

The Truancy Diversion Social Work Program

"Getting to the Core Issues"®



Serving Clients:

***Results Mapping* Evaluation of the Truancy Diversion Social Work Program**

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EXECUTIVE SUMMARY

The *Results Mapping* component of the program evaluation was designed to derive a quantitative assessment of Truancy Diversion Social Work (TDSW) program services by examining “success stories.” Essentially, *Results Mapping* involves paring down success stories that otherwise would be compiled in a narrative format into their component parts, or *maps*, and assigning numerical points (scores) to those maps in accordance with rules and algorithms specified by the methodology. The scores then are used to quantitatively characterize program service delivery.

TDSW program workers (TDSWs) submitted success stories via an Internet-based reporting system in accordance with a strict reporting protocol. TDSWs working in schools in the 49 counties served by the TDSW program were to submit at least one story per month from October 2001 to April 2002, inclusively. In total, 161 TDSW workers participated in *Results Mapping*. On a monthly basis, no more than about 60% submitted stories.

TDSWs and, to a lesser extent, school staff delivered most client services, the majority of which were in the form of general advice and routine service. Volunteers were tapped as service providers at a modest level, and referrals to outside providers were minimal. This, however, demonstrates well the service delivery model of the TDSW program. TDSWs were intended to serve as the primary direct service providers for the program’s clients within the scope of their training and abilities. According to TDSW staff, referrals to external service providers were made when these services were needed and available. In some counties these services may have been absent.

A substantial number of client milestones were described, mostly in the form of *Short-Term Adjustment* where modest levels of client growth occurred and sustained for at least 4 weeks. Milestones characterized as *Sustained Adjustment*, representing more noteworthy successes lasting 6 months or more, were reported at a less frequent rate. While this pattern is true for most programs using *Results Mapping* (Kibel 1999), it is particularly true of TDSW given that nearly half of the program’s cases are closed in less than 90 days. Selected additional results follow:

- Most services described were characterized as *General Advice* (39.9%) and *Routine Services* (34.3%). These service action categories include assessments, initial meetings, general information delivery, skills training, tutoring, etc.
- TDSWs and school staff were the predominant service providers—more than 70% of the time combined. Students themselves were the service providers 17.3% of the time. These were milestones where the student acted on their own to achieve some level of success.
- For the most part, students (50.1%) and their families (25.7%) were identified as service recipients. Sometimes TDSWs (accepting referrals), school staff, and others were identified as recipients.
- The overall *Results Mapping* score for the TDSW program approached 10,000, but because *Results Mapping* scores are unique to particular programs this score is not meaningful in and of itself. A majority—nearly 75%—of this score was in the form of *Recipient* points, which were in the form of *Service* points earned for direct services provided by program staff or closely linked providers. *Networking* points were minimal, indicating a relative absence of referrals to outside professional service providers.
- Twenty-five percent of the total program score was derived from *Action* points earned for client milestones and for mobilizing volunteers to act as service providers. Nearly 85% of *Action* points were in the *Self-Determination* subcategory, derived exclusively from client milestones. The comparatively low proportion of *Action* points suggests a potential area for growth if and when the program is reinstated.

INTRODUCTION

The Truancy Diversion Social Work (TDSW) program underwent a comprehensive program evaluation during 2001. The West Virginia Prevention Resource Center (WVPRC) and the Robert C. Byrd Center for Rural Health conducted the evaluation. Evaluation components performed by the WVPRC consisted of satisfaction surveys of families and school staff; structured telephone interviews of school principals served by the program, and an analysis of selected case success stories using the *Results Mapping* methodology. Results from the *Results Mapping* component are presented in this report.

DESCRIPTION OF THE TRUANCY DIVERSION SOCIAL WORK PROGRAM

Truancy and other status offenses are indicators of underlying issues for the child/youth and his/her family. An underlying premise of the Truancy Diversion Social Work program is that early intervention and family involvement are integral to successful intervention. Intervention at an early age, as well as at the earliest onset of an issue is believed to facilitate more effective treatment over a shorter time horizon. The TDSW program follows a Child-Focused, Family-Centered Practice Model of service delivery that identifies the student as the program client, but the student's family is involved with the treatment of issues and problems that threaten their collective stability. Child-Focused, Family-Centered practices encompass a range of activities for children/youth and their families and attempt to build on the family's strengths. Service components of these programs include: case management, supportive counseling, basic living/life management skills, parenting skills/parent education, crisis intervention services, and concrete services as described in the box on the next page.

As part of serving students, Truancy Diversion Social Workers (TDSWs) completed strength-based assessments of the child/youth and their families, including a web-based CAFAS and psychosocial evaluation for each child and family. An individualized action plan was developed from the assessment to address the identified needs. To the extent possible, TDSWs made referrals to external community service providers to assist the family in meeting their needs. However, if relevant service providers were unavailable or the family hadn't the financial resources to cover the cost of the service, TDSWs provided services within the scope of their ability and training.

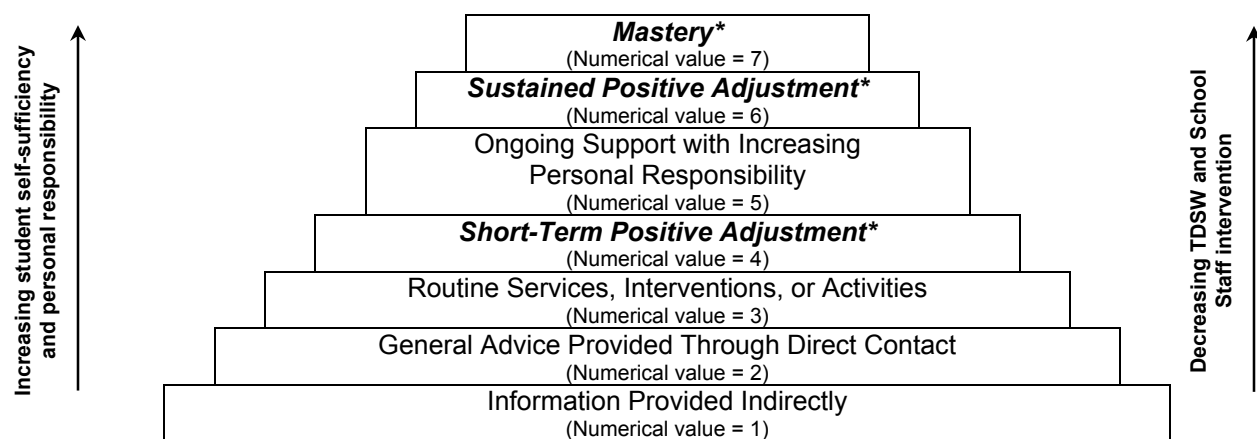
RESULTS MAPPING

Results Mapping was implemented as part of the TDSW program evaluation. *Results Mapping* is a qualitative evaluation methodology by which "success stories" are collected and scored according to a strict protocol. This component of the evaluation was intended to derive a quantitative assessment of TDSW program services by examining these success stories. Essentially, the methodology involves paring down success stories that otherwise would be compiled in a narrative format into their component parts, or maps, and assigning numerical points to each map in accordance with specified rules and algorithms. The scores then are used to quantitatively characterize program service delivery, the involvement of volunteers in providing services (*Village Building*), the role of student/family *Self-Determination* (achieving milestones), and the use of networking (referrals to and from the program) in delivery of services. Evaluation specialists at the WV Prevention Resource Center (WVPRC) developed an Internet-based *Results Mapping* reporting system and trained TDSW supervisory staff in the methodology. These supervisors then trained their staff to use the system. For more information on the methodology, please see Appendix B: "Success Stories as Hard Data," which is an abridged version of the *Results Mapping* textbook (Kibel, 1999).

Truancy Diversion Social Work Program Services			
Assessing Student and Family Needs	The Truancy Diversion staff will ensure that an ongoing formal and informal process is established in which information is collected and interpreted about an individual's strengths, needs, resources and life goals that are used in the development of an individualized service plan. Assessment is a collaborative process between the recipient, his or her family, and the Truancy Diversion Social Worker. This process includes a brief initial Assessment, a psychosocial assessment, Child and Adolescent Functional Assessment Scale. Other assessments may also be used.	Service Planning	The Truancy Diversion staff will assure and facilitate the development of an Individualized Action Plan, which will address the greatest problems facing the student and his/her family as related to truancy. The Action Plan records the full range of services, treatment and/or other support needs necessary to meet the student's goals. The Truancy Diversion Social Worker is responsible for regular service plan reviews based on the student's needs. This review should occur every ninety days (on the same schedule as the CAFAS) or at any critical juncture in services due to changes in the life of the student/family. During the service planning process, goals and measurable objectives will be established by a team, which includes the student, family, and other involved parties.
Advocacy	Case management advocacy refers to the actions undertaken on behalf of the recipient in order to ensure continuity of services, system flexibility, integrated services, proper utilization of resources and accessibility to services. Case management advocacy includes assuring that the recipient's legal and human rights are protected.	Parenting Skills/ Parent Training	Formal and informal parent training can benefit the entire family unit. When possible, staff shall offer individual and group parent skill trainings.
Linkage and Referral to Community Services	Some goals of the Action plan can be met by referrals to community services. These services may include individual or group therapy, parenting education class, and tutoring or other supportive services. If the client needs a service that is not offered by a community service, the Truancy Diversion staff may advocate for the service or provide the service themselves.	Crisis Intervention	The best crisis intervention is crisis prevention. Staff are trained in identifying and responding to crisis situations. The goal of crisis intervention is to respond immediately, assess the situation and stabilize as quickly as possible.
Basic Living Skills/Life Management Skills	A combination of structured group activities and individual support offered to clients who have basic skill deficits. The skills include, but are not limited to learning and demonstrating personal hygiene skills, parenting skills, managing living space, manners, sexuality, and social appropriateness.	Transportation	Truancy Diversion staff should assist the client's family to identify their support system to assist with transportation needs. Truancy Diversion staff may assist with transportation when other options are exhausted.
Coordination and Collaboration with Other Services	The Truancy Diversion staff will work with other professionals and those involved in the student/family's life to assist the child/youth and family to bring about change. This service is the key to the team concept. Coordination and collaboration can occur both on a formal and informal basis.	Concrete Services	Truancy Diversion staff are knowledgeable through a Community Resource Directory of concrete services.
Supportive Counseling	This face-to-face intervention is intended to provide support to maintain client progress toward identified goals and to assist individuals in their day to day management and problem-solving. It utilizes basic counseling techniques and can take place in a variety of setting.		
Source: Truancy Diversion Policy Manual			

The Results Ladder: Characterizing TDSW Services and Outcomes

Truancy Diversion Social Workers (TDSWs) reported stories monthly in the form of maps—component story parts—each of which was labeled as falling on a rung of the *Results Mapping* results ladder (see figure below). Each rung corresponds to a different level of program service delivery and client achievement, hereafter referred to as service actions. Generally, as maps ascend the results ladder they represent increasing self-sufficiency of the student (and perhaps the student’s family as well) and personal responsibility for attending school and academic performance. Conversely, with the exception of the first rung—*Indirect Information*— as students achieve increasing levels of success as characterized by maps ascending the ladder, the level of intervention by TDSWs and school staff tends to decrease. A brief description of each level with examples from stories submitted by TDSWs program follows.



- (The levels in **bold italics** represent “milestones” where the student/family acts on their own behalf and to their benefit—they become the change agent or service provider instead of the service recipient. There are no service recipients for milestones.

Indirect Information, the initial rung of the results ladder, involves provision of information to the general public or to segments of the general public via written communication efforts such as letters, flyers, and/or information packets:

- The Berkeley County TDSWs handed out flyers promoting a camp to teach participants social skills and to building rapport with the students. The camp also provided opportunities for participants to meet positive role models and engage in fun recreational activities. Many students signed up to participate in the day camps
- TDSW Gale Heavener distributed updated program brochures to schools and throughout the community in Jefferson County
- At an elementary school in Jefferson County, staff members were unclear about the specifics of the Truancy Program. The TDSW provided the principal with binders containing all of the necessary information about the program. From this action, referrals began to trickle in. The principal actually went with the worker on a home visit.

General Advice involves meeting with persons or groups to provide general information, advice, or referrals. When a TDSW receives a referral, immediate attempts are made to schedule service appointments. The general advice level is usually the beginning step for TDSWs to help students work toward improving their school attendance and/or behavior:

- During a home visit, TDSW Pam Bowman discussed the attendance policy with a McDowell County family. Afterwards, the family signed up for Truancy Diversion Services. Eventually, the student began opening up and became better adjusted in school.
- Barbi Boothe reported receiving a referral that involved a student with nine unexcused absences from school. After talking with the parent, it was revealed that the student would whine and say he/she didn't feel good in order to stay home from school. The Truancy Diversion Social Worker accepted the referral and attendance improved.
- TDSW Tammy Frazer received a referral for a Glade Elementary student who absolutely hated school. According to Frazer, the student would rather be out in the woods working with his dad. Last year he had 27 absences and 22 tardies. The mother and the student agreed to participate in the TDSW program, and the student is doing a lot better with attendance this year.
- A student from Mercer County was referred to the TDSW program because of attendance issues. The TDSW offered services to the family through a phone call. Once an assessment was conducted, other problems, including poor eating habits (very thin) and low grades were revealed.

Routine Services include services or other activities aimed at teaching skills, training, or fixing a problem. This would include providing students with tutoring and the families with counseling and support services. TDSWs provide such services themselves and/or they recruit community volunteers or other service providers to assist with fulfilling the needs of the students or families.

- David Woolwine researched and printed resources on ADHD and parenting skills for adults with ADHD children. From this service, the family better understood ADHD and gained new insights and techniques in dealing with problems and behaviors. The student's attendance also improved.
- A mother contacted TDSW Gloria Moore after great success was accomplished with one of her other children that participated in the truancy program (a general advice service). Her second child had issues with attendance and self-esteem (making friends and fitting in at school). Once the case was opened, the TDSW and school counselor met with the student bi-weekly to provide support and counseling. The student's attendance began to improve immediately, as she admittedly felt supported and began making new friends. The student's new sense of belongingness and increased self-esteem contributed to her being able to maintain acceptable attendance and improved social behaviors. The student continued to improve and was promoted to the 10th grade.
- In Wood County, the TDSW provided support services to a student whom he referred to the Worthington Center for behavior education. The student attended Worthington for about two months, and the TSW monitored the student's performance. After discharge, the student returned to the traditional school setting, and the TDSW continued to support and monitor progress. The student improved in behavior and attendance.

In **Short-Term Positive Adjustment**, a milestone, students maintain a positive change for at least four weeks. For example, students maintain regular attendance and positive behavior changes for a month. At this point the student may continue to be monitored and evaluated, or the case can be closed.

- After receiving truancy services, a McDowell County eighth grader began attending school as per county policy (a routine service). During the one-month period, TDSW Eva Lusk observed great improvements in the student's attendance and grades. The student's case was then closed.
- TDSW Jamie Ratliff provided truancy services to a third grader who had been absent for 7.5 days since school began (a routine service). It was revealed that the student was having difficulty learning his multiplication tables. The student agreed to meet with the TDSW each week on a regular basis to practice his multiplication tables (a routine service). Before long, the student was able to recite his multiplication tables by himself and his attendance improved (short term adjustment).
- Julee Cole received a referral for a 15 year old with behavioral problems and poor attendance (a general advice service). After an assessment, the student was referred to Mountaineer Teen Challenge Academy (MTCA) and was accepted (a routine service). He completed two months at MTCA then returned home to attend an alternative school. While at MTCA, the student not only had near perfect attendance and behavior improvements but also excelled in his math class!

Ongoing Support with Increased Personal Responsibility involves allowing the recipient to slowly demonstrate their ability to put into practice the skills learned while the role of the provider gradually fades away to a support role.

- When referred to a Webster County TDSW (a general advice service), a student had missed 27 days of school. This was in November 2000. She was a pregnant eighth grader and was really having a hard time with the kids calling her names and making fun of her. The TDSW did a home visit and talked with the family about the services (a general advice service). From December 2000 through March 2001, the TDSW worked with the student by offering support services and advocating for the student at school (a routine service). The student received homebound instruction and kept her work and grades up. The TDSW continued to give support while the student was out of school on homebound instruction. The student's grades went from a 1.5 GPA first nine weeks to a 3.0 GPA, and she was able to pass to the ninth grade (short term adjustment). The TDSW continued to provide support, and the student mentioned being excited about high school and not being nervous or anxious about attending school.
- Doug Thompson reported receiving a referral to work with a Randolph County student who was missing a lot of school (a general advice service). Thompson visited the student at school once a week, and she began showing improvement (a routine service). She even enjoys school now. In one month, the student improved her grades to all passing scores (short term adjustment). The visits were reduced to once a month for the next three months, and attendance was monitored via WVEIS (ongoing support).

In ***Sustained Positive Adjustment***, the service recipient maintains positive changes for at least six months and positive benefits from the changes begin to accrue.

- A young boy who lived with his mentally impaired mother and sister had several behavioral problems. TDSW Shannon Charles met with parent to discuss options of TDSW program (a general advice service). Services were accepted, and Charles worked with the student (a routine service). The student improved his attendance to less than five absences for a four-week period, and his grade point average improved to a 2.2 (short term adjustment). Eventually, Charles only met with the student a few times to discuss his progress (ongoing support). The student improved his attendance dramatically within six months. He had less than five absences from 4-25-01 to 10-25-01, and he has not had any behavioral problems since 8-28-01.
- A Monroe County fifth grade foster child was experiencing behavior problems such as inattentiveness, excessive talking, disrespectfulness, verbal intimidation, and physical aggressiveness. This behavior resulted in many out-of-school suspensions. A gatekeeper referred the student to the TDSW and services were accepted (general advice). A BMP was designed between the in-home service agency, Special Education Director, and the TDSW and shared with the student. The TDSW explained to the student that target behaviors would be addressed with the BMP and how they would attempt to modify such behaviors (routine service). The student complied with the BMP expectations for a little over four weeks (short term adjustment). Continued support was provided by the TDSW to complete the BMP objectives (ongoing support). The student continued to follow the BMP and maintained acceptable behavior during the 1st semester of 6th grade!

Mastery is rarely achieved because it requires exceptional achievement and success over an extended time, perhaps lifetimes. Given the nature and scope of TDS services, reaching this level was unlikely and none were reported. However, this is not unique to the TDSW program as few programs report mastery among their clients (Kibel, 1999).

How Maps Are Scored

Each map of a success story is assigned numerical points in accordance with rules and algorithms specified by the *Results Mapping* methodology. There are 2 different point categories: *Action* points and *Recipient* points. The numerical values for *Action* and *Recipient* points, derived from scoring algorithms, are dependent on the level at which a map falls on the *Results Mapping* ladder, the number of providers or recipients adjusted according to a population multiplier (see box at right), and a leverage fraction. The purpose of the leverage fraction is to “reduce points earned by the program when the actions taken and results achieved are well beyond those that can reasonably be attributed in full to the previous actions of program staff or staff volunteers” (Kibel, 1999:79). Possible leverage fraction values are 1, ½, or 0 depending on how far removed the actions and results are from TDSW program activities. The leverage fraction for nearly all of the story maps analyzed was 1, indicating that most of the services provided were closely related to TDSW activities through direct contact with clients and their families,

POPULATION MULTIPLIER	
Population (Number of Providers/Recipients)	Population Multiplier
1	1
2-5	2
6-10	3
11-25	4
26-50	5
51-100	6
101-500	7
501-1000	8
1001-10000	9
10000+	10

collaboration with school staff, or referrals to other service providers.

Action points acknowledge a program's ability to "encourage the growth of their clients and to mobilize volunteers as 'village builders'" (Kibel, 1999:75). *Action* points are calculated only when the change agent is a volunteer, such as when a student has reached a milestone or when the service provider is acting voluntarily in providing services. For example, when a TDSW is the service provider, *Action* points are not assigned because the TDSW is paid to provide services to or on behalf of the client. However, if a client receives tutoring services from a volunteer such as another student, *Action* points are assigned. The algorithm for *Action* points follows:

$$\text{ACTION POINTS} = \text{Leverage Fraction} \times \text{Results Map Level} \times \text{Provider Population Multiplier}$$

The tutoring service scenario described above is consistent with routine services—3rd rung of the results ladder—and involved one provider and one recipient. Assuming a TDSW arranged for tutoring (leverage fraction = 1) the number of *Action* points derived from a story map describing this tutoring activity would be 3 ($1 \times 3 \times 1 = 3$).

Action points are further subdivided into *Self-Determination* and *Village Building* points. *Self-Determination* points are assigned for milestones. For example, a student maintained good attendance and a B average for a six-week period. *Village Building* points are assigned when the provider is a volunteer, but the activity described in the map is not a milestone. For example, a student voluntarily tutors another student.

Recipient points can be calculated only for story maps for which a recipient is identified. For example, if a student received counseling from a TDSW or other provider, *Recipient* points are calculated. Conversely, *Recipient* points are not calculated for milestones because the student, formerly the recipient of services, becomes the change agent (e.g., the student attended school without absences for 4 weeks). However, in this case *Action* points would be derived because the student is the provider and acted voluntarily. Similar to the algorithm specified above, the *Recipient* point algorithm is:

$$\text{RECIPIENT POINTS} = \text{Leverage Fraction} \times \text{Results Map Level} \times \text{Recipient Population Multiplier}$$

Again using the tutoring services scenario, *Recipient* points would be calculated similarly—leverage fraction equal to 1, results map level equal to 3, and one recipient. The resulting value is 3 ($1 \times 3 \times 1 = 3$). So, for the story map describing the tutoring services both *Action* points and *Recipient* points are earned both of which have a value of 3.

Recipient points also are subdivided in *Service* and *Networking* points. *Service points* represent all assigned *Recipient* points except for those cases involving referrals. For example, *Recipient* points assigned for counseling services delivered to a student by a TDSW are *Service points*. However, *Networking* points represent *Recipient* points where services provided are the result of a referral. For example, *Networking* points are assigned when a gatekeeper refers a student to the TDSW program or when a TDSW refers a student to an outside counselor.

The sum of *Action* and *Recipient* points for a map is referred to as the map score, and the sum of map scores across all maps in a story is the story score (Kibel, 1999). No norm for comparison exists by which to attribute meaning to map or story score values, i.e., a score of 10 is neither good nor bad. Generally, however, within the context of a particular program, higher scores are more favorable than lower scores and points evenly distributed among the score categories is more favorable than unevenly distributed points. For example, if program staff provides all or most client services, this may be evidence of the relative absence of external professional or volunteer service providers to whom clients may be referred, or the absence of an effective service delivery network in the community or county. In

such cases the program may be filling a critical service delivery void and *Results Mapping* scores will reflect this in that *Action* points will be substantially lower than *Recipient* points, and points in the *Networking* and *Village Building* subcategories will be few compared to *Self-Determination* and *Service* points.

EVALUATION METHODS

WVPRC evaluators conducted trainings in the *Results Mapping* methodology in August and September 2001 for all TDSW supervisors. A total of three training sessions were held. The first included all supervisors, and then two additional sessions for supervisors from the northern regions (1 and 3) and for supervisors from the southern regions (2 and 4) were held, respectively. As TDSW supervisors were responsible for training their supervisees, the WVPRC developed training and associated materials (including a manual, sample story reporting forms, and a training presentation) for their use (see Appendix C and D). Supervisors were asked to train their staff in the methodology by the first reporting deadline of midnight, October 31, 2001. WVPRC staff provided telephone, email, and face-to-face support to supervisors and the TDSWs during this training period, as well as throughout the entire reporting period during which stories were submitted.

All 200 plus TDSWs working in schools in the 49 counties served by the program were to submit at least one story per month from October 2001 to April 2002, inclusively. Random selection processes were not used to select the success stories submitted for analysis. Instead, in accordance with the reporting protocol specified by *Results Mapping*, TDSWs had complete control over selection process and submitted stories of their own choosing within the following guidelines:

- Success stories for cases that were referred to TDSW since January 1, 2001 were eligible for selection
- In situations where a story was selected to be reported and the TDSW originally working the case was no longer a TDSW, the story could be reported by the TDSW currently working the case, or a supervisor in that county, if there was: 1) sufficient documentation to adequately map the story, and/or 2) the former TDSW is available and can be accessed to provide the information needed to map the story.
- The online results mapping reporting system was available for approximately one month before the first required reporting month for training purposes. The site was password-protected site -- supervisors were provided the password to share with TDSWs. TDSWs were encouraged to practice using the system. The database to which the online system is interfaced was purged on September 30 to remove all information that was added during training sessions and TDSW practice sessions.
- TDSWs were encouraged to completely map stories on paper before starting a session with the online reporting system. It was recommended that TDSWs keep the hardcopy version for their files.

The deadline for submitting stories was midnight on the last calendar day of each month, e.g., 11:59:59 pm October 31 was the deadline for submitting October stories. All entries into the online reporting system were automatically date and time stamped to record when stories were submitted. Although it is conceivable that workers may not have stories to report (e.g., new hires, transfers, etc), no more than approximately 60% of workers reported on a monthly basis.

At each monthly reporting deadline, all submitted stories were evaluated to ensure they conformed to the story reporting protocol. Re-mapping of some stories was required, and occasionally TDSWs were contacted for clarification and confirmation of information submitted. Monthly reports summarizing *Results Mapping* results were prepared and submitted to the TDSW management team. Story scoring

was performed in accordance with the scoring procedures described above. Results presented herein were prepared on a state and regional level and at the county level for 19 counties for which at least 10 stories were submitted.

RESULTS

A total of 457 stories were submitted from October through April 2001, for an average monthly reporting rate of 65 stories per month (Table 1). The number of stories submitted each month was variable. The highest rate occurred in October 2001, when 126 workers reported, after which the reporting rate declined significantly to 3 in April. However, overall a larger number of TDSWs did participate in (see box to right). In all, 161 TDSWs submitted stories, with 110 of them submitting stories in three or fewer months.

TDSW PARTICIPATION	
Number of Months Participating	Number of TDSWs
6	1
5	10
4	40
3	50
2	31
1	29

On the average, each story consisted of about six maps (Table 1). This suggests that each case as reported in its component parts from initial referral through some outcome consisted of an average of six interactions with a support system and/or achievements.

All 49 counties served by the program were represented in the submitted stories (Table 2). The number of stories per county ranged from 39 in Mercer County to 2 for the predominantly rural Braxton, Summers, Pocahontas, and Ritchie counties. In accordance with the approved evaluation protocol, no results are presented for any TDSW, county, or region with fewer than 10 stories. There were 10 or more stories were submitted for 19 (39%) counties (Table 2).

Service Actions, Providers, and Recipients

Service Actions. Corresponding to the seven results ladder rungs, service actions represent different levels of program service delivery and client achievement ranging from the provision of indirect information about program services to mastery. At the statewide level of analysis, 39.9% of service actions were characterized as *General Advice*, which usually is the initial step for TDSWs to help students work toward improving their school attendance and/or behavior (Table 3). At this stage, assessments may be performed as well as service appointments with clients and their families, school staff, and others to provide general information, advice, and/or referrals.

Routine Services accounted for another 34.3% of service actions on a statewide level (Table 3). *Routine Services* include such activities as teaching skills, training, or addressing specific problems. This would include providing students with tutoring and the families with counseling and other support services. Sometimes TDSWs provide these services, or community volunteers and other service providers are recruited to assist with fulfilling the needs of the students or families.

Short-Term Adjustment, a milestone, was the next most frequently reported service action (16%). With milestones, students, and/or their families act on their own behalf and to their benefit—they become the change agent or service provider instead of the service recipient. There are no service recipients for milestones. Typically, *Short-Term Adjustment* represents situations where clients, or their families, demonstrate positive change and maintain that change for at least four weeks. At this point students may continue to be monitored and evaluated, or the case may be close if conditions are encouraging.

Ongoing Support accounted for about 7.3% of service actions. With ongoing support, clients slowly demonstrate their ability to put into practice the skills learned as the role of the external service

provider, e.g., the TDSW, gradually diminishes to a support role. This level of service action is applicable once the client achieves a *Short-Term Adjustment* milestone, and reflects a nurturing of clients toward greater achievements and successes. At this level, the client demonstrates increasing levels of responsibility for their behaviors and outcomes.

The remaining service actions occurred at relatively low levels. *Indirect Information* (<1%), the initial rung of the results ladder, involves information dissemination to the general public or to segments of the general public using letters, flyers and/or forms of information delivery. *Sustained Adjustment* (1.8%) and *Mastery* (0%), represent higher level milestones whereby clients maintain positive changes, such as those demonstrated for *Short-Term Adjustment*, for extended periods of time—at least six months—or achieve outstanding accomplishments. These latter milestones may occur less frequently in the TDSW program simply because of the relative brevity of cases. According to TDSW staff, typical cases were closed within sixty to ninety days, precluding the opportunity to accomplish these levels.

It is interesting to note that milestones described in the stories submitted by TDSWs were not all accomplished by students (Figure 1). Student families achieved about 6% of milestones. Some examples of family milestones include: *Student's mother had followed the IAP and helped student meet goal. She had also found a safe environment for her family so she would not have to depend on her husband when he gets out of prison; Family members got student ready for school and took her to meet the bus and assisted with homework each evening; and Family worked together and greatly improved attendance and behaviors while in school.*

Similarly, other service providers accomplished 1.8% of milestones. An example of service provider milestones is *[A] mixed group of combined volunteers and paid professionals ensured that after school tutoring services were offered to students. At least two truancy diversion program clients participated on a regular basis for over four weeks.*

Among the four regions and the 19 counties for which results are provided, service action frequencies were somewhat consistent with the statewide frequencies described above (Table 3). However, some notable differences were observed. For example, in Marion County 21.6% of service actions were characterized as ongoing support compared to the statewide rate of 7.3%. This was coupled with: 1) slightly lower rates of general advice and routine service; and 2) the milestone of *Short-Term Adjustment* rate was consistent with the state rate. This suggests that TDSWs in this county spent fewer efforts at providing services to bring clients to the milestone level, but were more involved in providing support to keep those clients on the path to success. Similar patterns were seen in Barbour, Lincoln, and Monongalia Counties. The reverse of this finding was observed in counties such as Kanawha, Mingo, Nicholas, Putnam, and Wood. Here, the service actions of general advice and/or routine service occurred at a higher rate suggesting the opposite pattern of service delivery. Also noteworthy is that in Berkeley, Jefferson, and Wayne Counties a disproportionate percentage of service actions were characterized

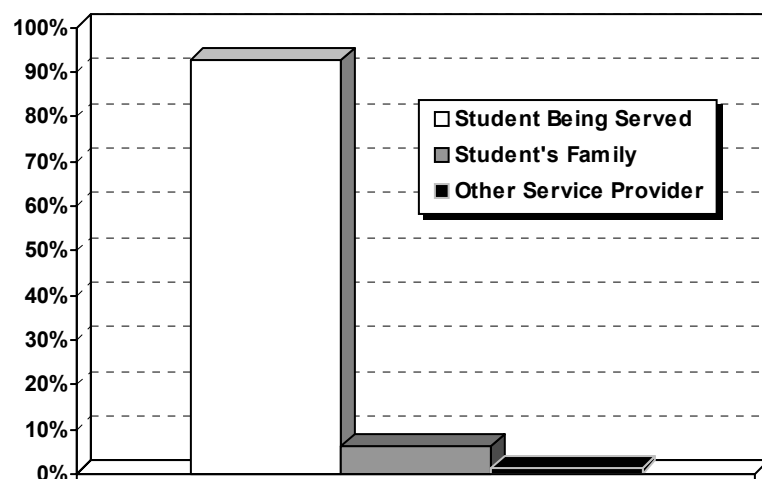


Figure 1. Distribution of students, their families, and other providers described as achieving milestone

as indirect information—the lowest rung of the results ladder.

Service Providers. Given the distribution of service actions, it was not surprising the distribution of service providers statewide was heavily skewed toward *TDSWs Telling the Story*, *Students Being Served*, and *School Staff* (Table 4). The fact that these categories, respectively accounting for 58.8%, 17.3%, and 13.7% of service providers, are so prominent reflects the relative contribution of TDSWs and school staff in providing or arranging services and support for clients, and the benefits of those services and support among students as they in-turn become the service provider on their own behalf. The *Student's Family* was the next most frequent service provider at 4.8%, mirroring the finding above regarding families achieving milestones. Other service provider categories were represented at relatively low levels (2.5% or less) suggesting a relatively minor role of entities outside the immediate circle of key players—TDSWs, students and their families, and school staff—in the submitted success stories.

At the regional level, service provider frequencies were relatively consistent with those observed statewide, however, substantial variation was observed at the county level. For example, in Kanawha, Mingo, Nicholas, Putnam, and Wood Counties *School Staff* participated at relatively higher rates than at the state or regional level. Conversely, in Berkeley and Logan Counties, TDSWs, students, and their families are service providers nearly 95% of the time (Table 4). *School Staff* were absent in the stories from these counties.

Corresponding findings were observed when service providers were analyzed by whether they were paid for their services or acted voluntarily (Table 5). Nearly 78% of the time, service providers were paid for their services. This finding was expected given the distribution of service providers. From Table 4, about 78% of service providers represented categories one would expect to be paid—TDSWs, school staff, and other service providers. Also, 94.4% of the time service providers acted independently, suggesting a relative absence of group or team delivered services (Table 5).

Service Recipients. Service recipients are identified for all story maps where service actions are not milestones. As expected, the predominant service recipients in these non-milestone maps were identified as *Students* (50.1%) and *Student Families* (25.7%) reflecting the concentration of efforts dealing directly with addressing the needs and problem of students and their families (Table 6). The *TDSW Telling the Story* was identified at relatively high levels (18.4%), but generally these instances where a school principal or attendance director referred students to the TDSW program or another school representative such as a school nurse provided information or services to the TDSW for a specific client.

Interestingly, *School Staff* were identified as service recipients in Berkeley and Jefferson Counties at a substantially higher rate than elsewhere. TDSWs in these counties appeared to have spent a disproportionate amount of their time establishing and nurturing relationships with school staff and educating them about the program (Table 6). In Logan County, *Students* (71.1%) and *Student Families* (28.9%) were the only service recipients identified.

Story Scores

Statewide, the TDSW program accumulated a total of 9,998 points, for an average score per story of 21.9 points (Table 7). The total score certainly would have been higher had 1) all TDSWs reported each month as was originally intended, and 2) the number of TDSWs reporting each month not declined at such a rapid rate. Across the four regions, total scores ranged from 1,957 in Region 1 to 3,151.5 in Region 4. However, total *Results Mapping* scores are not informative in and of themselves at either a statewide or regional level of analysis. For example, despite having the lowest total score among the four regions, Region 1 had a higher average score per story, suggesting workers in this region were able to generate more program points per unit effort (Table 7).

A more informative way to look at total scores is by how they are distributed among *Action* and *Recipient* points, and how these are distributed among their subcategories. *Action* points reflect a program's ability to bring about positive growth among its clients, as evidenced by milestones, or to mobilize community volunteers to become service providers. A higher proportion of the total *Results Mapping* score would be comprised of *Action* points in a program that is able to do this well. In the TDSW program, only about 25% of the total score is made up of *Action* points (Table 7). The majority of these *Action* points were generated from milestones in the form of *Self-Determination* points. Only 393.5 points—4% of the total program score—was comprised of non-milestone *Village Building* action points where services were provided by a volunteer to a client or other recipient (Table 8). This pattern in the distribution of *Action* points is somewhat stable across regions and most counties. Notable however is that in Logan and Putnam counties none of the *Action* points were characterized as *Village Building*.

A similar finding was observed when *Recipient* points were examined (Table 9). Seventy-five percent of the total *Results Mapping* score was comprised of *Recipient* points, and the majority (86.2%) of those points were *Service* points, earned for direct services provided to clients in most instances by TDSWs and school staff. About 14% of *Recipient* points fell into the *Networking* point category, which are awarded for maps involving referrals. However, a closer examination of story maps where *Networking* points were claimed revealed that 76.5% of referrals involved gatekeepers referring students to the TDSW program rather than TDSWs referring clients to outside service providers. Only 102 (3.7%) of the 2,730 story maps submitted by TDSWs involved referrals to providers outside the program.

Overall, the distribution of *Action* and *Recipient* points described above is demonstrative of the TDSW program service delivery model. In delivering the case management, counseling, basic living skills training and parenting education, crisis intervention, and other services, TDSWs and the school staff they worked with were the primary service providers. Volunteers, mostly student tutors, were called upon when appropriate, but for the most part direct services by paid providers were required to bring student to achieve milestone status and thus accounting for the comparatively low *Action* point total. This scenario particularly affected the number of *Village Building* points as mentioned above contributed minimally to the total program score. Similarly, the relative lack of services to which clients may be referred in some counties contributed to the minimal contribution of *Networking* points to the total program score. In a rural state like West Virginia, it is not uncommon for potentially helpful services to be available only regionally thus imposing a significant travel burden, or to be absent all together. In such instances, TDSWs themselves provided needed services to the extent they were capable.

Milestone Analysis

Milestones represent positive growth and achievement. Milestones illustrate that clients assume the role of change agent or service provider and demonstrate and maintain positive growth for an extended time, typically a minimum of four weeks for *Short-Term Adjustment* and six months for *Sustained Adjustment*. *Mastery* level milestones represent extraordinary success and much more extended periods, perhaps lifetimes, and are rarely achieved. No *mastery* level milestones were reported for the TDSW program.

About 18% of the service actions described by TDSWs represented milestones. In total, 351(76.8%) of the 457 submitted stories contained at least one milestone. A vast majority of stories—348—contained descriptions of *Short-Term Adjustments* achieved by the students, families, or others. Forty-four of these stories also contained *Sustained Adjustment* milestones, while three additional stories contained only *Sustained Adjustment* milestones. An analysis of the average number of maps in stories containing only *Short-Term Adjustments*, stories containing *Sustained Adjustments*, and stories

containing no milestones at all revealed statistically significant differences (see box on next page). While one would expect more maps in stories containing milestones, this finding shows that TDSW stories containing *Short-Term Adjustments* are comprised of two component parts more than stories with no milestones. Stories containing *Sustained Adjustment* milestones are comprised of about 3.5 additional component parts.

AVERAGE NUMBER OF MAPS PER STORY	
Milestone	Average Number of Maps
None	4.24
Short Term Adjustment	6.29
Sustained Adjustment	7.79
Overall Average	5.97

The TDSW program reported a substantially large number of intermediate level *Short-Term Adjustment* milestones. These milestones generally reflect more modest levels of success on the part of clients. Story maps describing *Short-Term Adjustments* for the TDSW program showed such achievements as improved attendance, participation in tutoring and or counseling sessions, attention to personal hygiene, addressing behavioral issues, etc., and they last at least 4 weeks. Likewise, stories in which *Sustained Adjustment* milestones were described chronicle students who sustain what they accomplished in their *Short-Term Adjustments* for substantially longer time horizons, and move beyond those successes in such ways as achieving Honor Roll status, getting promoted to the next grade or graduating, receiving school or class-wide end of year attendance awards, or absence of disciplinary problems.

In the TDSW program, *Short-Term Adjustment* milestones occurred substantially more frequently than the longer term *Sustained Adjustment* milestones. This result generally is true of most programs that use *Results Mapping* (Kibel, 1999), but is of particular relevance for TDSW. Program administrative data from shows that for the time period covered by the *Results Mapping* effort only 51% of cases were served for 90 days or more. In fact, 31% of cases were served for 60 or fewer days. Recalling that *Short-Term Adjustments* must first be achieved then sustained for at least 4 weeks, and *Sustained Adjustments* for at least 6 months, most clients entered the TDSW program, achieved a desired level of independence, responsibility, or achievement, then exited the program before longer term milestones could be documented.

SUMMARY

At total of 161 TDSWs participated in *Results Mapping* but most failed to submit stories in more than three of the seven monthly reporting opportunities. It is impossible to say what information may have been obtained from those who did not participate. However, for the most part participating TDSWs did a good job of adhering to story reporting protocol, although it was clear that some struggled with it more than others. Ten or more stories were submitted for 19 of the 49 counties served by the program.

Results show that TDSWs and school staff delivered most of the services clients received, and these services were in the form of general advice and routine service. TDSWs were able to tap the assistance of volunteers as service providers but this occurred at a modest level, and referrals to outside providers were minimal perhaps revealing missed opportunities to build referral networks.

A substantial number of milestones were described. Most were characterized as *Short-Term Adjustment* where modest levels of client growth occurred. Milestones characterized as *Sustained Adjustment* reflected more noteworthy and longer lasting successes but were reported less frequently, primarily because of the relatively short duration of cases.

REFERENCES

Kibel, B. M. 1999. *Success Stories as Hard Data: An Introduction to Results Mapping*. Kluwer Academic/Plenum Publishers. New York.

Truancy Diversion Social Work Program Policy Manual. Children Home Society of West Virginia, Charleston, West Virginia.

APPENDIX A:
Results Tables

Table 1. Number of stories TDSWs reported by month.

Month	Number of Stories per Month	Number of Maps	Average Number of Maps per Story
October	126	795	6.31
November	101	628	6.22
December	91	517	5.68
January	65	353	5.43
February	59	352	5.97
March	12	59	4.92
April	3	26	8.67
Total	457	2730	5.97

Table 2. Number of stories TDSWs reported by region and county. (Counties where at least 10 stories were submitted are in bold).

Region	Stories per County	Percent of Total*	Region	Stories per County	Percent of Total*
Region 1	77	16.85%	Region 3	110	24.07%
Calhoun	4	5.19%	Barbour	12	10.91%
Doddridge	5	6.49%	Berkeley	19	17.27%
Gilmer	3	3.90%	Grant	3	2.73%
Harrison	18	23.38%	Hampshire	9	8.18%
Marion	12	15.58%	Hardy	3	2.73%
Monongalia	14	18.18%	Jefferson	16	14.55%
Pleasants	4	5.19%	Lewis	9	8.18%
Ritchie	2	2.60%	Mineral	4	3.64%
Wirt	4	5.19%	Morgan	5	4.55%
Wood	11	14.29%	Pendleton	3	2.73%
			Preston	3	2.73%
			Randolph	7	6.36%
			Taylor	6	5.45%
			Tucker	7	6.36%
			Upshur	4	3.64%
Region 2	115	25.16%	Region 4	155	33.92%
Boone	3	2.61%	Braxton	2	1.29%
Cabell	5	4.35%	Fayette	16	10.32%
Clay	5	4.35%	Greenbrier	21	13.55%
Jackson	7	6.09%	McDowell	15	9.68%
Kanawha	22	19.13%	Mercer	39	25.16%
Lincoln	12	10.43%	Monroe	7	4.52%
Logan	10	8.70%	Nicholas	11	7.10%
Mason	5	4.35%	Pocahontas	2	1.29%
Mingo	20	17.39%	Raleigh	23	14.84%
Putnam	10	8.70%	Summers	2	1.29%
Roane	5	4.35%	Webster	8	5.16%
Wayne	11	9.57%	Wyoming	9	5.81%

* **Regional** percentages reflect the proportion each region contributed to the total number of stories reported **statewide**. **County** percentages reflect the proportion each county contributed to the total number of stories reported within its respective **region**.

Table 3. Service action frequencies by state, region, and county.							
	Indirect Information	General Advice	Routine Service	Short Term Adjustment	Ongoing Support	Sustained Adjustment	Mastery
Statewide	0.66%	39.93%	34.29%	16.01%	7.29%	1.83%	0.00%
Region 1	0.18%	41.33%	32.57%	15.24%	9.28%	1.40%	0.00%
Harrison	0.00%	40.77%	33.08%	20.77%	3.85%	1.54%	0.00%
Marion	0.00%	37.84%	21.62%	16.22%	21.62%	2.70%	0.00%
Monongalia	0.00%	36.19%	34.29%	17.14%	10.48%	1.90%	0.00%
Wood	0.00%	42.42%	37.88%	15.15%	4.55%	0.00%	0.00%
Region 2	0.45%	38.86%	36.75%	17.47%	4.22%	2.26%	0.00%
Kanawha	0.00%	38.21%	41.46%	14.63%	2.44%	3.25%	0.00%
Lincoln	0.00%	36.78%	34.48%	16.09%	12.64%	0.00%	0.00%
Logan	0.00%	24.07%	51.85%	16.67%	7.41%	0.00%	0.00%
Mingo	0.00%	48.00%	17.00%	25.00%	3.00%	7.00%	0.00%
Putnam	0.00%	40.35%	42.11%	14.04%	1.75%	1.75%	0.00%
Wayne	2.78%	30.56%	50.00%	13.89%	2.78%	0.00%	0.00%
Region 3	2.09%	38.20%	37.24%	12.36%	8.67%	1.44%	0.00%
Barbour	0.00%	36.63%	32.67%	15.84%	13.86%	0.99%	0.00%
Berkeley	3.51%	36.84%	36.84%	10.53%	7.02%	5.26%	0.00%
Jefferson	9.38%	42.19%	34.38%	10.94%	1.56%	1.56%	0.00%
Region 4	0.11%	41.06%	31.54%	17.89%	7.34%	2.06%	0.00%
Fayette	0.00%	43.16%	32.63%	16.84%	4.21%	3.16%	0.00%
Greenbrier	0.93%	40.19%	28.97%	24.30%	2.80%	2.80%	0.00%
McDowell	0.00%	35.79%	31.58%	18.95%	9.47%	4.21%	0.00%
Mercer	0.00%	42.67%	33.62%	15.09%	8.19%	0.43%	0.00%
Nicholas	0.00%	50.98%	25.49%	19.61%	3.92%	0.00%	0.00%
Raleigh	0.00%	40.00%	32.38%	17.14%	8.57%	1.90%	0.00%

Table 4. Service provider frequencies by state, region, and county.									
	TDSW Telling Story	Other TDSW	School Staff	Student Being Served	Student's Family	Service Provider	Group of Providers	Community Volunteer	Other
Statewide	57.84%	1.76%	13.70%	17.29%	4.76%	2.31%	1.10%	0.44%	0.81%
Region 1	60.42%	3.33%	12.96%	16.29%	4.03%	2.10%	0.88%	0.00%	0.00%
Harrison	59.23%	0.00%	13.85%	20.77%	4.62%	0.77%	0.77%	0.00%	0.00%
Marion	59.46%	7.21%	7.21%	18.92%	5.41%	0.90%	0.90%	0.00%	0.00%
Monongalia	51.43%	9.52%	11.43%	20.95%	1.90%	4.76%	0.00%	0.00%	0.00%
Wood	43.94%	1.52%	24.24%	15.15%	4.55%	6.06%	4.55%	0.00%	0.00%
Region 2	51.51%	1.96%	17.32%	19.13%	4.97%	3.01%	0.75%	0.90%	0.45%
Kanawha	39.02%	5.69%	23.58%	15.45%	8.94%	4.88%	1.63%	0.81%	0.00%
Lincoln	60.92%	1.15%	16.09%	18.39%	0.00%	1.15%	1.15%	0.00%	1.15%
Logan	75.93%	0.00%	0.00%	14.81%	1.85%	5.56%	0.00%	0.00%	1.85%
Mingo	40.00%	1.00%	23.00%	32.00%	3.00%	0.00%	1.00%	0.00%	0.00%
Putnam	52.63%	0.00%	21.05%	14.04%	1.75%	8.77%	0.00%	0.00%	1.75%
Wayne	65.28%	0.00%	15.28%	13.89%	4.17%	1.39%	0.00%	0.00%	0.00%
Region 3	63.72%	1.44%	10.27%	12.84%	4.33%	2.89%	2.73%	0.16%	1.61%
Barbour	61.39%	2.97%	9.90%	17.82%	1.98%	5.94%	0.00%	0.00%	0.00%
Berkeley	73.68%	1.75%	0.00%	12.28%	8.77%	0.00%	0.00%	0.00%	3.51%
Jefferson	67.19%	0.00%	12.50%	9.38%	1.56%	0.00%	4.69%	0.00%	4.69%
Region 4	56.77%	0.80%	13.88%	19.61%	5.39%	1.49%	0.34%	0.57%	1.15%
Fayette	56.84%	0.00%	13.68%	21.05%	5.26%	3.16%	0.00%	0.00%	0.00%
Greenbrier	54.21%	0.93%	15.89%	26.17%	1.87%	0.93%	0.00%	0.00%	0.00%
McDowell	56.84%	0.00%	9.47%	24.21%	9.47%	0.00%	0.00%	0.00%	0.00%
Mercer	62.07%	0.00%	16.81%	13.36%	5.60%	0.43%	0.00%	1.29%	0.43%
Nicholas	45.10%	0.00%	19.61%	15.69%	13.73%	5.88%	0.00%	0.00%	0.00%
Raleigh	58.10%	0.00%	13.33%	18.10%	2.86%	1.90%	2.86%	0.95%	1.90%

Table 5. Service provider frequencies for services delivered on a paid or volunteer basis and by whether providers worked independently or as a group.				
	Paid	Volunteer	Independently	As a Group
Statewide	77.66%	22.34%	94.36%	5.64%
Region 1	79.86%	20.14%	96.85%	3.15%
Harrison	74.62%	25.38%	98.46%	1.54%
Marion	75.68%	24.32%	99.10%	0.90%
Monongalia	76.19%	23.81%	96.19%	3.81%
Wood	80.30%	19.70%	90.91%	9.09%
Region 2	75.30%	24.70%	95.78%	4.22%
Kanawha	74.80%	25.20%	91.06%	8.94%
Lincoln	81.61%	18.39%	97.70%	2.30%
Logan	81.48%	18.52%	96.30%	3.70%
Mingo	67.00%	33.00%	98.00%	2.00%
Putnam	84.21%	15.79%	94.74%	5.26%
Wayne	81.94%	18.06%	93.06%	6.94%
Region 3	82.34%	17.66%	89.25%	10.75%
Barbour	80.20%	19.80%	100.00%	0.00%
Berkeley	78.95%	21.05%	78.95%	21.05%
Jefferson	87.50%	12.50%	81.25%	18.75%
Region 4	74.66%	25.34%	95.30%	4.70%
Fayette	72.63%	27.37%	95.79%	4.21%
Greenbrier	71.96%	28.04%	99.07%	0.93%
McDowell	66.32%	33.68%	91.58%	8.42%
Mercer	80.17%	19.83%	96.55%	3.45%
Nicholas	72.55%	27.45%	98.04%	1.96%
Raleigh	78.10%	21.90%	88.57%	11.43%

Table 6. Service recipient frequencies by state, region, and county.							
	Student	Student's Family	TDSW Telling Story	Other TDSW	School Staff	Provider	Other
Statewide	50.11%	25.70%	18.43%	0.18%	3.35%	1.07%	1.16%
Region 1	54.41%	25.63%	17.02%	0.42%	1.47%	0.21%	0.84%
Harrison	40.59%	36.63%	20.79%	0.00%	0.99%	0.99%	0.00%
Marion	37.78%	40.00%	16.67%	0.00%	1.11%	0.00%	4.44%
Monongalia	61.18%	18.82%	17.65%	2.35%	0.00%	0.00%	0.00%
Wood	71.43%	8.93%	19.64%	0.00%	0.00%	0.00%	0.00%
Region 2	48.87%	24.44%	22.74%	0.38%	2.07%	1.13%	0.38%
Kanawha	49.50%	21.78%	25.74%	0.99%	1.98%	0.00%	0.00%
Lincoln	42.47%	31.51%	21.92%	0.00%	2.74%	0.00%	1.37%
Logan	71.11%	28.89%	0.00%	0.00%	0.00%	0.00%	0.00%
Mingo	55.88%	11.76%	32.35%	0.00%	0.00%	0.00%	0.00%
Putnam	35.42%	29.17%	22.92%	0.00%	2.08%	8.33%	2.08%
Wayne	59.68%	22.58%	12.90%	0.00%	4.84%	0.00%	0.00%
Region 3	48.79%	23.84%	12.85%	0.00%	8.57%	2.98%	2.98%
Barbour	59.52%	19.05%	14.29%	0.00%	3.57%	2.38%	1.19%
Berkeley	37.50%	37.50%	2.08%	0.00%	22.92%	0.00%	0.00%
Jefferson	41.07%	12.50%	8.93%	0.00%	21.43%	5.36%	10.71%
Region 4	49.21%	28.12%	20.37%	0.00%	1.58%	0.14%	0.57%
Fayette	38.16%	31.58%	30.26%	0.00%	0.00%	0.00%	0.00%
Greenbrier	73.08%	7.69%	19.23%	0.00%	0.00%	0.00%	0.00%
McDowell	38.36%	36.99%	20.55%	0.00%	4.11%	0.00%	0.00%
Mercer	51.02%	26.02%	21.43%	0.00%	0.51%	0.51%	0.51%
Nicholas	46.34%	29.27%	19.51%	0.00%	4.88%	0.00%	0.00%
Raleigh	38.10%	42.86%	16.67%	0.00%	1.19%	0.00%	1.19%

Table 7. Story scores, Action points, and Recipient points by state, region, and county.						
	Total Score		Action points		Recipient points	
	Points	Average Score per Story	Points	Percent of Total	Points	Percent of Total
Statewide	9998.0	21.88	2521.5	25.22%	7476.5	74.78%
Region 1	1957.0	25.42	462.0	23.61%	1495.0	76.39%
Harrison	434.0	24.11	134.0	30.88%	300.0	69.12%
Marion	457.0	38.08	102.0	22.32%	355.0	77.68%
Monongalia	379.0	27.07	104.0	27.44%	275.0	72.56%
Wood	211.0	19.18	55.0	26.07%	156.0	73.93%
Region 2	2384.0	20.73	674.0	28.27%	1710.0	71.73%
Kanawha	454.0	20.64	127.0	27.97%	327.0	72.03%
Lincoln	332.0	27.67	61.0	18.37%	271.0	81.63%
Logan	220.0	22.00	44.0	20.00%	176.0	80.00%
Mingo	317.0	15.85	144.0	45.43%	173.0	54.57%
Putnam	181.0	18.10	38.0	20.99%	143.0	79.01%
Wayne	264.0	24.00	52.0	19.70%	212.0	80.30%
Region 3	2505.5	22.78	474.5	18.94%	2031.0	81.06%
Barbour	349.0	29.08	79.0	22.64%	270.0	77.36%
Berkeley	393.0	20.68	103.0	26.21%	290.0	73.79%
Jefferson	197.0	12.31	29.0	14.72%	168.0	85.28%
Region 4	3151.5	20.33	911.0	28.91%	2240.5	71.09%
Fayette	352.0	22.00	109.0	30.97%	243.0	69.03%
Greenbrier	338.0	16.10	122.0	36.09%	216.0	63.91%
McDowell	409.0	27.27	149.0	36.43%	260.0	63.57%
Mercer	778.0	19.95	180.0	23.14%	598.0	76.86%
Nicholas	161.0	14.64	46.0	28.57%	115.0	71.43%
Raleigh	431.5	18.76	102.0	23.64%	329.5	76.36%

Table 8. Action point distribution by state, region, and county.

	Total Action points			Self-Determination Action points		Village Building Action points	
	Points	Average Points per Story	Average Points* per Map	Points	Percent of Total	Points	Percent of Total
Statewide	2521.50	5.52	4.13	2128.00	84.39%	393.50	15.61%
Region 1	462.0	6.00	4.02	404.0	87.45%	58.0	12.55%
Harrison	134.0	7.44	4.06	124.0	92.54%	10.0	7.46%
Marion	102.0	8.50	3.78	90.0	88.24%	12.0	11.76%
Monongalia	104.0	7.43	4.16	88.0	84.62%	16.0	15.38%
Wood	55.0	5.00	4.23	40.0	72.73%	15.0	27.27%
Region 2	674.0	5.86	4.11	564.0	83.68%	110.0	16.32%
Kanawha	127.0	5.77	4.10	98.0	77.17%	29.0	22.83%
Lincoln	61.0	5.08	3.81	56.0	91.80%	5.0	8.20%
Logan	44.0	4.40	4.40	44.0	100.00%	0.0	0.00%
Mingo	144.0	7.20	4.36	142.0	98.61%	2.0	1.39%
Putnam	38.0	3.80	4.22	38.0	100.00%	0.0	0.00%
Wayne	52.0	4.73	4.00	44.0	84.62%	8.0	15.38%
Region 3	474.5	4.31	4.31	406.0	85.56%	68.5	14.44%
Barbour	79.0	6.58	3.95	70.0	88.61%	9.0	11.39%
Berkeley	103.0	5.42	8.58	94.0	91.26%	9.0	8.74%
Jefferson	29.0	1.81	3.63	26.0	89.66%	3.0	10.34%
Region 4	911.0	5.88	4.12	754.0	82.77%	157.0	17.23%
Fayette	109.0	6.81	4.19	90.0	82.57%	19.0	17.43%
Greenbrier	122.0	5.81	4.07	114.0	93.44%	8.0	6.56%
McDowell	149.0	9.93	4.66	110.0	73.83%	39.0	26.17%
Mercer	180.0	4.62	3.91	154.0	85.56%	26.0	14.44%
Nicholas	46.0	4.18	3.29	36.0	78.26%	10.0	21.74%
Raleigh	102.0	4.43	4.43	88.0	86.27%	14.0	13.73%

* Average Action points per map include only those story maps for which Action points were earned, which accounted for only 610 (22.3%) of the 2730 maps submitted.

Table 9. Recipient point distribution by state, region, and county.

	Total Recipient points			Service Recipient points		Networking** Recipient points	
	Points	Average Points* per Story	Average Points per Map	Points	Percent of Total	Points	Percent of Total
Statewide	7476.5	16.36	3.33	6447.5	86.24%	1029.0	13.76%
Region 1	1495.0	19.42	3.14	1309.0	87.56%	186.0	12.44%
Harrison	300.0	16.67	2.97	261.0	87.00%	39.0	13.00%
Marion	355.0	29.58	3.94	331.0	93.24%	24.0	6.76%
Monongalia	275.0	19.64	3.24	233.0	84.73%	42.0	15.27%
Wood	156.0	14.18	2.79	127.0	81.41%	29.0	18.59%
Region 2	1710.0	14.87	3.21	1410.0	82.46%	300.0	17.54%
Kanawha	327.0	14.86	3.24	256.0	78.29%	71.0	21.71%
Lincoln	271.0	22.58	3.71	239.0	88.19%	32.0	11.81%
Logan	176.0	17.60	4.00	155.0	88.07%	21.0	11.93%
Mingo	173.0	8.65	2.54	130.0	75.14%	43.0	24.86%
Putnam	143.0	14.30	2.98	110.0	76.92%	33.0	23.08%
Wayne	212.0	19.27	3.42	179.0	84.43%	33.0	15.57%
Region 3	2031.0	18.46	3.78	1824.0	89.81%	207.0	10.19%
Barbour	270.0	22.50	3.21	224.0	82.96%	46.0	17.04%
Berkeley	290.0	15.26	6.04	280.0	96.55%	10.0	3.45%
Jefferson	168.0	10.50	3.00	157.0	93.45%	11.0	6.55%
Region 4	2240.5	14.45	3.21	1904.5	85.00%	336.0	15.00%
Fayette	243.0	15.19	3.20	200.0	82.30%	43.0	17.70%
Greenbrier	216.0	10.29	2.77	175.0	81.02%	41.0	18.98%
McDowell	260.0	17.33	3.56	244.0	93.85%	16.0	6.15%
Mercer	598.0	15.33	3.05	496.0	82.94%	102.0	17.06%
Nicholas	115.0	10.45	2.80	97.0	84.35%	18.0	15.65%
Raleigh	329.5	14.33	3.88	269.5	81.79%	60.0	18.21%

* Average Recipient points per map include all story maps for which Recipient points were earned, which accounted for 2243 (77.7%) of the 2730 maps submitted.

** Networking points are assigned when a referral is made. However, 76.5% of the referrals for which Networking points were assigned represent referrals of students TO the TDSW program by gatekeepers (attendance directors, principals, teachers, etc.), parents or other family members.

APPENDIX B:

Success Stories As Hard Data Barry M. Kibel, Ph.D.

This abridgement of Success Stories As Hard Data has been prepared by the author to satisfy the immediate demand for materials on Results Mapping. The book was published by Plenum Publications in 1999 and is available in hard and soft cover versions.

Success Stories As Hard Data

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Introduction

Many health and social programs and virtually all community development efforts share a common dilemma. The best of what they do—the transformations and healing they help catalyze, as well as their short-term contributions to longer-term outcomes—cannot be easily measured. This makes it difficult to demonstrate their successes and full worth to funders, Boards, and others.

The best illustration of a program's work is frequently found in stories that relate its most dramatic successes with clients. These are the stories that program staff present to their Boards, share at conferences, or pull out when soliciting funds, and are the ones that some times reach the media. But funders and others who seek proof of program benefits are suspicious of such stories and with good reason. A few anecdotes about remarkable client turnarounds generally represent the exceptions to the rule and do not offer a true picture of what a program does on a day-to-day basis with most of its clients. Faced with a choice between receiving colorful narratives on a select few clients or colorless data on all or most program activities, funders have invariably opted for the latter. "Show us the numbers!"

Toward this end, a program focused on healing or client transformations will typically report body counts of those they have served, results from client satisfaction surveys, and an assortment of numeric measures of client or community outcomes, while engaging in a *qualitatively different* enterprise with its clients than these quantitative indicators reveal. Such a program will likely deliver more than the routine services indicated by such counts; it will work *with* its clients in unique and complex ways, frequently beyond standard work hours and over extended periods, helping them to gain control over difficult life situations and move beyond current crises. In place of remedies for all that ails its clients, the program will offer the resources and support necessary for its clients to exercise increased *Self-Determination*—hopefully leading, over time, to improved health and life quality.

Program staff are the first to admit that the numeric data they provide just skim the surface of program activity and relate little about the wondrous transformations that may have occurred with *specific* clients or target populations. They recognize that the parts of stories that give goose bumps and show the program in its best light, as well as key descriptive data, are missing from their reports.

The program's numbers tell little about the clients who have progressed beyond dependency on the service delivery system to heal themselves and become healing supports to others. They also reveal little regarding the innovative work of staff with difficult-to-serve clients, even when no dramatic outcomes have yet occurred; or of pioneering efforts of the program to partner with other service providers and community agents to serve clients who heretofore were not reached or who could not afford the type and range of services they desperately needed.

This book has been written for these programs. It presents a new form of program evaluation, called *Results Mapping*. While based on stories, the approach is not anthropological or merely descriptive. And while the evaluation field has been searching for a creative blend of quantitative and qualitative methods and this new form does this well, we did not set out with the intention of creating a blend. What we were aiming at was building a creative bridge between process and outcome evaluation, something which the evaluation field has also been lacking and demanding.

The past two years on the lecture circuit, coupled with several dozen small and medium-sized consulting contracts, have provided a priceless opportunity to refine the approach. The rules and conventions of *Results Mapping* have undergone multiple adjustments and outright changes during these two years as the methodology has evolved and matured. We have not been whimsical. Our aim throughout has been to increase the method's reliability. This twofold aim has involved (1) creating and applying mapping rules that translate narrative accounts of a program's best work into structured forms (i.e., mapped stories) without distortion, while (2) devising and applying coding and scoring conventions to these mapped stories that lead to fair ratings and accurate measures of program contributions toward long-term client success. The originality and complexity of the most outstanding work of programs kept driving us back to the drawing board to determine how best to capture their achievements using maps and scores. Of late, the changes we have made in the methodology have been relatively modest even as the volume of stories we have reviewed has increased manyfold. This provides some measure of hope that only modest tweaking may be needed in the months ahead and that *Success Stories As Hard Data* will continue to serve as the definitive text book for the approach.

The programs we have been asked to evaluate do not fit a mold. They do not produce the same outcome, nor even a small set of outcomes, again and again. In fact, they are not outcome *producers*. They offer no magic bullets or panaceas for the problems besetting individuals, families, neighborhoods, communities, and systems. They can, however, be exceedingly helpful to those they serve. At their best, they focus on client assets, not deficits. They raise spirits. They offer hope. They untangle knots. They set people on the path to new life possibilities. They help make difficult outcomes possible.

These programs need to be evaluated on *their* terms.

A Different Kind Of Evaluation

The types of programs best positioned to demonstrate that they are outcome producers are what I refer to as "fix it/cure it" programs. In the extreme case, one such program will offer a single intervention (e.g., a flu shot or brief intervention) in expectation of some favorable future outcome (e.g., continued or enhanced health). Clients are passive recipients of the program's service. Since each client gets the same service with expectations of a similar result, the program's body counts and success rates alone provide good and near complete proof of program performance. A fix it/cure it program of this type would not typically tell client stories; however, should it agree to partake in story telling, one such anecdote might read:

- A female came into the clinic, received the standard service, and—through follow up by telephone—was found to have been helped (i.e., the problem that prompted the visit has been resolved).

Contrast the relative simplicity of that story with the one following from a residential center for homeless youth:

- Mary is now 19 years old and about to enter the local university on a full scholarship. When she was referred to our program three years ago, her future looked bleak. She had quit school, was hanging out on the streets, and was drinking heavily. She had attempted suicide three times, the last resulting in her placement in our residential center. Mary was not an ideal client. She disappeared on four separate occasions, the longest period lasting six months, from which she returned pregnant. After that, she agreed to abide by our rules and norms, participated actively in group counseling, bonded with one of our staff, gave up drinking and smoking, delivered a healthy baby, completed her high school education, got a job, moved into her own apartment, and competed successfully for the scholarship.

With a story like Mary's, we have moved from the realm of simple attribution into the realm of complex attribution. Linking services to outcomes is no longer a simple exercise. The following chart contrasts the differences, at the extreme, between these two realms.

	Realm of Simple Attribution		Realm of Complex Attribution	
Number of services	one	*	multiple	
Variation in services	none	*	wide	
Influence of "outside factors"	weak	*	strong	
Distance from services to outcomes	short	*	far	
Number of outcomes	one	*	multiple	
Diversity of outcomes	none	*	rich	
Role for client	passive	*	active	

* Contrast Between the Realms of Simple and Complex Attribution. In the simple extreme, there is a single service virtually *causing* a single outcome. In the complex extreme, there are multiple services *associated with* multiple outcomes.

There is not a sharp boundary between the two realms, but rather a transition to ever increasing complexity. With a simple story, a program provides a single service to a client in hopes of causing a single outcome in the not-too-distant future. As programs provide more and varied services, as well as network with other agencies to support client needs, stories become more complex and thus also does attribution. The program's multiple efforts each *contribute* in varying degrees toward the attainment by the client of a range of diverse outcomes. Some of these occur soon after services are delivered while others may not occur until months or years following the services.

The logic underlying simple attribution is *causal*. The contention is that the single program service is responsible for the single outcome; stated in brief, it has caused it. Other possible causes of that outcome are considered either non-existent or insignificant. In contrast, the logic underlying complex attribution is *synchronistic*. Events are linked in time and space through connections and associations that overlap and mutually influence one another. Outside factors beyond the reach of the program may influence outcomes as much or more than the program's services. Further, in some cases, the client may as likely influence the program and the services it provides as the program is to influence the client. And, even more dramatic, the client may heal or grow from within.

In fact, the essential feature of complex systems—be these molecules, cellular structures, persons, families, teams, neighborhoods, communities, organizations, or institutions—is that, in them, new and previously undetected and unpredicted properties can and do *emerge*. One day, my daughter is a young girl; the next, she is suddenly a woman. What happened during the night to make the difference?

For years, America was waging the cold war against the Russians. Suddenly, it was over. We did not "nuke" the Russians into submission. What happened was that our world transformed, emerging with new properties and possibilities. One can look for causes in the global economy, the information revolution, the inability of the Russians to match our defense spending, the mounting pressures of the culturally and nationally diverse elements of the soviet system, and the incompatibility of a "closed political-social system" within an open, dynamic, modern world society. But suddenly, seemingly overnight, there was and remains a post-cold war reality.

There are programs whose essential challenge is to fix and cure. There are other programs whose essential challenge is to help their clients to grow and/or heal. These two types of programs operate differently. They need to be evaluated differently. For both types of programs, outcomes may result. For the first type, the test of success is the ability to produce these outcomes. For the second type, the test of success is the ability to contribute to changes in the behaviors and status of their clients. As these changes occur, outcomes will result. But they are not produced *by* the program and it is misleading and a disservice to these programs to think solely or primarily in these terms.

Why Success Stories?

Effective program evaluation is information-rich. The primary use of this information is to assure the program's supporters that desirable outcomes are happening through the actions of the program *and* in sufficient quantity *and* with enough quality. In addition, the information provided should validate, if not celebrate, the hard and sometimes outstanding work of program staff in making these outcomes more likely. Further, the information should detect program shortfalls that ought to be corrected and pinpoint program strengths and emerging opportunities that can be exploited to increase program contributions toward these outcomes.

For "fix it/cure it" programs, the best form of information is numeric. Numbers are relatively easy to gather, combine, analyze, and use to draw conclusions regarding program performance. Further, the link between services and outcomes (the zone where stories might best be told) is simple, undramatic, and short.

For programs engaged in healing, transformation, and prevention, the best source and form of information are client stories. It is through these stories that we discover how program staff interact with clients, with other service providers, and with family and friends of their clients, to contribute to outcomes; and how the clients, themselves, grow and change in response to program inputs and other forces and factors in their lives. There is a richness here that numbers alone cannot capture. It is only for a story not worth telling, due to its inherent simplicity, that numbers will suffice.

There are, however, some inherent difficulties in relying on stories as the principal source of program evaluation information. First among these is the time and effort it takes to capture a story. Most programs do not spend much time following up with their clients to find out what happened to them after interacting with the program. While there has been a dramatic shift from process toward outcome measurement across the nation, adequate compensation for time needed to determine what these outcomes have been has not been forthcoming. Somehow, programs are expected to measure their outcomes but with little or no new money or staff time devoted to this venture. So most programs simply muddle through, capturing outcomes in ad hoc manner to meet funder requirements or to demonstrate that their promised productivity has been reached or surpassed. Consequently, the stories they can relate about their work with clients are incomplete. This is unfortunate. A lot of learning can occur if time is taken to find out what really worked and what worked less well or not at all in the months that followed the interaction period. Did short-term gains persist? Did what looked like a failure actually turn into a success?

A second difficulty is more fundamental. Most people lack the training and skills needed to be good story tellers for evaluation purposes. They tend to ramble, skip key points while dwelling on incidentals, and get the logic and order of the story mixed up. Related to this is a third difficulty. The person telling the story—most often the program staffer who has had most contact with the client featured in that story—may not know the whole story. Other staff may have been involved at the beginning who have moved on to other jobs. Further, the client will likely have details or know of factors influencing the outcomes that no one in the program has heard about.

Even when the stories are complete and accurate, the styles of relating them will vary greatly across story tellers. This is a fourth difficulty. And finally, assuming we can achieve accuracy, completeness, and consistency in a data base of stories, how can the varied information within these stories be combined to draw findings and conclusions useful to funders, program staff, and others?

These are some of the major issues that we have been struggling with in the development of *Results Mapping* as an alternative or complementary form of evaluation for programs engaged in healing, transformation, and prevention. And, I am pleased to report, we have arrived at reasonable solutions to each of them. The remaining materials in this book present and illustrate these solutions. In this section, as a way of introducing the approach, partial answers will be offered to each difficulty listed above.

Before proceeding with these answers, however, I should first explain what we mean by a "story." The following is a narrative account of a story included in an evaluation of a senior center.

- Frances is a 78-year old currently residing in Cincinnati. She moved here eight months ago from Florida, after the death of her husband, to live with her daughter. She required some surgery in March and was homebound for four weeks. During that time, she received warm lunches through the meals-on-wheels program operated by our senior center. This was her first contact in Cincinnati with adults her own age. The volunteer who delivered the meals (John F.) encouraged her to visit the center after she got well. She arrived one day, stayed a few hours then left. A week later she was back, and remained most of the day. She has been a regular ever since. For the past two months, she has been volunteering in the kitchen helping to prepare the meals we deliver. [written in September 1997]

Note that this is not a life history of Frances. The narrative focuses on her relationship with the program, a senior center in Cincinnati. Included is the first contact with the program from which she benefitted, followed by other interactions leading to contributions to her life. Also included are milestones reached by her and actions she has taken to benefit others (that are directly or indirectly traceable back to the program encounters). This narrative would be translated into a set of six results maps, each map documenting some major program action or related activity key to Frances' growth or well being.

Following are the six maps that document the program's contributions to her health and life quality. They reflect these six elements of the narrative account:

- Map 1. Frances received warm lunches through the meals-on-wheels program operated by our senior center.
- Map 2. The volunteer who delivered the meals (John F.) encouraged her to visit the center after she got well.
- Map 3. Frances began attending the center on a regular basis. (This was considered a milestone in her life, as previously she had no contact with individuals her own age in Cincinnati.)

- Maps 4 and 5. Frances benefitted from services and activities provided by the Center's staff. (Two maps are used following a *Results Mapping* convention that no map should cover more than a three-month period).
- Map 6. She has been volunteering in the kitchen helping to prepare the meals that the program delivers. (This marked an important role change for Frances from that of service recipient to a volunteer engaged in service provision—what we refer to as a "village builder" in *Results Mapping*.)

No reference was made to outcomes in either the narrative or mapped accounts of Frances' story. Were these to be articulated, the outcomes associated with her on-going story might include enhanced quality of life, continued independent living, and, should the need again arise, access to quality healthy care. As referenced earlier, in *Results Mapping*, we focus on *contributions toward these outcomes* rather than on their attainment. Each map in the story was such a contribution, some more modest than others. The levels assigned to the maps (e.g., ACT3/LEV3 or MLS4) reflected the relative value of each contribution. Included were program contributions to the life of the client, as well as actions by the client herself that built on and were a follow-through to the program contributions.

Time and Effort. Once getting accustomed to the mapping procedure, it takes about ten minutes to map a story like the one just illustrated. What might take far more effort and time is finding the details of the story. In the illustration, this was relatively easy and quickly accomplished. Frances is a regular at the center and the fact that she attends regularly and has recently begun helping out in the kitchen is well known to the director and key staff at the senior center who provided the story. Furthermore, Frances' story did not involve a lot of twists and turns and the center was the only service provider. It gets far tougher to research a story where contact with the client has been lost and has to be re-established.

One might wonder how a program with one hundred or more active or recently served clients could possibly capture all the information needed for *Results Mapping*. Well the good news is that the program does not have to relate one story for each client. In fact, data from 12-15 stories are usually more than enough to gain a good sense for how the entire program operates to produce client growth—even where hundreds of clients have been served in recent years. But these cannot be just *any* dozen stories or a random sample of stories. These need to be the very best stories that the program can provide (i.e., the stories, that when scored, receive the most points for program contributions and follow-through client actions).

It is quite common for programs to showcase their one or two most outstanding client success stories. It is much rarer for programs to array and analyze the dozen or so stories that feature their best work with clients. Yet this set of top stories, when arrayed and analyzed, affords invaluable information regarding the practices of the programs. Further, should these programs be dedicated to continual improvement, there is perhaps no better data on which to base such improvement than that provided through study of their top stories.

For fix it/cure it type of programs, where all cases are supposed to be alike, the average case *is* a good place to start—since all cases ought to look like that case. However, for programs engaged in healing, transformation, and prevention, the average case offers little that the programs should want to emulate that is not also included in their better cases. But the reverse is not true. The average case lacks much that the better cases include. By drawing attention to a program's best work, it is our intention to prod that program to make the necessary adjustments so that the exceptional becomes the norm.

There is a second compelling reason why the best stories are enough for *Results Mapping* purposes. Because there has not been a focus by most programs on being exceptional, and because staff resources often have had to be spread thin among many clients, there simply are not that many exceptional stories that can be told. Once a program gets five or ten stories down in its story base, all

the remaining stories tend to be rather "average." Put aside the few top stories, and the vast majority of programs engaged in healing and transformation take on the look of "fix it/cure it" programs. In short, they provide near identical services to clients and all their remaining stories sound pretty much the same.

So, in conclusion, programs are not required to devote excessive time and energy to story telling and related research. A dozen or so complete stories are adequate—in most cases—for an end-of-the-year assessment of overall program performance. For the rare programs that have mastered the art of healing and transformation, and further have learned how to maximize local resources to serve lots of clients at exceptional levels, more stories (say, a total of 25-30) will be needed to derive a more complete picture of the best work of each such program. But these are invariably the types of programs that keep in touch with their clients, know the stories, and—if need be—can get their clients to write their own stories and submit these for editing and analysis.

Story Telling Technique. The thorniest problem associated with *Results Mapping* is getting programs to report their work with clients clearly and completely. Once the details of a story are available, the mapping and associated scoring are easily accomplished by us or by program staff that have mastered the technique. When we first started asking programs to present their stories, we had little to offer them by way of examples or to serve as guides. Today, with several years of experience, reports, and story submissions from across the country to build upon, we can provide programs with clear examples of what a story needs to contain to be suitable for analysis. Many examples of this type appear in this book.

The rules governing mapping and scoring of stories are also helpful in guiding story telling. The rules encourage a story teller to explain simply and clearly how the program first got involved with the client, what actions it subsequently initiated to promote client health and growth, and how the client responded to these actions. When we return partially completed maps to programs with questions, and point out the rules that either have been violated or cannot be applied, they learn what it is we need and what is excessive or redundant reporting.

Getting the Story Straight. Story telling is a new endeavor for most programs. The information available in case notes, where these exist, can be very helpful in piecing together a story. For community development stories, there probably are no detailed case notes, and programs need to rely on memory, in-house monthly or quarterly reports, and the like as aids to story construction. Where networking with other service providers has occurred, these agencies should be contacted. They can help fill in details and add new information that the program may not have on record or otherwise know about.

Where clients can be contacted, programs are encouraged to do so. Programs need to stress to clients that: "They are being featured in a report on the *very best work of the program* in recent times. The program is proud of this work, as well as the growth that has taken place in the client, and wants to share this good news with others who may benefit from it." We know of no situations, so far, where clients did not want to have their story told when presented in this light. In many cases, the process of having their stories told is self-validating and contributes further to the clients' transformations. They may ask to have identifying details removed or altered; and this can almost always be done to protect confidentiality and still produce stories that are close enough to the facts so that learning is not distorted and reported results remain valid.

Consistency Across Stories. The narrative story represents an informal, somewhat unstructured account of the interactions between the program and the client (what might be classified as a "right brain dominant, left brain subordinate" reporting of the program-client interchange). The mapped story represents a formal, structured retelling of the account (i.e., a "left brain dominant, right brain subordinate" re-play of that same interchange). It is as though a clever computer digests the narrative

and reports it back emotion-free, logically, and linearly. We do not require consistency in the narrative accounts, provided there is sufficient detail to accomplish the mapping.

We do, however, expect consistency in the mapped versions. Two individuals trained by us—or who have read and mastered the materials included in this book—when presented with a detailed narrative account, should map and score it in virtually the same way. There is some room for interpretation during mapping, but very little. A particular map, for example, might be assigned a raw score of 2 by one mapper and a score of 3 by the second; but this will have little bearing on the analysis that follows or on the conclusions drawn—unless there are many maps of this type in the program's story set. Where significant mapping differences have arisen in the past, we have invariably modified a mapping rule or convention to eliminate these differences and regain consistency across mappers.

Aggregating the Information. The coding and related scoring system associated with *Results Mapping* is what sets it apart from other forms of program evaluation of which we are aware. Each program action that directly or indirectly encourages growth of the client featured in a story receives a code and score. Linked actions by other service providers or family/community members that benefit that client are also coded and scored, as is each action taken by the client for self-help or to benefit someone(s) with similar needs. As scores for a story accumulate, these are subtotaled as service, *Networking, Village Building, and Self-Determination* points.

Among these codes, a special set are called "milestones". These are akin to short-term and intermediate-range outcomes associated with more traditional evaluation approaches. In the story illustrated earlier, Frances reached a short-term outcome (coded as MLS4) when she began participating in activities at the senior center on a regular basis. This was significant in her life, since she was new to the city and had few acquaintances in her own age range. The new habit of going to the center certainly added to her quality of life, as reflected in subsequent maps of the story. If the program continues to map Frances's story, at some point soon she will be credited with reaching MLS6, a sustained or intermediate-range outcome.

The combination of codes, milestones reached, and points—within and across stories—provides a comprehensive picture of the best work of a program. A very effective total quality improvement system emerges when a program begins to track these data from one evaluation period to the next, while taking steps to increase the levels of activity, numbers of client milestones reached, and point productivity in its top stories.

With due caution, agencies that operate multiple programs—each aimed at different target populations pursuing varied and different outcomes—can contrast the action levels, client milestones, and point productivity associated with each program and draw conclusions regarding their relative effectiveness as agents of healing and transformation. Similarly, funders providing resources to varied programs can begin to see where they are getting most impact—via program contributions toward short-term and longer-term client outcomes—for their dollars. Care must be taken to relate findings of program differences to factors such as client readiness, contextual variables (e.g., culture and political climate), program experience, adequacy of resources, and existence of best practices and well-researched strategies that can be adapted locally. Still, it is important to begin to make these comparisons so that reasonable pressure can be placed on programs to make the most of the resources with which they have been entrusted.

The Results Ladder

There appears to be a hierarchy of levels that individuals, groups, or communities invariably pass through on their path toward transformation and healing. We refer to it as **The Results Ladder**. This Ladder is the spine around which *Results Mapping* has been constructed.

MILESTONE 7 Attained mastery level in personal growth area (lifetime achievement)
MILESTONE 6 Made and sustained positive adjustment (at least six months)
LEVEL 5 Received on-going support [while assuming increased personal responsibility]
MILESTONE 4 Made short-term, positive adjustment (at least one month)
LEVEL 3 Received routine, short-term service
LEVEL 2 Received personalized advice via direct contact
LEVEL 1 Received general information via indirect means

The Results Ladder. Included are seven levels, three of which are designated as milestones because they represent sustained behavior adjustments toward longer-term outcomes.

Although The Results Ladder is an original template for describing stages of progress toward healing and transformation, not surprisingly it somewhat resembles other hierarchies that have been developed to capture change and growth processes. To illustrate:

- **Maslow's Hierarchy of Needs.** The bottom rung of Maslow's hierarchy, where basic needs are recognized and met, is similar to the lower three levels of The Results Ladder. Belongingness, his second level, fits Milestone 4; self-esteem, if sustained and translated to practice, roughly corresponds to Level 5; self-actualization mirrors Milestone 6; and self-transcendence would correspond with Milestone 7. Maslow noted that most persons seem

content to remain at the middle levels and do not strive toward self-actualization and self-transcendence. In our own work, we have observed that most program activities and services operate at or below Level 3, supporting, at best, short-term positive life adjustments by clients (our Milestone 4). In the absence of services and results at Level 5, most program clients do not progress to Milestones 6 and 7, mirroring a similar glass ceiling effect to that noted by Maslow.

The Precaution Adoption Model. The precaution adoption model in public health is used to explore how individuals adjust to perceived hazards. Under that model, the individual first becomes aware from the media that there is a hazard (our Level 1). He initially concludes that it is a threat to others, but not to self (Level 2). He realizes, through more study, that he too is at risk (Level 3). He makes a short-term adjustment to reduce personal risk (Milestone 4). He sustains these changes over time (Milestone 6) by making permanent changes in his life style or living conditions (Level 5).

Health and Healing. In his currently popular writings on health and healing, Andrew Weil contends that healing comes from inside, not outside. He states, "Medicines and medicine men can sometimes catalyze a healing response or remove obstructions to it, but they never give you what you do not already have." Weil posits that many successful medical interventions (our Level 3) are actually *active placebos* that increase both the doctor's and client's beliefs in the possibility of healing. The strength of the client's belief (Milestone 4) then somehow activates the client's innate healing abilities (Level 5) leading to recovery of health (Milestone 6).

An expanded version of The Results Ladder is presented below.

	MLS7	
	MLS6	
ACT5	>	LEV5
	MLS4	
ACT3	>	LEV3
ACT2	>	LEV2
ACT1	>	LEV1

The Expanded Results Ladder. Here both the actions of change agents and the parallel progress of clients can be tracked.

As can be seen, the expanded Ladder includes the same seven levels and milestones. However, it provides for the introduction of an additional actor, the *change agent* and his/her/their role in assisting the client (or other recipients included in the client's story) to reach Levels 1,2, 3, and 5. The use of a dual system of coding (ACTn and LEVn/MLSn) is key to *Results Mapping*.

Allow me to discuss the four action levels, after which I will return to the three milestones:

- At Level 1, the change agent produces and distributes public information (ACT1) that reaches the client indirectly as one member of the target audience (LEV1).

Example. The federal government intends to spend \$195 million on anti-drug advertising spots during the most watched television hours. The target is youth. This is an ACT1 activity which will yield a LEV1 result for the youth who are exposed to these spots.

- At Level 2, the change agent motivates, prods, offers advice, and makes referrals (ACT2) to which the client may or may not respond (LEV2).

Example. A famous professional basketball player returned to his former high school to address the student body. He encouraged the students to study hard and stay away from drugs and alcohol. Following his presentation, he responded to questions posed by the students and teachers. The speaker was functioning at ACT2 and having a LEV2 impact on his audience.

Example. The program referred one of its clients, who is a problem drinker, to a support group in town. The referral was an ACT2, the immediate effect of the referral on the client was at LEV2.

- At Level 3, the change agent delivers routine services or helps build client skills (ACT3) that produce short-term client status changes (LEV3).

Example. Dr. Franklin, to whom the client had been referred by the parish nurse, examined her and confirmed that her blood pressure was dangerously low as the nurse had suspected. He prescribed a change in medication. The doctor's service was at ACT3, the benefit to the client was at LEV3.

Example. A group of twelve students were picked by the program to attend a leadership training retreat. During a three-day period, they interacted with 200 other youth and gained a set of new skills for mobilizing their peers back home. The coordinators of the retreat were functioning at ACT3, while the twelve youth (as well as the 200 others who perhaps were being mapped in some other programs' stories) were benefitting at LEV3.

Example. A new coalition to tackle local environmental health issues met weekly for two months to establish priorities and plan promotional activities. This was an ACT3 effort for future community benefit. Since there were no recipients as yet, there was no matching LEV3 assigned.

- At Level 5, the change agent plays the role of coach or advisor to the client (ACT5) to support the latter's activities and sustained growth (LEV5). The intention of the change agent is to shift the locus of control for sustained growth to the client (i.e., to empower the client to guide his or her own transformation process).

Example. A 4-H club leader coordinated weekly group activities over a four-year period. During that period, eight club members were encouraged to take on projects for which they won blue ribbons for projects. The leader functioned at ACT5 to benefit the club members at LEV5 (who reached MLS6).

Example. A mother provided intensive, around-the-clock care for her ailing son during a prolonged illness that lasted eight months. As her son's condition improved, he was able to take on increased responsibility for his own care and return to full health. She was acting at ACT5 to benefit her son at LEV5.

Example. A local school district, with the guidance of the program, converted from a traditional to an open-systems environment. Within three years, students were routinely engaged in peer learning, work-study programs, and varied community service projects. A rich array of learning experiences were being provided by community-based business persons, artists, and craftspeople. The school district was engaged in an ACT5 transformation for community benefit that led to its reaching MLS6.

The easiest way to distinguish between ACT1>LEV1 and ACT2>LEV2 is through the directness of the relationship between the change agent and the client. At Level 1, the change agent is targeting efforts at the general public and not at any specific client. At Level 2, the change agent is focused directly on a specific client's progress or health.

The primary distinction between ACT2>LEV2 and ACT3>LEV3 is in the role the change agent plays for the client. At Level 2, that role is one of prodder and referral source. At Level 3, it is to actually mend, educate, train, or otherwise cause short-term improvements in the client's status.

The main difference between ACT3>LEV3 and ACT5>LEV5 is in the nature of the relationship between the client and the change agent. At Level 3, the change agent leads and the client follows. It is a teacher-student, parent-child, or doctor-patient relationship. At Level 5, the relationship transforms to adult-adult (to employ the terminology of Eric Berne's transactional analysis) or from an I-it to an I-Thou relationship (to use Martin Buber's paradigm) and the role of the change agent is gradually reduced to allow the client to move forward to MLS6. If the client is an institution or a system, Level 3 activity tends to be preparatory work (e.g., a series of planning meetings), whereas Level 5 activity relates to full program implementation (e.g., carrying out the plan).

At Milestones 4, 6, and 7, there are no external change agents (and hence no ACT codes). The client is acting as a self-change agent. Let me review each of the three:

- At MLS4, the client (or a close relation to the client whose behavior is critical to the growth or health of the client) has shifted from passive to active mode. The individual has received enough information, prodding, advice, and routine services from others to recognize the need for personal change and has taken first steps in this direction. At least one month of changed behavior is required, by convention, to credit the individual with this milestone.

Example. An individual followed his doctor's suggestions and began eating a restricted, fat-reduced diet.

Example. A problem drinker started attending meetings of Alcoholics Anonymous on a regular basis.

Example. A task force completed the planning phase and began implementing its action alternatives.

Example. Students signed a contract declaring that they would not drink alcoholic beverages and reported, two months later, that they had not touched a drink although they had been to parties where other students were drinking and encouraging them to do likewise.

- At MLS6, the client has become more self-sufficient and can point to marked increases in health, positive behavior, or fullness of being. By convention, the new behavior will have been sustained for at least six months and been preceded by at least one earlier map in the story at results level 5 with a program staffer or staff volunteer serving as the change agent. In addition,

the client will have some achievement to point to as evidence of a fundamental change in behavior or status.

Example. A former welfare recipient maintained a job for eight months and was recommended by her supervisor for a major promotion.

Example. A 16-year old with a history of discipline and truancy problems turned over a new leaf, completed his junior year without incidents or unexcused absences, and made the school B honor roll for the first time.

Example. A State prevention agency re-invented itself as a consumer-centered, asset-building support system for local programs and organizations. And, it was able to demonstrate, using Results Mapping, that it had doubled its contributions toward outcomes in the State in one year with the same operating budget.

- At MLS7, the client is recognized by self and others as an advanced practitioner in areas associated with the outcome(s) being targeted by the program. Some truly outstanding achievement is needed as demonstration that this milestone has been reached.

Example. A former bank robber and drug dealer, having served prison time and returned to college to complete his education, earned a Ph.D. in criminology and wrote an award-winning book on his life and lessons learned.

Example. A group of former welfare moms established an Ae-business, @ with support from IBM and the program, and achieved \$16 million dollars in sales in their second full year of operation.

Example. An individual who had been in institutional care most of his adult life for mental illness became a deacon of his church, held down a full-time job, and met and married a woman who he loves dearly.

Example. A hospital-based clinic for the practice of integrative medicine transformed into a "clinic without walls" by building, in collaboration with more than one hundred partners, a county-wide network of support agencies and traditional and non-traditional practitioners.

The main difference between MLS4 and MLS6 is the intensity of commitment of the client and the extent to which changes have been integrated into the client's life. This is typically measured by the length of time that the client has sustained these changes. At MLS4, the client is testing the waters with no long-term commitment. At MLS6, the client has a multi-month or multi-year history of personal engagement in the healing or transformation process and can point to sustained gains in health, wellness, or life quality.

The main difference between MLS6 and MLS7 is that the latter represents a total integration of the changes the client has been seeking and inducing. The work is complete, no further advances are contemplated. If further change does occur, it will be along an entirely new growth path. The caterpillar has become a butterfly.

These three milestones are the **outcome levels** that funders and programs are most interested in seeing clients reach. MLS4 can be viewed as a short-term or intermediate outcome, MLS6 as a longer-term outcome, and MLS7 as an ultimate or ideal outcome. The earlier levels (particularly gains at LEV3) can be viewed as interim outcomes that often are necessary precursors to higher-level

development. The integration of these milestones with ACTs and LEVs allows a full picture to emerge of the actions and responses needed to bring clients toward and to these desired outcome levels.

Terminology and Key Mapping Concepts

Results Mapping is used to map, score, analyze, and provide feedback to improve the best work that a program does with its clients, be these individuals, families, teams, groups, communities, organizations, or systems. Each story features some of that best work. It is not the client's life story that is being presented. Nor is it only the interface of the program with the client. Rather, it is a story that *begins* with the first interaction between the program and the client and *extends* to further program-client interactions, to program interactions with the client's support system, to client interchanges with others mobilized by the program to assist the client, *and* to personal client achievements in support of self or to benefit others.

Excluded from the story are services provided to the client by other agencies that are not linked to earlier program actions to benefit the client. Also excluded are client activities and achievements that are not linked to the program's objectives *or* are well beyond the contributions of the program to these achievements (note: a discussion of leveraging appears in the book but not in this abridgement).

Cl-I-ent Not Client. Rather than produce outcomes, the programs whose work is best suited for study through *Results Mapping* are helping their clients grow out of the circumstances that diminish their lives and into new life contexts. To keep reminding us of this, we began using the term cl-I-ent. The capital "I" emphasizes that the program is working with subjects, not objects, to foster *Self-Determination*, growth, health, and emergence of creative potential. This convention is followed for all types of cl-I-ents, be they indiv-I-duals, fam-I-lies, un-I-ts, ne-I-borhoods, commun-I-ties, organ-I-zations, or inst-I-tutions.

Types of Maps. A story relates how the program being evaluated has contributed to near-term and longer-term cl-I-ent successes both directly and through leveraging the resources of others (including those of the cl-I-ent). That story is told (by a program representative, the cl-I-ent, or both) in narrative form and then mapped and scored using a formalized method. Each element of the mapped story is referred to as a mapped sentence or simply as a **map**.

There are two types of maps used to document a story. The more common type is a **transactional map**. A transactional map has this form:

[CHANGE AGENT] [TOOK THIS ACTION] resulting in [RECIPIENT][GAINING THIS BENEFIT]

Here there is both a change agent and a recipient. The **change agent** may be a staff member of the program, but could also be staff from another program, a volunteer, a member of the cl-I-ent's family, the cl-I-ent (in support of others), or any one else taking actions to benefit a recipient. The **recipient** may be the cl-I-ent, a family member, or another community member benefitting from the actions of the change agent; or a future change agent that is being mobilized to action.

Example. The 15 youth shared lessons from the training with 20 peers. [The 15 youth—recipients in an earlier map—are now the change agents and their 20 peers are the recipients of this map.]

The second type of map is a **self-referential map**. A self-referential map has this form:

[CHANGE AGENT] [TOOK THIS ACTION FOR SELF-BENEFIT]

Here there is a change agent but no recipient. In effect, the change agent is the recipient, taking action for self-benefit. This type of map is also used when the change agent is taking action that ultimately is meant to benefit another, but when that benefit will only accrue after subsequent action is taken.

Example. Harry joined the local YMCA and is swimming a mile each morning in its lap pool. [Harry was the change agent, but there was no recipient.]

Example. The task force spent six months developing an action plan. [The task force was the change agent, but there was no recipient. Future maps, documenting how the plan is implemented, would likely be transactional.]

Map Sequence. Maps are presented in roughly chronological order to capture all significant program contributions to current and future successes of the client. Again, these include contributions where program staff are the change agent but also contributions made through the efforts of others that can be linked back to earlier, related program efforts.

Map Codes. Each change agent action is coded (with an ACTn) as is each recipient response (with a LEVn). For self-referential maps, where there is no recipient, only the change agent action is coded (as an MLSn or ACTn). For transactional maps, the results level (n) is the same for both the ACTn and the LEVn codes. Thus, for example, if the action taken is coded as ACT1, then the gain to the recipient must be LEV1. The values of n range from 1 through 7, corresponding to the seven **results levels**. They are used to categorize the type of action taken by the change agent and the matching benefit to the recipient. As outlined above, three of these levels only appear on self-referential maps (and are distinguished from the others by changing the ACTn code to a MLSn code—for personal "milestone"). The remaining four levels may appear on both transactional and self-referential maps, although they are far more common in transactional maps.

Starting A Story. As noted earlier, a story is mapped in roughly chronological order beginning with the time that the program first interacted with the client featured in that story. The first map of the story (Map 1) is always a transactional map with program staff (or a staff volunteer) as the change agent. Should there be relevant background information that helps to explain the story, particularly if it justifies the claim of a subsequent client milestone, this material is presented as Map 0 and not scored (i.e., no ACTn or LEVn codes are affixed to the map).

Population Sizes. Each map also contains the **number** of change agents and recipients featured in that map. When the change agent or recipient is a collective (i.e., a team, organization, or institution) acting or reacting as a single entity and not as separate individuals, a population value of 2 is used, by convention, rather than the actual number of people in the group.

Example. Three volunteer staff took turns reading to 14 children at the library's children center. The change agent population is 3; the recipient population is 14.

Example. A funder provided a grant. The population value applied to the funder is 2 and not the number of persons in that organization or serving on the grants committee.

Example. The task force completed an action plan. The population value applied to the task force is 2 and not the number of members on the task force.

Example. The program provided blankets and food to a family of six. The population value applied to the program was 2. However, the population value applied to the family

is 6 not 2 since each family member received a share of the food and blankets. They were more akin, here, to six individuals than one family unit.

Population Types. Each map also indicates the **type** of change agent and recipient. The following six codes are used to indicate the type of change agent or recipient:

- S Program staff
- C Cl-I-ent
- F Family member of the cl-I-ent
- P Individual provider or professional (not staff)
- G Group (team, committee, organization, institution, or system)
- X Other community member

When a map's change agent has performed the action as a **volunteer**, a "V" is placed before the code. For example, a volunteer organization would be coded as "VG", a doctor providing free medical care would be coded as "VP", and a citizen serving as a volunteer would be coded as "VX".

A volunteer from the community who provided a one-time service or a service that is short-lived is coded as "VX". However, if the service was ongoing (e.g., serving as a mentor or care giver) and the program being evaluated provided logistical or other support for the volunteer, then the volunteer is considered surrogate staff and is coded as "VS". This has important implications for leveraging (as discussed below). Furthermore, an individual coded with "VS" can kick off a story (i.e., there is no need to show that person being recruited by the program to serve the cl-I-ent unless this is key to the story).

Mapping Personal Milestones. Each personal milestone is mapped separately (i.e., if three cl-I-ents each reached a personal milestone, these would *not* be clumped together on one map but would be documented on three separate maps).

Maps Cover Three-Month Periods. When a change agent provides **repeated services** during the same three-month period directed at the same cl-I-ent objective, it is mapped only once (with the dates in the Date field that follows the Map Code indicating the time span and the text under Did What noting the frequency as well as type of service provided). However, if the service continued beyond three months, for each additional three-month segment, a new map is added to the story. Thus, for example, a service that is provided continually for a year would result in four maps, one for each three-month period.

When services are directed at *different* cl-I-ent objectives, then multiple maps are used even when these services occur within the same three-month period. Thus, for example, if program staff provided services to a cl-I-ent aimed at improving the latter's reading skills while also providing services to that individual dealing with some health issue, each set of services would be mapped separately. For either set of services, the three-month rule would apply.

Handoffs. In many of a program's top stories, it is likely that services will be provided by others in addition to program staff. When the program refers a cl-I-ent or family member to another service provider, the map showing this referral is called a **handoff** and has the program staff as the change agent and the service provider as the recipient. This holds true even when direct communications between the two did not occur. So, for example, if the program told a cl-I-ent about a provider, and the

cl-i-ent made that contact and received the service, the map describing the referral is still shown as a handoff from the program to the provider.

Only Activities During the Past Two Years Are Scored. Evaluations typically run on an annual cycle, established by the funder. Stories unfold according to their own natural rhythm and may take months or years to play out. Thus, when mapping a story, it may be necessary to go back two years or longer to capture the full extent of program involvement with the cl-i-ent. Consequently, it is common for stories to run into a second, third, or even fourth evaluation cycle.

By convention, when scoring stories of long duration, only maps with dates of two years or less from the cutoff date for the evaluation report are scored. The earlier maps are zeroed out (i.e., included in the story to provide context but not scored). This allows the entire story to be told, but avoids crediting a program for work that was done well before the current evaluation cycle. So, for example, if an evaluation began in January 1998 and the first annual report was due a year later (January 1999), the program stories in that report might go back as far as the early 1990's, *but* only maps with dates after January 1997 would be scored and included in the analysis of the program.

Results Mapping can be applied at any time to ongoing programs to capture how successful they have been with their top stories during the most recent years. One does not have to design an evaluation plan; one just starts mapping. For this reason, *Results Mapping* is ideal for programs with little or no evaluation budgets which still want to benefit from the rich feedback that a comprehensive evaluation can provide. Mapping can also be appended to ongoing evaluations using more conventional methods (e.g., multi-year, quasi-experimental evaluation designs) to supplement and enrich these efforts.

For start-up programs, it may take six months or more before the program has sufficient impact on its cl-i-ents so that its best work can be distinguished from more "average" activity. We recommend that a start-up program begin thinking from the outset about the types of information that will be needed to relate and map its best stories, and set up an information system or case notes format that will facilitate later story mapping.

As suggested above, a first-year evaluation based on *Results Mapping* should include a program's 12-15 top cl-i-ent stories. In the second and subsequent years of the evaluation, we suggest increasing that number to 25-30 stories. At any time, new maps can be added to a story. Therefore, a story featuring the same cl-i-ent may have a different point value (referred to as its **story score**) from one evaluation to the next. Since only the last two years worth of point productivity will be included in the analysis, some stories likely will be dropped each round and replaced with others where the program has recently made greater contributions.

Comparable Cl-i-ents. One final note. Only comparable stories can be included in an analysis. If the program has two or more distinctly different types of cl-i-ents, then requirements for *Results Mapping* are 12-15 top stories per cl-i-ent type. To illustrate, in our current evaluation of family resource centers in Cincinnati, each of the five centers included in the study provides services to individuals and families *but also* spearheads community development projects. For the baseline for this evaluation, each center provided its 15 top service-based stories *and* its 15 top community development stories. In the second year of the evaluation, these numbers were increased to 30 top service-based stories and 30 top community development stories. As a variation on this last point, should program management want to contrast the work of different staff or teams that are working with similar cl-i-ents, it will also need 12-15 top stories per staff member/team to allow useful analysis.

What the Mapped Data Show

Mapped stories afford a wealth of information regarding what a program does best. The stories themselves are illuminating. It is remarkable how few persons actually know how a program works to

get its top results. Few Board members, program administrators, funders, or even co-workers can relate in any detail the twists and turns of stories involving a program's most successful cl-I-ents—beyond perhaps its first two "super success" stories. The 15-30 stories compiled each mapping cycle for analysis often represent the first comprehensive picture of the day-to-day performance of the program ever captured. The data these stories yield make it clear how the program works to achieve its successes *and* where it needs to work harder or smarter to achieve more of these.

Few social, health, and prevention programs are as potent and impactful as they can be. The best programs can get better and the more average programs have far to go in optimizing their resources and services on behalf of their cl-I-ents. And one key to such dramatic improvement involves learning from their best work: making today's positive exceptions, tomorrow's norms.

Through *Results Mapping*, we can address a fundamental evaluation question: *To what degree is the program living up to its potential?* This is a question not often asked. Most evaluations tend to focus on a less ambitious question: *Is the program meeting its promised targets?* Although a good question, by tracking a program's contributions toward cl-I-ent outcomes, we are able to answer the latter question while probing deeper.

Strong programs appreciate this deeper level of inquiry because they know they are good at what they do, would like others to recognize this, and want to get even better. These programs have no problems in meeting targets and typically learn little from evaluation findings that simply report this truth. Their administrators and staff tend to view evaluation data as something to be prepared for others but of little relevance for day-to-day operations.

We are discovering that weaker programs, while suspicious and somewhat skeptical at first, also quickly learn to like this deeper question. The answers provided through *Results Mapping* make it easy to pinpoint program shortfalls (e.g., the absence of timely follow-through with cl-I-ents or lack of attention to the role that seniors might play as volunteers) and direct managers and staff to actions that strengthen what they do. With a focus on continual program improvement, programs more easily meet stated targets, look good to their funders, and move up in the rankings toward the performance levels of strong programs. Although I frequently hear programs complain that they shouldn't be compared with other programs—since they are unique—they do recognize the value in comparing their own performance patterns from one evaluation period to the next.

To improve quality and advance toward excellence, one must unsettle those who maintain the status quo. This holds for science, for art, for success in business, for shared beliefs and prejudices, and for programs. Head counts, satisfaction survey results, and bottom-line measures of outcome and efficiency—the standard feedback to date of program evaluations—are rarely unsettling. These data do not often provoke or promote fundamental change. When positive, they merely reinforce the status quo; when negative, they become the points from which to attack the logic or practices of the evaluators.

Results Mapping provides feedback with an unsettling punch. In a very commonsensical way, the approach is used to uncover for scrutiny the very best work of a program—work of which line staff and managers ought to be proud. If that work is truly superior, it scores high and graphs well. If there are gaps or inconsistencies in performance, these are reflected through the data generated. "Here are your scores," we say. "What do you think of them? Are there findings that are disturbing or a source of concern? If so, let's talk about what might be changed in the program to move the program closer to where you wish it to be!"

To be unsettling, we document through *Results Mapping* how much the program is contributing toward outcomes. We examine its top stories and ask:

In how many of these stories has a cl-I-ent reached MLS6? What did it take to get there? What outstanding or perceptive actions did the program staff take? Are there enough of these longer-term outcomes appearing in the top stories?

And what about MLS4s? There may be a lot of these, but is there a pattern? Do certain combinations of staff-led actions produce more such milestones? What do the more successful cl-I-ents share in terms of characteristics, contexts, and needs from the program? Are you confident that you can contribute to more of these milestones during the next round of the evaluation?

To be unsettling, we focus on how effective the program has been in networking with other service providers in the community. We examine the networking points from story to story and see where these partnerships have been most successful in moving cl-I-ents to milestones. And ask:

Has there been enough networking? How often were cl-I-ents directed to all the services they needed and in a timely manner?

What are new networking options that might be tapped in the next round? What steps have to be taken during the next evaluation cycle to exploit these options in support of a cl-I-ent's total needs?

To be unsettling, we focus on activities with volunteers. We array the points earned by different types of volunteers. We determine the extent to which programs have made creative use of their cl-I-ents as helpers for others or made it more likely that they would be positioned to be helpful to others in the future. We then ask:

Are your staff doing too much? Aren't there activities that might better be turned over to cl-I-ents and volunteers?

How frequently have your cl-I-ents been provided with opportunities to be helpful to others—one important key to growth and health? Can more of these opportunities be made available during the next evaluation cycle?

We are particularly unsettling when we provide scores to programs and especially to funders. There is something about a score that provokes an emotional reaction—likely a throwback to school days. And, unfortunately, a score is still viewed as "harder evidence" than a story. While physicists and other leading edge scientists now recognize that quality is more substantial than quantity, most of the rest of us still believe the opposite. And I, for one, while promoting the use of a mix of evaluation data, am not opposed to scores being part of that mix. I enjoy following sports and recognize the critical function that scores and other performance measures play in pushing athletes to their current limits and beyond. I am also a fan of total quality management and its guiding principle: *Only what gets measured gets attention; only what gets attention, gets fixed.*

The blending of stories, outcome and impact data (where available and relevant), *and* scores yields the "hard data" that are needed for fair and comprehensive evaluations of programs engaged in healing, transformation, and prevention. "Hard data," to me, are those that (a) are accurate, (b) provide the kinds of evidence that evoke confidence among decision-makers *and* (c) are consistent with the best *current* science from whatever fields the latest truths and insights regarding human nature are being generated.

The "hard data" provided through *Results Mapping* is useful to funders engaged in outcome-based funding. With clear documentation in hand of what programs have been able to accomplish with their best cl-I-ents, and with data to estimate how much the *overall program* has been contributing toward

making future client outcomes more likely, funders are better positioned to make realistic demands on these and similar programs. It becomes possible, for example, to negotiate performance-based contracts where, under terms acceptable to both funder and program, reimbursements can be linked to progress of clients (e.g., numbers reaching MLS4 and MLS6) and associated point productivity (to reward, where appropriate, increases in *Village Building* and networking activity).

When similar programs are funded in different sites, *Results Mapping* data from each site can be contrasted. Since programs may be serving different population mixes and have differing conditions and constraints under which they operate, contrasts and comparisons must be made with caution. Still, much can be learned by contrasting the top stories and associated practices of different programs. Funders and others can use the stories and associated data to explore with programs why there are cross-program differences. And, having accounted for site-to-site variations, funders might reasonably ask why they should continue to fund sites that are far less productive or that are less committed than others in contributing to client progress.

We urge programs using *Results Mapping* to join our informal learning network. We continue to learn new things about this relatively new approach that we are happy to share with others. This book is a first step in this direction. We are anxious for the approach to be applied and gain acceptance across the country. But we are also concerned about quality control. We would hate for *Results Mapping* to gain a bad reputation through misuse. For this reason, we protect the term legally and require active permission or formal licensing agreements for the proprietary aspects of the product. Naturally also, we want to be kept informed of *Results Mapping* applications and be called on to answer questions or to troubleshoot where needed. And we are, of course, pleased to be invited to participate in new adventures. So keep in touch.

APPENDIX C:

Truancy Diversion Social Work Program: *Results Mapping* Story Reporting Instructions



Truancy Diversion Social Work Program: Results Mapping Story Reporting Instructions

General Information

In accordance with the specifications established by the TDS Management Team, each TDSW will be required to submit one stories per month.

TDSWs must submit stories to the WVPRC via the online system by the last day of the month (i.e., October 31st for October stories). Stories submitted via the online system will be automatically date stamped in the *Results Mapping* database. Stories submitted later than the last day of the month being reported will not be accepted.

Each month, the WVPRC will randomly select 10% of the submitted stories for validation. TDSWs whose stories are selected for validation will be notified by email, and will have 10 calendar days from the date of the email to submit to the WVPRC documentation supporting the story. Documentation may be in the form of attendance lists for meetings or presentations; confirmation by school personnel, DHHR personnel, or others by email, fax or hardcopy; etc.

Specific Instructions

The address for the online story reporting system is <http://www.prevnet.org/outcomes/TDSW>. Several links are provided on this page, most of which are to training materials, instructions, and forms.

To begin a story reporting session, click the “Report a Story” link. The story reporting page system is password protected, so a login page will be displayed. The WVPRC will provide the password to TDSW supervisors, who then will be responsible for providing it to their supervisees. To access the system, enter the password and click LOGIN. If you are unable to login, notify Shelley Goodlander at the WVPRC by email at sgoodlander@marshall.edu.

After successfully logging in, the initial story page will display. Here are brief story reporting instructions and a notification about story certification. The certification is stated as follows:

By submitting a story via this online system you hereby certify that the information provided is, to the best of your knowledge, true, and that you understand that you may be asked to provide documentation for this story, and agree to provide such documentation when asked.

Following the certification is a form requesting the **TDSWs NAME, E-MAIL ADDRESS, COUNTY, MONTH, YEAR**, and a concise **STORY TITLE**. The county, month and year are pull down lists. NOTE: The month and year entered here should represent the reporting month, not the time period covered by the story. Also, a **BRIEF NARRATIVE** of the story being reported should be entered — this is limited to 500 characters so be concise.

Stories are comprised of a series of Maps. To correctly submit a story, TDSWs need to enter the **NUMBER OF MAPS** comprising the story being reported. The session will be limited to the number of maps you enter here, **SO BE SURE** to determine how many maps are going to be needed to completely report the story before starting the session, and enter that number here.

Click **NEXT** to proceed to the **MAP 1**.

In the first section, general **MAP INFORMATION** should be entered. This includes:

Type of service provided or action taken — This is a pull down list from which one item must be selected

The time period covered by the map — starting and ending dates (M/D/Y format)

PROVIDER INFORMATION is requested in the next section. Information to be entered here includes:

- Who took the action described in by map. If this is not the TDSW, do not provide specific identifying information. Generally first name and last initial, or initials alone are sufficient for individuals.
- Description of the provider took the action — this is a pull down list from which one item must be selected
- The number of providers involved
- Whether the provider was paid or volunteer — this is a pull down list from which one item must be selected
- If more that one provider was involved, whether they acted independently or as a team — this is a pull down list from which one item must be selected
- A short description of what was done.

Under **RECIPIENT INFORMATION** the information to be entered here includes:

- The recipient of the service or action described. Again, do not provide specific identifying information—first name and last initial, or initials alone are sufficient for individuals.
- Description of the recipient — this is a pull down list from which one item must be selected
- The number of recipients involved
- The outcome

Note that if the map being entered represents a MILESTONE, no recipient information is required and the recipient section of the map should be left blank.

Continue to click **NEXT** as each map is complete to proceed to the next map. **BE SURE TO COMPLETELY FINISH EACH MAP BEFORE PROCEEDING BECAUSE YOU WILL NOT BE ABLE TO GO BACK.**

When you complete the last map of the story, click **NEXT** a final time to end your session. A Thank you page will display, and after 10 second your browser will be redirected to the TDSW *Results Mapping* home page.

**APPENDIX D:
TDSW Training Manual**