your review is a confidential and preliminary draft of a report on the Family Center Demonstration Project prepared by this office at the request of the Legislature. Since the draft is subject to change, we ask that you not circulate it until a final report is released. Please feel free to make any comments, cite any errors, state any objections, or suggest any revisions to this confidential draft. Your comments and suggestions are important to us and revisions will be made if deemed appropriate.

Please mark your comments directly upon the enclosed draft and return it to us by Wednesday, December 15, 1993. It is not necessary to submit a formal reply.

If you have any questions regarding the draft report, please call Keith Fukumoto at 587-0661.

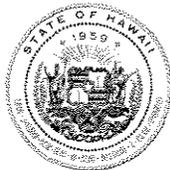
Sincerely,


Samuel B.K. Chang
Director

SBKC:mm
Enclosure

cc: Conroy Chow
(with enclosure)

JOHN WAIHEE
GOVERNOR



WINONA E. RUBIN
DIRECTOR

LYNN N. FALLIN
DEPUTY DIRECTOR

LESLIE S. MATSUBARA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
1390 Miller Street
Honolulu, Hawaii 96813

December 16, 1993

MEMORANDUM

TO: Honorable Samuel B. K. Chang, Director
Legislative Reference Bureau

FROM: Winona E. Rubin, Director

SUBJECT: Comments To Draft Report on the Family Center
Demonstration Project

Thank you for allowing us to review the preliminary draft report on the Family Center Demonstration Project.

We have no comments on the report except to note that our application to the U.S. Department of Health and Human Services for a Family Resource and Support Program grant was not approved. Please note page 15 of your report.

We wish to state that in the future if the opportunity arises again to apply for such funds, we will coordinate our efforts with other agencies or organizations such as the Family Centers.

The report is well documented and we appreciated the recommendations contained in the preliminary findings.

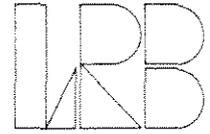


for Director

Appendix S

Samuel B. K. Chang
Director

Research (808) 587-0666
Revisor (808) 587-0670
Fax (808) 587-0720



LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol
Honolulu, Hawaii 96813

December 1, 1993

5112A

Mr. Dan Watanabe
Executive Director
Hawaii Community Services Council
200 N. Vineyard Blvd., Suite 415
Honolulu, Hawaii 96817

Dear Mr. ^{Sam}Watanabe:

Enclosed for your review is a confidential and preliminary draft of a report on the Family Center Demonstration Project prepared by this office at the request of the Legislature. Since the draft is subject to change, we ask that you not circulate it until a final report is released. Please feel free to make any comments, cite any errors, state any objections, or suggest any revisions to this confidential draft. Your comments and suggestions are important to us and revisions will be made if deemed appropriate.

Please mark your comments directly upon the enclosed draft and return it to us by Wednesday, December 15, 1993. It is not necessary to submit a formal reply.

If you have any questions regarding the draft report, please call Keith Fukumoto at 587-0661.

Sincerely,

Samuel B.K. Chang
Director

SBKC:mm
Enclosure

cc: Linda Harris
(with enclosure)

Family Center Project Reponse to LRB Evaluation

GENERAL RESPONSE TO EVALUATION:

This interim report does a good job of identifying issues that need to be addressed by the Family Center Demonstration Project. These issues are appropriate to the development of the Project at this stage. They have been also been identified (by the two Project-initiated evaluation studies and through internal Project monitoring) and are currently the basis for Project improvement.

We are thankful for the careful, comprehensive thought that went into this evaluation, and we realize the need to clarify the types of data that are required by all stakeholders. We are moving toward that data with a measurement technology that is in tandem with our assets oriented process. As suggested in the evaluation, it is important to forge a partnership with legislators to best design, establish and meet public decision-making criteria. This evaluation is particularly helpful as a planning tool.

Since the period covered in this evaluation, DHS Deputy Director, Department staff, and the Project Director are engaging in dialogue to clarify vision, working relationship, and outcomes. We're looking ahead to new possibilities.

There were several issues in implementing the Project that relate to the question of timing. We agree with the one identified in the report. We have also identified two others: the timing of legislation that initiated the Project (i.e., during a supplemental year) that triggered an early focus on the need to sustain funding; the timing and evolution of planning efforts by DHS and by the Project. At the outset of the Project both were evolving their thinking about strategies, or visions, for serving families. Several of the DHS initiatives currently underway were also in their infancy when the Family Center effort was started. At the time no one could predict how these would evolve. We believe that these factors are all part of the nature of a demonstration project and that we have learned many valuable lessons from needing to address these factors. Taking these into account, the Project is now in a position to focus on outcomes.

We believe that the task of the Project is to model each of the centers in order to provide the state with resources by which to guide further development of family centers. Comparing the models does not seem to be a necessary task so much as modelling each center.

Family Center Project Reponse to LRB Evaluation

OPERATIONAL RESPONSE TO EVALUATION

The Lead Agency Directors added an operational perspective to this response. They are concerned that the evaluation should also point to the results of Family Center work that does not come through in this evaluation's framework.

Family Centers can account for significant increase in the communities' access to services and leveraged resources. Access to services refers to new points of contact and process for contact for such services as: Information and Referral, DOH immunizations, DOH Infant Toddler Program, DHS childcare, Home Visitors, CBED, Microeconomic Development, Teen Parenting, Healthy Start, etc.

Family Centers are also fulcrums for the development of collaboration. Many collaborations have been established and/or facilitated by Family Centers: Kona Community Fair, Kau Coalition, Kohala Coalition, KPT Celebration, Street Watch, Molokai Interagency Association, Families in Transition, Salvation Army Parenting Network, etc.

Further, Family Centers foster the development of community-driven primary prevention programming such as parenting classes, bereavement support, microeconomic projects, neighbor-to-neighbor programs, caregiver support, 12 step programs, teen parent support, etc.

Leveraged resources are the most visible evidence of family center effort to strengthen families and raise the level of sense of community. It is well known that families who feel as though they are in control over their own lives (and are therefore self-sufficient), work harder, are more creative, and contribute back to the community. As the strength of families grow, so grows the contribution to community (frequently called "local action"). We also know that organizational contribution also provides evidence of sense of community. Contributions of time, monies, skills, support, etc. are vivid in Family Center history.

Since the end of the catchment time for this evaluation, the Family Center Project is engaged in a comprehensive value-added analysis. We can now align with the Family Policy Academy work to ensure a systemic approach to planning. Waiting for the finalization of Academy findings has proven to be a wise move.

Family Center Project Reponse to LRB Evaluation

RESPONSE TO SPECIFIC CHAPTER ITEMS

Chapter 5. This chapter seems as if it should be divided into 4 specific headings, rather than all about "too little time." Perhaps additional headings could be designed in.

Chapter 5, Relative to comparing Centers in order to achieve positive competition: at this time, Centers have proven to be unresponsive to incentive type programs. They are very self-directed -- an indicator of their commitment to their own, specific communities.

Chapter 5, pg 15. The vision suggested herein is very interesting. The suggestions are high quality. And, getting to such a vision requires the kind of collaboration that is not yet statutorily enabled between department/division/private/public, etc. Unfortunately, this project has neither the authority, nor the channels, to address these changes. As well, DHS does not have the authority to co-mingle funds. The authority would have to be much broader to result in a coherent social policy for the State of Hawaii.

Chapter 6, pg 10. Rather than specifying any particular agency, it would be particularly helpful to recommend required capacities of whatever organization is tasked with the evaluation.

Chapter 7, page 5. The kind of response that would indicate project success at the community level is a POSITIVE response. COHERENT may not be so appropriate in that different agendas apply to different groups of people, subcultures, neighborhoods, etc.

Chapter 8. Family center purpose was referred to as "reducing social pathology." We could not find mention of "social pathology" within project planning or legislative issues. Family Centers are focused on an assets approach -- building strength and capacity. It would be helpful to maintain congruence in the language.

There are a number of references to "entitlement deficits." The language does not make a recommendation, yet it does yield a perception of an either-or scenario: either entitlement deficits or family center survival. We see the Family Centers playing a role to reduce the State's demand for entitlement funds.

Family Center Project Reponse to LRB Evaluation

RESPONSE TO SPECIFIC CHAPTER ITEMS, cont.

Re: Chapter 8, pg 1, paragraph 1, sentence 1.

The purposes and short term and long term objectives of each family center and of the project are quite different (rather than similar), and do need to be in alignment. The centers' intent (and priorities) has evolved to provide families and communities with the opportunity to access resources to improve the quality of life and sense of community. The project's intent (and priorities) has evolved to test and model different approaches of achieving that intent, to position the concept in the community, and to inform the community of ways to integrate the concept, through fiscal and political strategies, into the state's overall strategy of community development.

We know that over time, purposes in innovative, flexible programs transform. This Project has held true to form. (We'd seriously question the quality of the innovation if the purpose had not transformed.) The vision has remained constant as it was developed from an extensive planning process in Decisions 87 through Action 90.

Chapter 9, page 2 references proxy indicators of success for family support education stated by Heather Weiss. It is important to note that these indicators were developed for a project on Child Abuse and Neglect -- funded with specific abuse and neglect issues in mind. They do not seem relevant to an assets approach.

Chapter 10

While an expansion of direct services is evidenced at each Center, the focus of the Project is the value added in the more innovative contributions of the project -- particularly, the local action and resources leveraged, the increase in access to services, and the process used to enable individuals to mobilize their own resources.

The idea of establishing a human welfare index is provocative and beyond the task and purview of this project to develop. As such, The Family Center Project is using indicators from the Governor's Family Policy Academy to rate community health. We would be happy to participate in the development of an index in collaboration with other agencies meeting working within state strategic direction.