

# INFORMATION REPORT

<b>TO:</b> Chair and Members Emergency & Community Services Committee	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> November 11, 2013	
<b>SUBJECT/REPORT NO:</b> Ontario Works Addiction Services Initiative Evaluation (CS10086(b)) (City Wide)	
<b>SUBMITTED BY:</b> Joe-Anne Priel General Manager Community and Emergency Services Department	<b>PREPARED BY:</b> Kerry Lubrick 905-546-2424 Ext. 4855 Lyne Gagné-Renwick 905-546-4800 Ext. 4825 Lynn Foye 905-546-4800 Ext. 5165
<b>SIGNATURE:</b>	

**Council Direction:**

Not Applicable

**Information:**

The Ontario Works Addiction Services Initiative (OWASI) was developed in partnership with Alcohol, Drug & Gambling Services of Public Health Services and the Employment and Income Support and Housing Services Divisions of Community and Emergency Services Department. The program, implemented in 2011, offers specialized case facilitation and access to treatment services for Ontario Works participants who identify substance use as a barrier to employment. The service aims to support individuals and their families in their long-term recovery from addiction and return to employment and ultimately, improved quality of life.

The Emergency and Community Services Committee at its meeting of October 4, 2012 approved the following: "That the Addiction Services Initiative program continue and that the municipal portion of the costs, for the 5 year period 2013-2017, forecast to be \$363,057, be funded through the Ontario Works Stabilization Reserve (Account #110044)."

In accordance with the initial request to deliver the OWASI, presented to council as report CS10086, an evaluation of the program outcomes has been completed by Policy Planning Plus, an external consultant (attached as Appendix A to Report CS10086(b)).

The evaluation concluded that the program is achieving the goals set out at its inception and is having a positive impact on the lives of many of the participants.

Further, the evaluation concluded that the OWASI program is a best practice program and in keeping with the vision and recommendations of the Social Assistance Review report "Brighter Prospects: Transforming Social Assistance in Ontario" (Lankin & Sheikh, 2012).

Evaluation data confirms that the program is helping individuals in their recovery from substance use and return to employment. In 2012, the program engaged nearly 400 unique individuals and managed an average caseload of 323 cases comprised of single individuals and families. During this period, one hundred and eighteen (118) OWASI participants became employed and are now receiving a top-up from Ontario Works, additionally 11% of the OWASI caseload (42 cases) exited Ontario Works, of these, 8% (30 cases) left for full-time employment and 3% (12 cases) left for other income such as ODSP or OSAP. It should also be noted that in any given month, approximately 66% of the OWASI caseload was engaged in active treatment.

The evaluation was conducted over a 6 month period and engaged Ontario Works and OWASI program staff, participants and community partners. A key ingredient for success and a theme that emerged throughout the evaluation was the program's ability to provide more time and individualized supports for each participant including social recreational and therapeutic programming.

Additionally, the integrated service delivery approach was frequently credited as a reason for success. In this program, "integrated" reflects strong partnerships that span multiple sectors and result in direct access to community based services and supports. Employing methods such as the collocation of case management and clinical services and on-site service delivery at several community agencies has led to increased collaboration among service providers, cooperation among professionals from different sectors and efficiencies. There is growing evidence that individuals who experience complex problems, such as substance use, tend to have the most difficulty navigating systems of care. The longer they are without access to needed services, the more severe their needs may become. Integrated service delivery models such as OWASI enable participants to access multiple services at the same time and often in the same location. Perhaps of most significance, participants relayed integration as a feeling that they were connected to a bigger community and that this helped them to feel "cared for."

Program success is most poignantly illustrated through multiple participant and community voices such as:

*"I've made more progress in this program in the past year than I've made over many other attempts in the 20+ years."* (program participant)

*"I want a job and I want to see my kids again...but maybe when this is all done maybe I can also be healthy and happy."* (program participant)

*"...tremendously forward thinking program...proactive and creative."* (community partner)

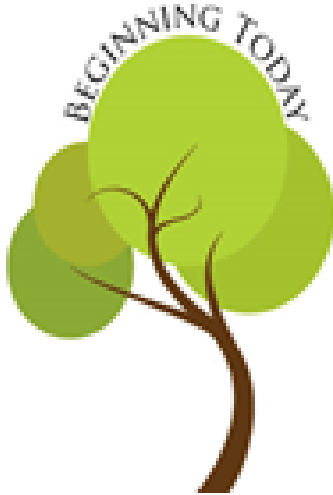
*"I have seen clients who have greatly benefitted from this program & have a new found respect for the OW system as they were supported through a passage of change without penalty or judgement."* (community partner)

The evaluation also set forth recommendations to guide continuous program improvement and at the time the evaluation was finalized, many of the recommendations were already being implemented. These recommendations include steps to further develop an after-care component, increase communication and knowledge transfer across the broader Ontario Works program, strengthen the employment focus of the program from the point of intake and further develop a data and outcome management system.

Staff will continue to monitor employment outcomes, as well as other important indicators of employability such as progressive participation agreements, housing/family stability, improved physical and emotional health, and duration of stay on Ontario Works. Staff are now working to explore potential databases to support the measurement of outcomes.

## **APPENDICES / SCHEDULES**

Appendix A to Report CS10086(b): OWASI Evaluation Report



# Beginning Today OWASI Evaluation

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## **Opportunities for Improvement & Building a Foundation for Measuring Outcomes**

### **Summary Report May 2013**

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# Executive Summary

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The 'Beginning Today' Ontario Works Addiction Services Initiative (OWASI) offers specialized case facilitation and access to treatment services for Ontario Works participants who identify substance abuse as a barrier to employment. The program aims to support individuals in their long-term recovery from addictions and return to employment and ultimately improved quality of life.

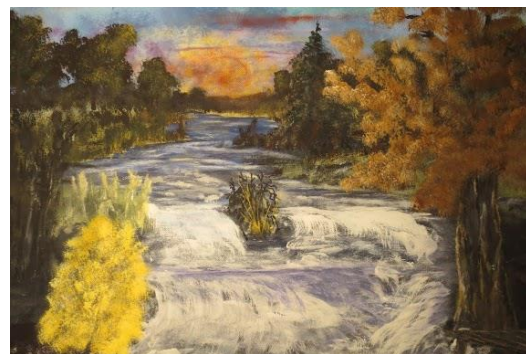
In the Fall of 2012, the City of Hamilton, Community Services Department, engaged an external consultant (Policy Planning Plus Inc) to undertake an evaluation of the 'Beginning Today' OWASI and its first full year of operations. The purpose of the evaluation, which took place over a 5-month period, was to determine what is working and what is not working, to assess whether the program is achieving its intended goals, and to establish a foundation for continuous quality improvement including outcome monitoring.

## Beginning Today 2012

- 384 OW recipients engaged in the program
- Average caseload of 323 participants
- Average monthly caseload of 135 for addictions assessment and treatment programs
- 118 participants obtained employment earnings
- 30 participants left OW for employment
- 12 participants left OW for education or other income

This evaluation found that the Beginning Today OWASI program is achieving the goals set out at its inception and is having a positive impact on the lives of many of the participants. There are no fundamental flaws in how the program was designed and implemented or how it is currently operated. This is a best practice program and in keeping with the vision and recommendations of the Social Assistance Review report [Brighter Prospects: Transforming Social Assistance in Ontario](#) (Lankin & Sheikh, 2012).

In any program, there is also room for service and process improvements. This report outlines five key program improvement areas (including key actions and quick wins) that were identified and validated by program participants, staff and key stakeholders. Some improvements have already been initiated by program management and staff with guidance from the Participant Advisory Committee, some are feasible to implement



*Panting by Michael, Beginning Today participant*

***“Other appointments help me survive and put up, tolerate, deal with life. But this program helps me to live life, enjoy life.”*** (Beginning Today Participant)

within existing resources, and others require substantive investment of resources, time, staffing, etc.

Of all the suggested improvements outlined in this report there are four key actions which should be considered as priorities. These are:

1. Establish an **aftercare supports** component to the program.
2. Expand and further strengthen the **communication and liaison channels** between the Beginning Today program and its key internal partners and referral sources - Ontario Works and Employment programs.
3. Strengthen the **employment focus** of the program and **fine tune staff roles** specific to working with pre-employment vs. employment ready participants.
4. Invest in further **data management, program monitoring and outcomes research**.

***“I’ve made more progress in this program in the past year than I’ve made over many other attempts in the past 20 plus years.”***

(Beginning Today participant)

While the positive benefits and impacts of the program were clearly articulated via participant, staff and partner anecdotes and case studies the quantitative data that would substantiate these findings was somewhat limited as the data management resources and infrastructure of the program continue to be developed.

A ‘go forward’ framework for program monitoring and outcomes measurement is proposed in this report. As a first step, it is recommended that the program identify and carefully consider the resources available to them (both internal and external) to support the development of a program database and the development and implementation of an outcome evaluation plan.

What became clear through this review process is that, in the eyes of participants, staff and community partners, the Beginning Today program – and its integrated service delivery approach - is working.

This flower drawing (right) was given to a case facilitator by the daughter of a participant. The inscription reads, “To Christine. Thank you for making my Mom feel better.”



*“I knew there was more to life. I wanted to start living again and this program offered me that.”* (Beginning Today participant)

## Section 1. Introduction

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### 1.1 The Purpose

The ‘Beginning Today’ Ontario Works Addiction Services Initiative (OWASI) offers specialized case facilitation and access to treatment services for Ontario Works participants who identify substance abuse as a barrier to employment. The program aims to support individuals in their long-term recovery from addictions and return to employment and ultimately improved quality of life.

In the Fall of 2012, the City of Hamilton, Community Services Department, engaged an external consultant (Policy Planning Plus Inc) to undertake an evaluation of the ‘Beginning Today’ OWASI and its first full year of operations.

The purpose of the evaluation was to assess whether the program is being implemented as planned, whether the expected outputs are being produced, and whether the program is achieving its intended goals.

The Beginning Today program intends to use the evaluation findings to:

- Guide future decisions about program investments, processes, and implementation by looking at what is happening, what is working and what is not working.
- Demonstrate the program’s impact and value to the funder and other key stakeholders.
- Establish a foundation for continuous quality improvement including outcome monitoring.

### 1.2 The Context

The development, implementation and evaluation of the Beginning Today program took place during a time of anticipated transformation of the social assistance system. In fact, the release of the Commission for the Review of Social Assistance in Ontario report, “[Brighter Prospects: Transforming Social Assistance in Ontario](#)” (Lankin & Sheikh, 20102) coincided with the beginning of this evaluation in October 2012.

The proposed social assistance reform strategy focuses on enabling employment and provides specific recommendations on how to address the barriers to employment such as child care, homelessness and **addictions**. A key recommendation is to provide “*people receiving social*



*assistance with equitable access to a range of employment services and other supports available to people without disabilities as well as access to specialized disability supports, integrated high quality pre- and post-employment supports, and services based on research and best practice” (Lankin & Sheikh, 2012, p. 46).*

The Beginning Today program completely embodies the aspiration of The Commission’s approach to social assistance reform. The Hamilton program focuses on removing barriers, targeting specialized integrated resources, and providing pre- and post-employment supports to enable people with addictions to find and maintain employment. This evaluation lays the groundwork for developing best practices regarding improved service integration and the processes and types of services and supports required to enable people with addictions to find and maintain employment. Furthermore it provides a framework that will enable the service delivery system to identify and measure what has been achieved.

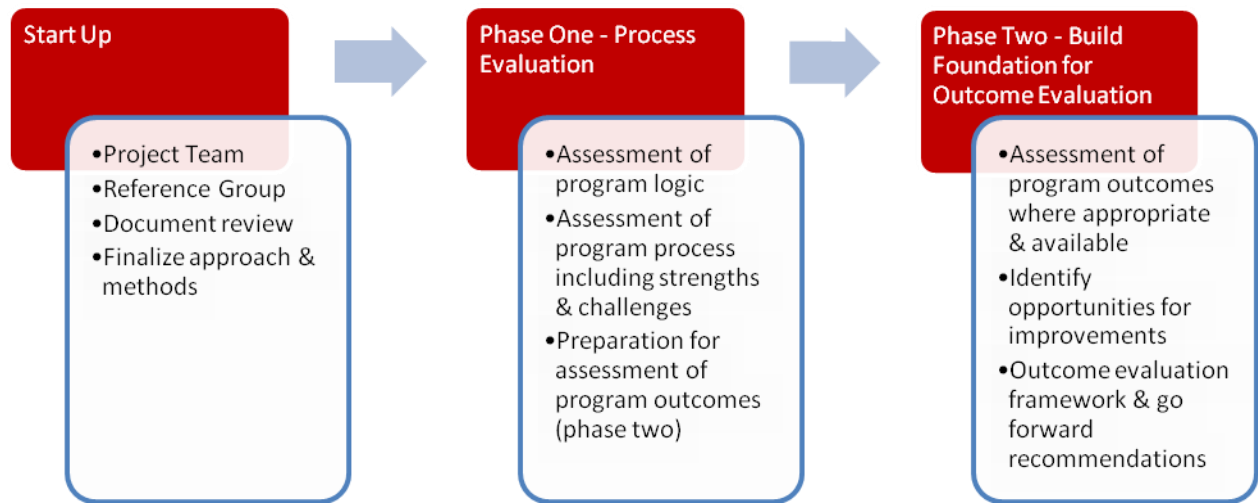
### **1.3 The Approach**

The Start-Up stage of the evaluation project saw the creation of a Project Team, comprised of the supervisor of the ‘Beginning Today’ Program, the program manager, and the consultants. This team met frequently throughout the evaluation project (November 2012 – March 2013) to ensure the design, management and implementation of the evaluation reflected the goals of the project and the department.

During this start-up stage, existing program data and documents were reviewed to develop a comprehensive understanding of the program and its stakeholders. A Reference Group was formed to provide input into the overall evaluation approach and to help validate key findings. (See Appendix 1 for Reference Group membership and terms of reference). It was also decided that the newly formed Participant Advisory Committee would be consulted to ensure the evaluation reflected the voice and experiences of individuals who participated in the program.

As depicted in Figure 1 the first phase of the review focused on process evaluation while the second phase laid the foundation for outcome evaluation.

**Figure 1. The Evaluation Approach**



Phases One and Two utilized key informant interviews, focus groups and on-line surveys with staff, participants and community partners to learn about the program's logic and implementation, identify opportunities for program improvement, and ascertain program outcomes and impact where possible. A list of key informants and the interview questions are provided in Appendix 3. A summary of findings from the staff and community partners surveys can be found in Appendix 4.

Phase Two also involved validating the opportunities for program improvements with program staff and participants as well as developing a framework for future program monitoring and outcome evaluations. A more detailed description of the project's methods is provided in Appendix 2.

The evaluation findings were presented to and validated by the Reference Group, staff and program participants.

## Section 2.

# Findings - What We Heard and Learned

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### 2.1 The Program

#### Program Description

The Beginning Today OWASI program was developed in collaboration with Alcohol, Drug & Gambling Services (ADGS) of Public Health and the Housing Services of Division of Community Services. Full implementation of the program was achieved in the Fall of 2011 with a complement of 12 Full Time Equivalents (including 6 case facilitators, 2 addictions social workers, 2 trauma counselling social workers).



Beginning Today is a voluntary program for Ontario Works (OW) participants who self-declare an addiction and identify substance abuse as a barrier to employment. It offers specialized case facilitation and access to a range of treatment services and supports.

The program aims to support individuals in their long-term recovery from addiction and return to employment and ultimately improved quality of life. Staff use a solution-focused, participant-centred approach to assessing and meeting participants needs. This means working with participants to build on their strengths and skills. The program recognizes that the road to recovery may involve one or more relapses and that a participant may need more than one attempt to achieve their treatment goals.

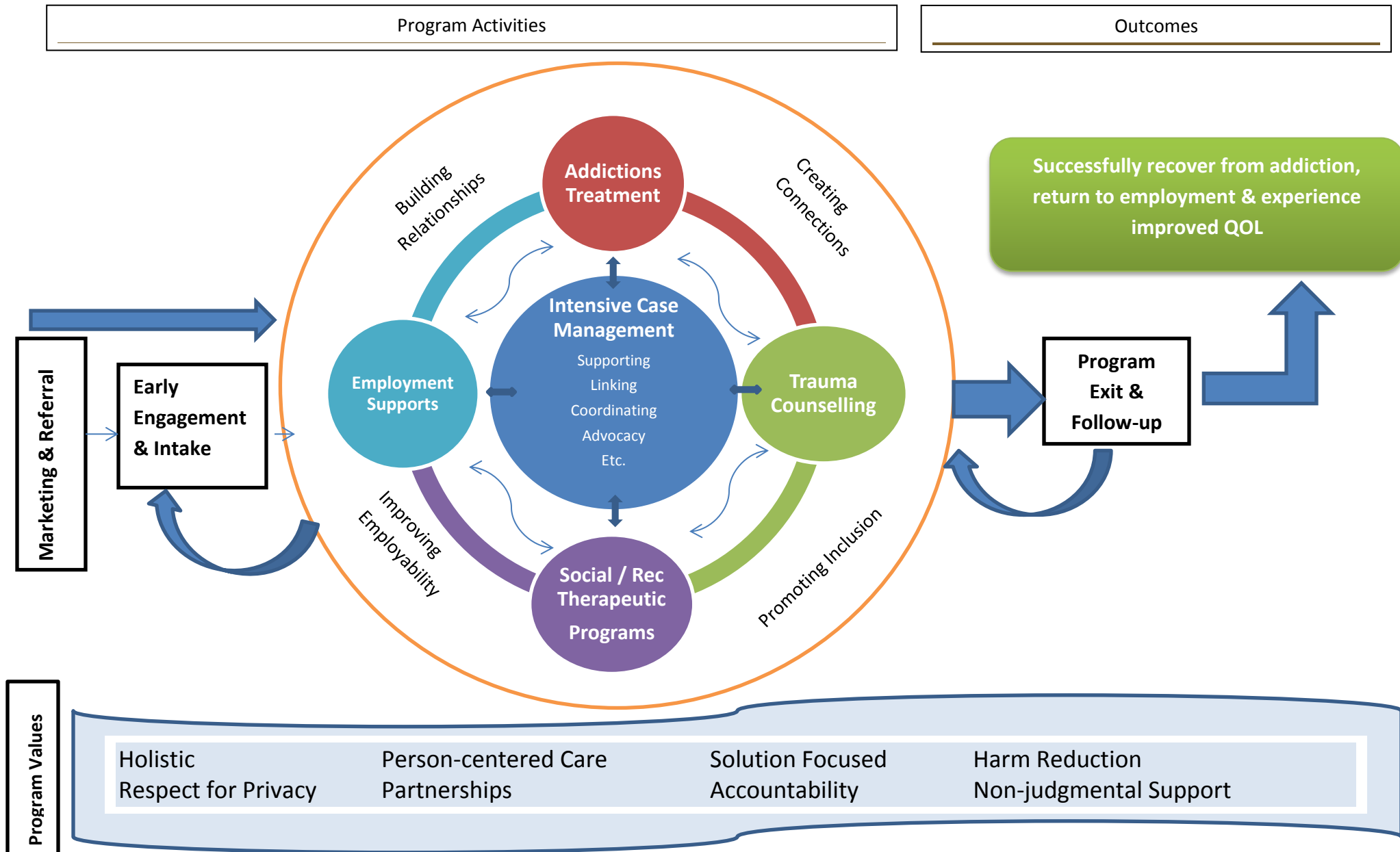
#### Program Logic

An assessment of the program's logic and processes identified four main components to the Beginning Today program. These are:

1. Marketing and referral
2. Early engagement and intake
3. Integrated service planning and delivery
4. Program exit and follow-up

The essence of the program – its key components and flow, its values, and desired outcomes – is depicted in Figure 2.

Figure 2. Beginning Today Program Schematic



## Program Components

The following section provides a brief description of the four main Beginning Today program components as well as program statistics and key strengths and challenges as identified by program stakeholders (i.e., participants, staff and /community partners).

### Marketing and Referral:

Participants access to Beginning Today is facilitated primarily through the OW Case Managers and Employment Development Counsellors (EDC). Each of the four OW sites has access to a designated OWASI liaison (a Beginning Today staff) who is available on-site at agreed upon times to answer questions about the program, meet with potential referrals if requested, and occasionally attend OW team meetings. The intent of these on-site liaisons is to establish strong communication channels between OW / Employment and the Beginning Today program to ensure timely and appropriate referrals.

Interested participants are referred to the Beginning Today program by their Case Manager (or EDC) using a standard electronic referral form available via the City's intranet. Self-referrals to the program are also accepted and are generally made via telephone call to the program secretary.

OW / employment staff were offered training on the Beginning Today program and referral process at program implementation as well as on an on-going basis as required. They were also provided with promotional materials (i.e., posters, pamphlets, cards) to share with recipients as well as a Q&A-style document to serve as a reference guide for their discussions with recipients.

## Referrals

- 448 referrals received in 2012
- Almost all (96%) of the referrals were from OW case managers or employment development counsellors
- Only 6% of referrals were identified as inappropriate at first review prior to formal screening

## Referral Strengths

- Accessible and responsive program
- Approachable staff for referral consultations
- On-site liaisons at OW offices
- Electronic referral process
- Community Forum – informative, powerful & inspirational
- Positive shift in OW culture - acknowledging and addressing addictions as a barrier to employment

## Challenges

- Perceived reluctance of OW recipients to disclose addiction to case worker; not reaching everyone who would benefit from program
- Some OW case managers are vague on program details
- Determining the appropriateness of a referral takes time
- Keeping OW case managers informed of referral status and outcomes

*“...tremendously forward thinking program...proactive and creative.” (community partner)*

Beginning Today staff also work with a range of community programs to raise awareness of the program and advocate on behalf of program participants. Key community partners are assigned a Beginning Today staff contact (called their OWASI liaison) who is available, either on-site or by request, to respond to questions about the referral process and eligibility criteria, to coordinate services, supports, care, etc. for a mutual client, and to consult regarding how best to navigate the Ontario Works system.

*“I have seen clients who have greatly benefitted from this program & have a new found respect for the OW system as they were supported through a passage of change without penalty or judgement.” (community partner)*

Furthermore, community partners are invited to attend an annual Community Forum hosted by Beginning Today. Almost 70 individuals, from program participants to staff from partner agencies, attended the Fall 2012 forum. See Appendix 5 for a list of community liaison and partnerships work and Appendix 4 for a summary of the community partner survey results.

### Early Engagement and Intake

Engaging participants in the Beginning Today program begins as soon as possible once the referral has been received. Referrals are invited to attend a program orientation session or a one-on-one visit with a case facilitator. The purpose of this early engagement stage is two-fold. First, it is to educate potential participants about the program - the assessment process, treatment options, available supports, expectations, etc. - as well as talk about addictions and readiness to change indicators. Second, it is to determine the eligibility of referrals; to confirm they are ready to voluntarily engage in the program and have employment goals. During this stage, case facilitators and addiction counsellors work together with new referrals to explore what services will help to facilitate and support stabilization. They also complete a screening process and

### Early Engagement & Intake Data -- 2012

40% of referrals were accepted into program

33% of referrals were not accepted due to a range of factors; these included (in rank order):

- Inability to contact individual after multiple attempts
- Ineligible due to ODSP pending, lack of employment goals, or adequate supports and services already being accessed
- Lack of interest in the program or participant not yet ready to engage

28% of referrals were still in the screening phase at the time of analysis

*(\*above percentages do not add up to 100 due to rounding)*

Waitlist was established in October 2012. At its peak the wait was approx. 2 month. As of April 2013 the wait had decreased to approximately 1 month for the 12 individuals on the waitlist.

*“Joining this program was the one and only easy transition out of everything I was going through at the time.” (Beginning Today participant)*

help move the individual towards the assessment stage of the process.

The timing of referral to and engagement in substance abuse treatment is critical. It is not uncommon to find that referrals are not yet ready to willingly engage in the program. These individuals are referred back to their OW Case Managers with encouragement to re-apply when they are ready to commit to the program.

#### **Early Engagement & Intake Strengths**

- Flexible approach
- Welcoming staff
- Group orientation sessions allow referrals to learn more about the program before committing to participate

#### **Early Engagement & Intake Challenges**

- Waitlist means that needs are surpassing resources; this could result in losing potential participants while they wait for a program spot
- Difficult to turn away some ‘inappropriate’ referrals because there are no alternative resources or supports in the system

#### **Integrated Service Planning and Delivery**

The Beginning Today service model consists of five main program areas working together in a coordinated and collaborative manner. The five areas are:

- integrated case management
- addiction assessment and treatment
- employment supports
- trauma counselling
- social, recreational and therapeutic programming.

**In 2012, the Beginning Today team engaged 384 unique individuals and managed an average monthly caseload of 323.**

Each program area is described in the following pages. Case facilitators, addictions counsellors, and the employment development counsellor are co-located at the Central OW office.

Participants access their case facilitator and counsellors via appointments and/or scheduled drop-in sessions. Case facilitators meet participants out in the community (away from the office) as necessary or as requested.

Beginning Today works to build strong partnerships in the community to support a streamlined and integrated service delivery model. For example, a partnership with McMaster School of Rehabilitation Services enables participants to access Occupational Therapy (OT) services and supports. Also, a partnership with the Acquired Brain Injury (ABI) Outreach Program of Hamilton Health Sciences has resulted in 30 completed screens for head injury to date. Almost all of the screens have shown indication of acquired brain injury and these cases will now progress to a full ABI assessment and be connected to the necessary support services.

**Intensive Case Management:** Six case facilitators provide the wraparound supports for participants using an intensive case management approach. This method ensures that participants receive the right services, in proper sequence and in a timely manner. These specialized staff are highly trained and skilled<sup>1</sup> and have lower than average caseloads to enable the provision of this type of case management.

Case facilitators help participants develop individualized case management plans including treatment, employment and other goals and make referrals to internal and external programs accordingly. For example, case facilitators determine whether an addictions assessment has already been conducted in a community program or whether the participant should be referred to the program's addiction counsellors for assessment. Case facilitators also help participants obtain basic necessities such as food, stable housing and primary care. Their role also involves facilitating access to employment supports and other needed services, often accompanying individuals to medical and legal appointments, and acting as general system navigators.

#### Estimated Caseload Composition\*

- 20% in pre-contemplation / contemplation stage and not fully engaged in the program's network of supports and services
- 70% in active treatment
- 20% met and maintained their treatment goals
- 30% best suited for pre-employment supports and activities
- 30% ready for employment development or placements
- 15% ODSP pending

(\*based on averaged case facilitator estimates from staff survey)

<sup>1</sup>Case facilitators have received a high level of training and developed expertise in the areas of addictions, mental health, trauma, motivational interviewing, solution-focused intensive case management, suicide intervention, substance use and brain injury, etc. See Appendix 6 for the complete list of case facilitator training.



It was not feasible to access caseload descriptive data for all 2012 participants within the timelines of this evaluation. As a proxy, case facilitators were asked to describe the approximate composition of their caseload via survey. Their approximations provide an anecdotal snapshot of the caseload at the end of 2012 (see above text box).

**Addiction Assessment & Treatment:** Two addictions counsellors conduct preliminary assessments on new participants and help to develop a treatment plan together with the participant. Each treatment plan is tailored to meet the unique needs and goals of each participant.

The program offers individual addictions counselling sessions as well as four addiction treatment groups (ABC 1, ABC 2, Possibilities Now and Reprieve). Participants also access treatment programs available within the broader community.

- On average, 135 participants are engaged in addictions assessment or treatment programs (internal) per month in 2012. This represents approximately 40% of the Beginning Today caseload.
- It is estimated that another 30% of the caseload is involved in community-based addictions programs. (based on case facilitator estimates)

**Employment Supports:** Beginning Today participants have access to an on-site Employment Development Counsellor (EDC). The EDC provides participants with information, employment direction and supports as they develop their employment-related goals and strive to move along the employment continuum. The EDC provides individual and group counselling, leads networking and skills development groups, and makes referrals to a range of pre-employment and employment programs (both internal and

- Approximately 20% of participants are on the program employment development counsellor's caseload at any given time with more participants accessing external employment supports.

community-based) as well as job placements. A critical role of the EDC is to determine which supports and information are appropriate given a participant's stage of recovery. Basic needs must be met, a support network established and barriers to recovery identified before employment readiness becomes the focus.

#### CASE STUDY

*Participant John had a long history of being in and out of jail. He was encouraged to attend an employment networking group run by the Beginning Today employment development counsellor out of the Eva Rothwell Centre. John started to show up. Gradually, John became comfortable with the group and began to share some of his past as well as his interests. He also started to physically look better, healthier. John now has a plan. He is motivated to find work to meet his basic needs while seeking a volunteer opportunity working with at risk youth.*

**Trauma Counselling:** Two clinical social workers from the Housing Services Division work in coordination with Beginning Today provide both brief and intensive counselling to individuals who have a history of trauma. Participants are referred for brief intervention (trauma counselling) through their case facilitator. There is a time lag of approximately 6 weeks between referral and first appointment.

- Approximately 17% of caseload (or 43 participants) were referred for trauma counselling in 2012
- A smaller proportion of participants actually attend trauma counselling. Low attendance rates have flagged the need to examine the way in which these counselling services are offered. A project team will be established to look at alternative modes of delivery.

**Social, Recreational & Therapeutic Programming:** An extensive menu of social, recreational and therapeutic programming opportunities are offered to Beginning Today participants including art and music therapy, a collective kitchen and self-esteem workshops.

Social, Recreational & Therapeutic Programs Offered

- Art therapy
- Collective Kitchen
- Music therapy
- Self-esteem Workshop
- Recreation & culture passes
- Summer picnic & winter wander
- Christmas luncheon

***“The arts and music program has helped me to feel more comfortable about myself and within a group and because of this I feel more ready to start group addictions therapy.”***

(Beginning Today participant)



On the left is a group mural created by members of the art therapy program offered through Beginning Today. The mural depicts the group's experience of recovery as movement from a place of isolation and despair to a place of hope, connections and joy. The bridge represents the movement toward changes and success, and the supporting and encouraging hands in the community as well as their personal strengths and willingness to move forward and meet the challenges faced day to day.

***“We’re addicts but there is more to the story; there are broader issues to address.”*** (Beginning Today Participants)

## Integrated Program Strengths & Challenges

### The Strengths

#### The Participant Experience

- Participants are engaged and hopeful; they love the staff they work with
- Participants feel they are not defined by their substance use
- Increased access to addictions treatment
- Social and recreational programming (i.e., art therapy, collective kitchen) is highly valued by those who participant

***“These groups are my one social activity because I’ve cut myself off from past friends and family. I need to re-establish a new social circle.”***

(Beginning Today participant)

#### The Staff

- They are dedicated, compassionate and well trained
- They have a clear understanding of their roles and responsibilities and the direction and goals of the program
- Work gives them a feeling of personal accomplishment; they report a high level of satisfaction with their jobs

***“The best part about being in the program is that the staff treat everyone like we are family and they are all so understanding and very caring...”***

***“They don’t look at you the same way as others do”***

(Beginning Today participants)

#### The Holistic Approach

- Emphasis on group work and developing social skills and community/social connections
- Solution focused / participant led /asset-based / building on participants’ strengths
- Focus on small sustainable steps forward with acknowledgement that relapse can happen and is a natural part of process; incremental approach; recovery model
- Acknowledges importance of social determinants of health (i.e., housing, primary care, family, etc.)

*“I’m given the time I need to feel comfortable. It wasn’t easy in the beginning....it was a process....it took me months to be ready to go to the groups....I talked to nobody and hid in my room....I was ashamed of the things I did.”* (Beginning Today participant)

#### The Accessibility of Program Staff

- Co-location of case facilitators with addiction counsellors and employment development counsellor - sense of ‘community’ & warm transfers
- Flexibility of case facilitators: willing to meet participants in their neighbourhood (1-3 \*times per month)
- On-site liaisons very well received; flexibility in model for each liaison/agency partnership to develop an approach that works for each site

#### The Partnerships: 100% of community partners surveyed agreed:

- Their clients benefit from participating in Beginning Today
- Beginning Today provides relevant services and supports
- Beginning Today staff are knowledgeable and competent
- They were very satisfied with their Beginning Today experiences

#### The Challenges

- High rate of no-shows when working with this population
- Timely access to trauma counselling
- Perception that services and programs are offered downtown only
- Require clarity on liaison and group facilitation role for case facilitators
- Increasing uptake of social and recreational opportunities (i.e., art and music therapy, collective kitchen)
- Risk of pushing employment too quickly; potential trigger for relapse
- This approach takes time and can’t be rushed

*“Entry into the program is voluntary; exit is not.”* Beginning Today staff explaining why it can sometimes be difficult to broach the topic of program exit.

## Program Exit and Follow-up

The Beginning Today ASI program is funded to service and support participants for up to a maximum of 24 months. Some ASI participants leave the program prior to the 24 month mark due to a range of reasons including meeting their program goals or failure to progress in their individual service plan.

Discussing the topic of program exit or graduation is difficult for participants and staff alike. There are concerns that discharge from the ASI program and the loss of ASI staff support could contribute to relapse.

There are general guidelines regarding program exit. This evaluation found that the general program exit guidelines can be challenging to implement in practice and that more specific criteria and program protocols, reflective of the Hamilton Beginning Today approach, are required in order for Beginning Today staff to feel clear and comfortable about planning for, talking about and taking action with respect to program exit.

Currently, there is no formal follow-up component to the program. However, the program’s addiction counsellors can now stay connected with participants who have recently exited the program who would benefit from on-going counselling (for example, participants who have not fully met their treatment goals). This is currently offered on a time-limited basis (i.e., 3-months). Furthermore, as participants prepare to transition out of Beginning Today staff help to identify relevant supports available in the community as well as review the process for re-connecting with the Beginning Today program if required.

In 2012, approximately 150 participants left the Beginning Today program.

Reasons for leaving varied from finding employment and seeking further education to no longer wanting to participate in the program and losing contact with the program.

### Exit & Follow-up Strengths

- Recovery as a journey not a destination
- Continued addiction treatment / supports following graduation (short-term)
- No one wants to leave

### Exit & Follow-up Challenges

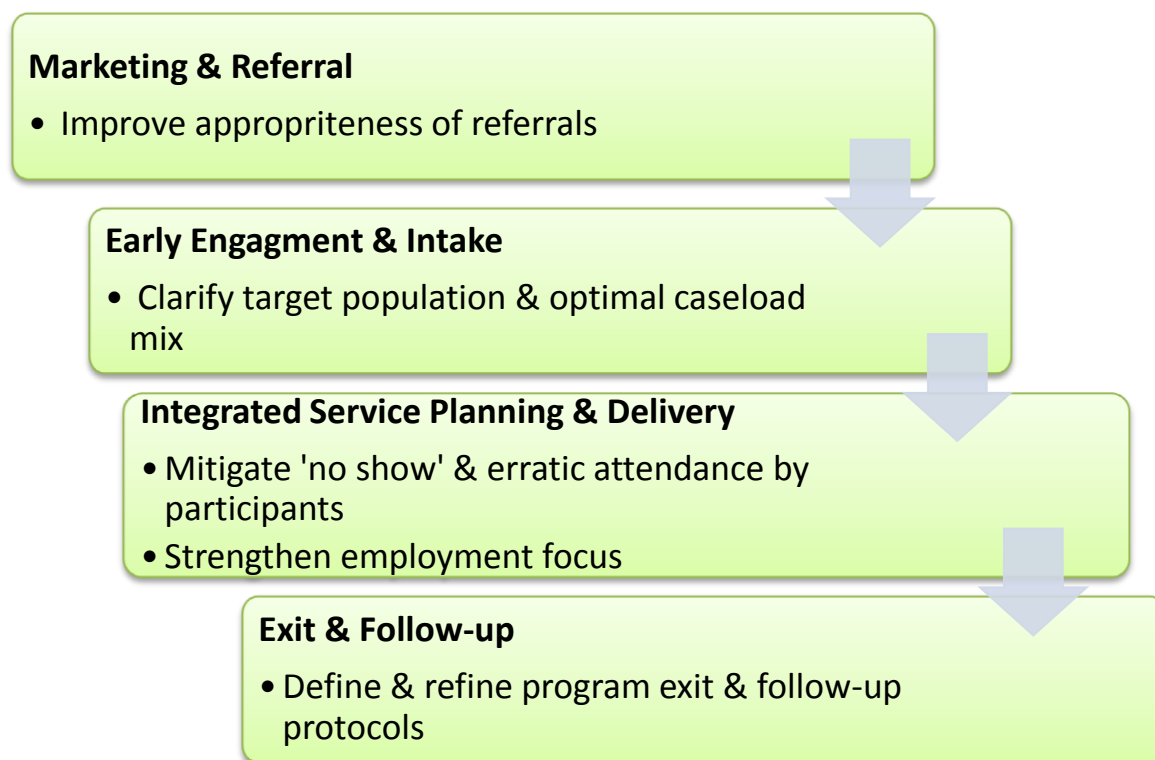
- Common understanding of and consistent approach to program exit can be challenging to implement at times given the person-centred nature of the program
- Discussion of and planning for discharge could take place earlier in the program experience
- Integrated program means discharge planning requires on-going cross-provider consultation and joint decision-making
- Fear of losing supports / stability; relapse risk

## 2.2 The Opportunities for Improvement

Program participants, staff and key partners (both internal and in the community) were asked to identify opportunities for program improvement. A range of ideas and opportunities were generated via key informant interviews and focus groups. These opportunities were then validated and prioritized via subsequent surveys and focus groups.

Five key program improvements were identified. The suggested improvements, and the program component they impact, are depicted in Figure 3.

**Figure 3. Five Key Program Improvements by Program Component**



An overview of the five key program improvement areas is provided in Table 1 below. Each improvement area is described and suggested key actions and quick wins are highlighted.

**Table 1. Overview of Suggested Program Improvements for Beginning Today OWASI**

Improvement Opportunity	Description	Suggested Key Actions	Quick Wins
Improve appropriateness of referrals into the program	This opportunity involves increasing the awareness and understanding of the ASI target population amongst OW and EDC staff and key community partners as well as increasing the amount of communication between OW / EDC staff and the ASI program about the referral criteria and process.	<ol style="list-style-type: none"> <li>1. Develop a pro-active marketing / communications strategy</li> <li>2. Retain waitlist / intake list &amp; utilize brief wait period to assess appropriateness of referral &amp; initiate early engagement</li> <li>3. Work closely with ADGS to identify possible ASI referrals at ADGS intake</li> <li>4. Utilize 'warm referral' approach as often as possible. This means ensuring on-site ASI liaison is available to OW case managers for referral inquiries and introductions at all 4 OW sites including the Career Development Centre</li> </ol>	<p>Update current promotional materials</p> <p>Seek feedback from Participant Advisory Committee on updated materials</p> <p>Minor revisions to electronic referral form (see Appendix 7)</p> <p>Update automatic response to electronic referral with information on waitlist status &amp; interim resources available in the community</p> <p>Continue to share ASI success stories with OW &amp; Employment staff via OWNet, internal newsletters, etc. and explore alternative ways to share these stories (i.e., video)</p>



Improvement Opportunity	Description	Suggested Key Actions	Quick Wins
Clarify ASI target population and optimal caseload mix	<p>Determining a participant's fit for and acceptance into the ASI program is not always a straightforward process. There are multiple factors and considerations to be weighed on a case-by-case basis. The evaluation identified two scenarios where determining eligibility / suitability can be difficult and result in challenges to the overall program.</p> <p>First, it is difficult to turn away some 'inappropriate' referrals because there are few alternative resources or supports in the system.</p> <p>Second, it can be difficult to determine which 'higher functioning' referrals are appropriate for program acceptance.</p> <p>A more balanced caseload mix could lead to a valuable therapeutic milieu for participants.</p>	<ol style="list-style-type: none"> <li>1. Develop eligibility criteria for higher functioning referrals. Criteria should specify: <ul style="list-style-type: none"> <li>• Minimum / maximum number of meetings with case facilitator</li> <li>• Prescribe a shorter duration in program i.e., 6 months</li> <li>• Automatic referral to employment at intake</li> </ul> </li> <li>2. Increase referrals from Employment Development Counsellors / Career Development Centre</li> <li>3. Create an ASI 'Light' approach for higher functioning referrals</li> </ol>	<p>Clarify ASI target population (and inclusion of higher functioning referrals) amongst ASI team</p> <p>Work with employment staff to identify ways of increasing the number of higher functioning referrals from EDCs/CDC to Beginning Today ASI</p> <p>Developing a definition of 'ideal' caseload mix i.e., % of caseload with very high needs vs. pre-contemplation vs. ODSP pending, etc.</p> <p>Create a program definition with examples of 'appropriate' employment goal for ODSP referrals (include with electronic referral package)</p>



Program Component	Improvement Opportunity	Description	Suggested Key Actions	Quick Wins
Integrated Service Planning & Delivery	Mitigate 'no show' and erratic attendance by participants	<p>Low attendance and 'no-shows' by participants is seen as a problem by both staff and participants. This issue is not unique to the ASI program; attendance is a challenge for all programs working with this population.</p> <p>However, it is important to mitigate the impact of low attendance because it can indicate participants 'falling through the cracks', it can result in frustration or low morale amongst staff, and it represents a waste of precious program resources.</p>	<ol style="list-style-type: none"> <li>1. Standardize staff response after a participant no-show for appointments</li> <li>2. Identify reasons for no shows &amp; strategies to improve attendance in partnership with Participant Advisory Committee (PAC)</li> <li>3. Create a centralized communication system for appointment or program reminders and RSVPs and explore the use of alternate communication methods (i.e., Mail Chimp, text messaging, etc.).</li> <li>4. Convene a Trauma Counselling / Brief Intervention Working Group to reflect and discuss on service delivery model for trauma/brief intervention counselling component of the ASI program</li> </ol>	<p>Case facilitators to discuss attendance with all participants at the time of intake where strategies to encourage regular attendance are identified on a participant-by-participant basis</p> <p>Participant Advisory Committee to survey participants regarding reasons for low attendance and no shows (already under-way)</p> <p>Over book social / recreational programs that have a history of high no-show rates and develop contingency plan if capacity is exceeded</p>

Program Component	Improvement Opportunity	Description	Suggested Key Actions	Quick Wins
<b>Integrated Service Planning &amp; Delivery</b>	Strengthen the employment focus	<p>Looking ahead, it is anticipated the program funder(s) will continue to focus on the employment aspects and outcomes of the program.</p> <p>While, the ASI program has created a high quality program and experience for OW recipients with substance use experiences, it is in the program's best interest to continue to look for ways to strengthen its employment focus.</p>	<ol style="list-style-type: none"> <li>1. Develop a proactive approach to streaming participants at the time of ASI intake based on employment continuum and clarify referral options along the continuum</li> <li>2. Strengthen pre-employment counselling knowledge and resources for case facilitators</li> <li>3. Facilitate EDC to focus on employment placements / activities (with less time spent on pre-employment counselling)</li> </ol>	<p>Increase awareness of &amp; access to internal pre-employment supports &amp; activities (such as, Making Change Happen or Career Essentials) including referral process</p> <p>Create an EDC drop-in time for pre-employment participants and their case facilitators; so that case facilitator and participant can meet with EDC to help formulate employment-related goals, etc. without formal intake into employment program</p>

Program Component	Improvement Opportunity	Description	Suggested Key Actions	Quick Wins
<b>Exit &amp; Follow-up</b>	Define and re-fine program exit and follow-up protocols	<p>The Beginning Today ASI program is funded to service and support participants for up to a maximum of 24 months.</p> <p>Discussing the topic of program exit or graduation is difficult for participants and staff alike. There are concerns that discharge from the ASI program and the loss of ASI staff support could contribute to relapse.</p> <p>ASI staff have articulated the need for more clarity on how they should respond to: participants who fail to progress towards identified goals; former participants who return to the program (rapid reinstatement); and participants who are ready to leave the program due to achieving treatment and/or program goals.</p> <p>There is agreement that some types of follow-up and/or continued supports should be made available to recent program graduates. Staff and participants spoke to the importance of some type of relapse prevention or after-care supports; that without these supports in place it can be difficult for participants to 'take the leap' back into employment.</p>	<ol style="list-style-type: none"> <li>1. Develop a Relapse Prevention or 'After Care' Component to the program which includes use of a peer support model</li> <li>2. Integrated Discharge Planning (continue to develop this practice)</li> <li>3. Develop a definition of 'failure to progress' and outline program response</li> <li>4. Develop a rapid reinstatement process with shared understanding across the team</li> <li>5. Explore feasibility of 'warm transfer' to OW case manager</li> </ol>	<p>Seek feedback from participants who are nearing program exit regarding the specific types of connections &amp; resources critical for relapse prevention</p> <p>Host a recognition / celebration event for recent graduates (once there is a critical mass)</p> <p>Offer peer training to recent (or near) program graduates who are willing to remain involved with the program by serving as peer mentors</p>

See Appendix 8 for full description of the opportunities, key actions and quick wins.

*“I’ve made more progress in this program in the past year than I’ve made over many other attempts in the past 20 plus years.”* (Beginning Today participant)

## 2.3 The Outcomes

The short timelines of this evaluation project meant that the assessment of program outcomes was based on available program data. The OWASI service model upon which Hamilton’s Beginning Today program was implemented did not include the standardized data management resources nor the standardized reporting tools to support outcome evaluation. Standardized aggregated reporting (i.e., for all program participants combined) of intake and exit assessments across all program participants were not part of the service model. As a result, the only quantitative outcome data available to this evaluation was employment outcome statistics drawn from the OW database (SDMT) via manual case file review by the program supervisor and a snapshot of treatment outcomes as provided by ADGS. These program outcomes are highlighted below.

### Qualitative Outcomes

Program benefits and impacts were captured qualitatively via focus groups, key informant interviews and surveys with participants, staff and key stakeholders. Participants shared powerful stories and images of what their involvement in the program has meant to them, their families and their friends.

*“Other appointments help me survive and put up, tolerate, deal with life. But this program helps me to live life, enjoy life.”* (Beginning Today Participants)

**CASE STUDY:** *Richard is 49 years old and joined Beginning Today over 20 months ago. Richard and his case facilitator have developed a trusting relationship that has allowed Richard to overcome conflict with the law and address his numerous medical complications. Richard has recently completed six months of residential treatment program for drug-use and has remained clean since. He has just been accepted into subsidized housing and can regularly be found working out at a local gym. His dedication to improve his health is apparent in his physical appearance and attitude towards life.*

### Beginning Today Outcomes, 2012

- 30 participants or 9% of caseload left OW for employment
- 12 participants or 3% of caseload left OW for other income or education
- 118 participants or 37% of caseload obtained employment & remained on OW

#### Realization of treatment goals:

- 61% of participants with alcohol abstinence goals reached those goals
- 78% of participants with low risk drinking goals reached those goals.

Average time on assistance was shorter for Beginning Today participants (22.9 months) as compared to the regular OW caseload (26.4 months).

Higher proportion of Beginning Today participants reached their employment outcomes as compared to regular OW caseload (11.11% vs. 10.2%)

*"I want a job and I want to see my kids again.....but maybe when this is all done maybe I can also be healthy and happy."* (Beginning Today participant)

### How to Define Success? Feedback on Key Program Outcomes

Program participants, staff and partners were asked to identify what success looks like from their perspective and how they would know if the Beginning Today program was working. The predominant feedback from these key stakeholders is presented below.

- Success will vary from participant to participant and should be tied to individual action plans and personal goals. It is **progress towards and achievement of individualized goals** (treatment, employment, other life goals, etc.) that measures the success of the program.
- Recognize the small steps and achievements along the way. These are critical building blocks to a more stable and self-sufficient life.
- The definition of success needs to include aspects beyond employment and addictions status.

*"It's bigger than just a job for participants."* (Beginning Today staff)

*"It's about getting back some hope...and confidence. You get to the point when you lose all hope. This program gives you back hope."* (participant)



Program staff also identified two key challenges to measuring program outcomes. These were:

- The inability to link individual data across two different provincial data systems (OW SDMT and ADGS Catalyst)
- The significant challenge of determining the program's cost-benefit given that many of the benefits are experienced by the broader community and social and health systems administered outside of the City of Hamilton.

*Painting (left) by Beginning Today participant created during art therapy sessions.*

## Section 3. The Go Forward Framework for Program Monitoring and Outcome Measurement

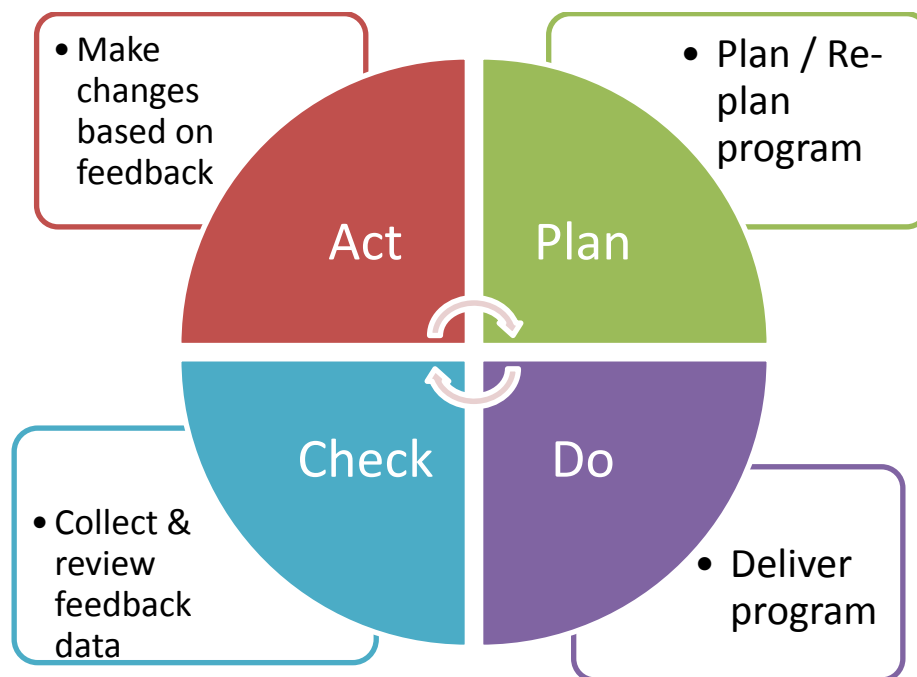
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### 3.1 Program Monitoring Framework

A key objective of this evaluation project was to establish a foundation for continuous quality improvement including outcome monitoring. This section of the report provides a framework for future program monitoring and outcome evaluations. Key process indicators and outcome measures are suggested. Additional outcome evaluation tools and initiatives for future consideration are also presented.

The collection and review of key process and outcome indicators will provide the program with the necessary tools for program monitoring and improvement (as per Figure 4).

**Figure 4. The Program Feedback Loop**



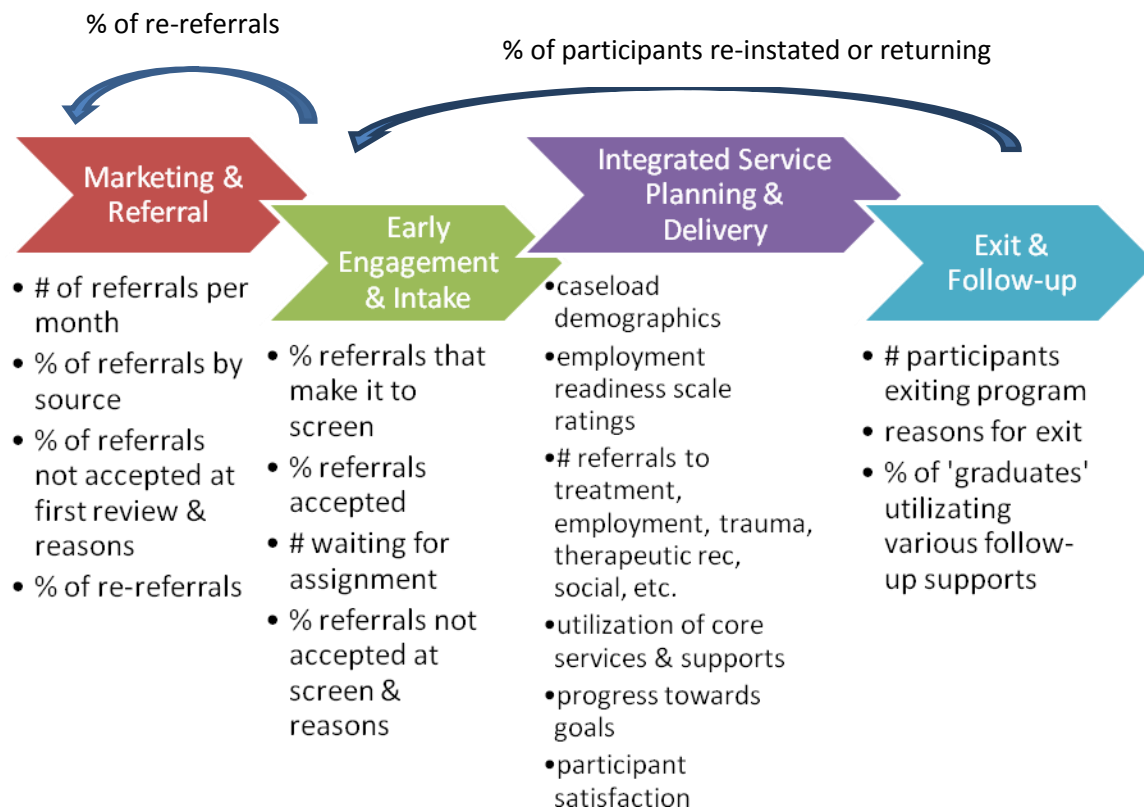
### 3.2 Recommended Process Indicators for Monitoring Program Performance

Process indicators can be used to describe the individuals who are engaged in the program as well as the program's range of activities and outputs (i.e., number of participants engaged in treatment, number of social events offered, etc.). These indicators can also be used to assess how well a program adheres to its intended service plan.

Measures, or indicators, of process are particularly important in the development of a program monitoring / quality assurance initiative because they can be used to identify specific areas of the program that may need improvement as well as whether recent program changes are having the intended affect.

It is recommended that the Beginning Today OWASI program monitor a set of key process indicators; indicators that will help the program to better describe who is accessing the program, the types of services and supports they are using, and when and why participants leave the program. The recommended set of process indicators are depicted in Figure 5 below.

**Figure 5. Recommended Process Indicators for Monitoring Program Performance by Program Component**



In order to generate these key process indicators, the program requires access to complete and reliable program data. A significant amount of program information is currently housed within large, provincially managed data warehouses with little or no opportunity to generate summary reports at the Beginning Today program level. Therefore, it is recommended that the program invest in the development of a standalone Beginning Today program database. Appendix 9 provides a high-level overview of the key process indicators as well as the data fields for a program database.

### 3.3 Outcome Evaluation Framework

This evaluation has identified six core outcome concepts for the Beginning Today program. These are presented in Figure 6. Progress towards individual goals and enhanced quality of life represent fundamental, over-arching outcomes for the program and thus occupy the centre circle.

**Figure 6. Core Outcome Concepts for Beginning Today Program**



An outcome evaluation framework is provided in Appendix 10. The framework is presented as a matrix of outcome evaluation questions, key indicators and data collection methods. Additional information on each of the recommended tools including how to access them is provided in Appendix 11.



Outcome evaluations require investment in up-front data management resources and expertise. Therefore, discussions regarding the data management component of an outcome evaluation (i.e., options available for data base development, data entry, data analysis, etc.) should take place prior to any data collection. Opportunities to partner with external research programs (i.e., universities, research centres, etc.) should be considered. This is especially the case given the evolving nature of research specific to measuring recovery and employment readiness outcomes.

The final outcome evaluation strategy should be developed in consultation with program staff and funders to determine priority questions and resource implications. Ultimately, the program is better off selecting one or two outcome evaluation questions (and measures) and implementing them well as opposed to attempting to implement the full outcome evaluation framework with insufficient data management resources.

### **3.4 Outcome Assessment Tools for Future Consideration**

There are several assessment tools and/or outcome research initiatives that are worth further examination or considering with a watchful eye. Examples include, the Ontario Common Assessment of Need (OCAN) as well as the Assessment of Recovery Capital (ARC). Further details are presented in Appendix 12. These tools or initiatives could complement a Beginning Today outcome evaluation strategy. These instruments, however, have not been recommended for the current outcome evaluation strategy because of their preliminary nature (i.e., unproven reliability and validity) or their cost and resource implications. Over time, and depending upon the resources available to implement the outcome evaluation, some of the below tools might be worth pursuing as part of a best-practice approach to outcome evaluation.

## Section 4. Key Findings and Recommendations

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This evaluation found that the Beginning Today OWASI program is achieving the goals set out at its inception and is having a positive impact on the lives of many of the participants. There are no fundamental flaws in how the program was designed and implemented or how it is currently operated. This is a best practice program and in keeping with the vision and recommendations of the Social Assistance Review report [Brighter Prospects: Transforming Social Assistance in Ontario](#)” (Lankin & Sheikh, 2012).



### Beginning Today OWASI Impact 2012

- Almost 400 OW recipients willingly engaged in program
- Average of 135 participants / month in addictions assessment and treatment
- 118 participants obtained employment earnings
- 30 participants left OW for employment
- 12 participants left OW for education or other income

Most importantly, in its relatively short existence, Beginning Today has provided more than 400 OW recipients with the opportunity to address their substance abuse and work towards recovery, improved employability and self-sufficiency. The huge impact this program has on participants, staff and the system overall is also evident in the qualitative data gathered through this evaluation including the many stories of success and hope at the individual level. This program has had a profound effect on the lives of many; not just participants but their children, family, friends, neighbours, employers, etc. Take, for example, this flower drawing (left) which was left for a case facilitator after the summer picnic by the daughter of a Beginning Today participant. The

inscription reads, “To Christine – From Ayanna, Thank you for making my Mom feel better.”

Furthermore, the suggested outcome evaluation framework outlined in this report will help Beginning Today OWASI to further demonstrate its benefits and impact by generating complementary quantitative outcome data.

A range of program improvements are suggested in this report. Some improvements have already been initiated by program management and staff with guidance from the Participant Advisory Committee, some are feasible to implement within existing resources, and others require substantive investment of resources, time, staffing, etc. Of all the suggested improvements outlined in this report there are four key actions should be considered as priorities. These key actions are opportunities for program change that we feel will have significant impact on the quality of the program, the benefits for participants, and the program's ability to demonstrate value. The four key actions are outlined below. Further details on each key action area can be found in Appendix 8.

**KEY ACTION #1. Establish an aftercare supports component to the program.** This component would ideally involve time-limited access to case facilitators, addiction counsellors and/or program peers as required in order to support both the sustainability of employment as well as relapse prevention for former participants.

*"This program has saved my life. I am scared of leaving. I have a trade so I know I'll get a job quickly.....but then what if I get a good paycheque and have a bad week at work....I won't have my case facilitator to talk to."*

(Beginning Today participant)

**KEY ACTION #2. Expand and further strengthen the communication and liaison channels** between the Beginning Today program and its key internal partners - Ontario Works and Employment programs. Beginning Today has already developed a strong education and liaison component to the program (i.e., the liaison role of Beginning Today staff whereby they are on-site at all 4 OW sites to field questions about the program and its referral process, meet potential new referrals, etc.). It is recommended the program continue to build upon the success of its education and liaison work. This should involve up-dating the program's promotional and communications materials to reflect current-day program implementation (see Appendix 7 for specific suggestions).

Enhancements could also involve the identification and training of an OW case worker liaison at each site who act as a Beginning Today point-person for OW colleagues regarding general questions about the program, eligibility criteria, referral process, etc. and also provides input as

the Beginning Today program prepares participants to return to the regular OW caseload (see Appendix 8 referrals for more details). Enhancing these liaisons and strengthening the awareness of and communication between the OW/Employment and Beginning Today OWASI should help to improve the appropriateness of referrals as well as minimize the amount of administrative resources required to follow-up and engage new referrals.

**KEY ACTION #3. Strengthen the employment focus of the program and fine tune staff roles specific to working with pre-employment vs. employment ready participants.** Suggested actions include developing a tool to help case facilitators streamline participants at intake based on employment readiness and clarify the range of referral options available along the employment continuum. It is also recommended that the program invest in ways of supporting case facilitators to talk about and plan for participants' employment goals earlier in their relationship with participants. This would ideally include ensuring case facilitators have increased access to employment counselling resources and expertise (i.e., pre-employment drop-in time with program's Employment Development Counsellor (EDC)). The objective of having case facilitators take the lead on pre-employment supports is to free up the program's EDC to focus on working with participants who are (or are almost) ready for employment activities and placements. See Appendix 8 for more details. Strengthening the employment focus of the program also involves working more closely with the Employment program to identify and develop employment opportunities (i.e., workshops, sessions, placements) that are better suited to Beginning Today participants.

**KEY ACTION #4. Invest in data management, program monitoring and outcomes research.** It is recommended that the program identify available resources to support the development of a database to manage and monitor key program indicators. A Beginning Today OWASI database is essential. Without it, there are limited means to determine whether program improvements implemented subsequent to this evaluation result in the anticipated benefits. Furthermore, reliable and complete program statistics are necessary to demonstrate program outcomes (i.e., the benefits and value of the program). The database should ideally capture basic program statistics and key process and outcome indicators, provide a means for automatic content back-ups, and generate one or two basic program reports as required for program monitoring and outcome reporting. Careful consideration should be made with respect to the data that is / will be accessible at the Beginning Today level via SDMT / SAMS reports to ensure the data bases complement one another.

There is a gap in the current research knowledge specific to measuring employment readiness and the factors that help individuals move further along the employment continuum towards

self-sufficiency. Valid and reliable outcome measures are not readily available. This is a challenge for Beginning Today but also for OW more broadly. In light of these challenges - and the fact that Beginning Today employs many of the best practice approaches from the literature - there may be opportunities to partner with research expertise in the local community or beyond for evaluation or research purposes. Research partnerships are a feasible method of addressing the program's (and the broader system's) outcome knowledge gaps.

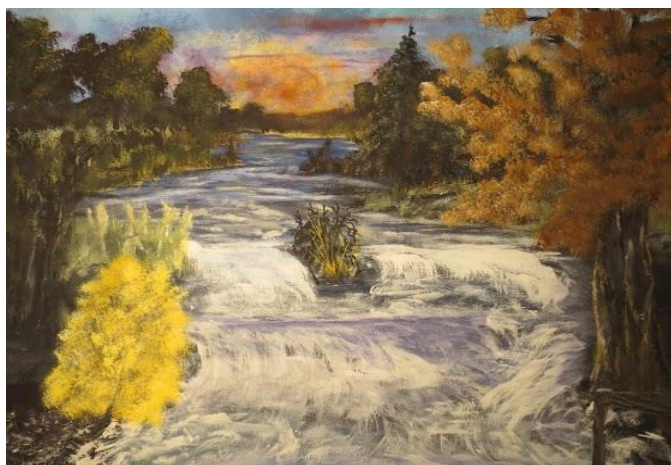
## Conclusions

The overarching objectives of this evaluation were to guide future decisions about program investments, processes, and implementation by looking at what is happening, what is working and what is not working; to demonstrate the program's impact and value to the funder and other key stakeholders; and to establish a foundation for continuous quality improvement including outcome monitoring.

What became clear through this review process is that, in the eyes of participants and their families, staff and community partners, the Beginning Today program – and its integrated service delivery approach - is working. Program and participant goals are being achieved and the barriers to sustainable employment for people with addiction issues are being reduced.

In any program, there is also room for service and process improvements. This report outlines five key program improvement areas (including key actions and quick wins) that were identified and validated by program participants, staff and key stakeholders.

While the positive benefits and impacts of the program were clearly articulated via participant, staff and partner anecdotes and case studies the quantitative data that would substantiate these findings and enable the program to track and replicate success was limited. Furthermore, extracting program-specific data from the larger provincial databases was not feasible within the project's tight timelines.



Painting by Michael, Beginning Today Participant

A 'go forward' framework for program monitoring and outcomes measurement is proposed in this report. As a first step, it is recommended that the program identify and carefully consider the resources available to them (both internal and external) to support the development of a program database and the development and implementation of an outcome evaluation plan. Ultimately, the program is better off selecting one or two priority outcome evaluation questions (and measures) and implementing them well.