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Miami Children's Initiative Community Strategic Plan Evaluation Report

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Community Strategic Plan Evaluation Report

Executive Summary

The following report is based on a mixed method analysis of the strategic planning process of the Miami Children's Initiative (MCI). The planning process began in February 2009 and was completed in November 2009. Data collected include process data of meetings held, documents received, surveys completed and other information to track the ongoing tasks of the planning effort. Miami-Dade County government contracted with a local agency in Miami, Strategic Partners, to facilitate the planning process, develop the strategic plan for implementation of the MCI, and provide information to the evaluation team at the Ounce of Prevention Fund of Florida. This report addresses the planning process and provides an empirical analysis of the strategic plan. The majority of data is qualitative, meaning narrative or contextual data, with some quantitative data used in tracking the processes. Multiple data sources informed the conclusions and recommendations presented throughout this report.

Data was primarily gathered from 10 resident focus groups and 43 work group sessions in 11 legislatively mandated areas including:

- Adult education and employment
- Arts and culture
- Community safety
- Early development of children
- Education of children and youth
- Elder affairs
- Faith community
- Health and wellness
- Housing and community development
- Parent and guardian support
- Youth support

Of the work groups, community safety, early development of children, education of children and youth, health and wellness, parent and guardian support, and youth support had sufficient data support for the strategies and recommendations outlined in the strategic plan. Adult education and employment, faith community, and housing and community development had moderate levels of data support. Arts and culture and elder affairs had low data support for the strategies provided in the strategic plan.

The community strategic planning group used information from the planning process to identify six priorities for implementation, which were then evaluated for process and empirical support:

1. Parents and children/youth remain engaged and actively involved in stimulating educational environments from pre-school to successful high school completion… **Strong Support**

2. Improve strong and positive parenting and parenting support… **Strong Support**

3. Strengthen the capacity of core community organizations to deliver evidence-based services and revitalized support to children, youth, and their families, by providing capacity building, technical assistance, training on quality programs, and related support… **Minimal Support**

4. Creating a balanced approach to community safety with restorative justice for youth… **Partial Support**

5. Improved economic resources and affordable housing… **Partial Support**

6. Early and adequate health care from prenatal care through adulthood… **Partial Support**

An analysis was completed based on the underlying theory of the evaluation, which includes a strong emphasis on understanding that the MCI is a system that will be operating with many other systems including service delivery, funding, political, and others. The four areas relevant to this stage of MCI development include:

1. Information generation, sharing, consensus, and development of strategies: From initial ideas to final strategies for implementation, information was tracked within and across work and focus groups. Level of support for individual work group strategies depended in part on the number of meetings and the time available for dialogue when arriving at consensus.

2. Inclusion and responsibility of residents: Residents should be included at all levels of the planning process and greater integration of resident focus groups and work groups that did not have the same level of resident participation would have improved the process. Resident accountability for their children and to the community was discussed frequently and emotionally.

3. Barriers/Issues and suggestions for overcoming them: Prior history of misappropriation of money and failed promises as well as conflict regarding the scope and priorities of the project are potentially powerful barriers that must be addressed. Violence/safety, parenting, and educational concerns are additional barriers to establishing a sustainable MCI.

4. Resources and sustainability: Maximizing existing community capacity as well as having a proper plan for funding the MCI will be ongoing needs. Cooperation and partnerships are valued but there is considerable concern that outside pressures will interfere with the MCI meeting its full potential.

Additional findings not reflected in the strategic plan, but potentially useful for implementation, include:

- The need for visionary leadership, as perceived by planning participants, that can navigate the fractious service and funding community in Miami-Dade

- The need for medical homes dispensing primary care and using the numerous health fairs as a vehicle to fulfill this need

- How funding and sustainability are conceptualized differently, with funding concerned with maintaining organizations and sustainability linked to growth and innovation

This report is a supplement to the strategic plan and appendices generated during the planning process by the Strategic Partners organization. The strategic plan provides sufficient information for the next steps of the MCI development process and the evaluation report indicates which strategies and objectives are supported along a continuum of empirical evidence. It is suggested that MCI use the strategic plan and the evaluation of the plan in unison to help guide development.

Recommendations for Implementation

The recommendations below are supported by the available data and the narrative of this report.

1. The strategies and recommendations developed for the strategic plan were based on the expectation that the whole of Liberty City would be part of the initiative's startup area. Going forward, the implementation team should review the strategies and recommendations to see if they are appropriate to the smaller geographic area selected.

2. The implementation team should consider that resident exposure to the planning process did not include consistent representation on the work groups and that this may or may not have had an adverse affect on the process, priorities, and strategies. Also, the residents that were involved in the planning process may not be representative of the reduced area. Additional efforts to clarify the MCI purpose, planning process and initial strategies among the residents of the reduced area may be necessary.

3. The implementation team should consider the ranking of the priorities and the differences between the work group members and community residents surveyed. Transparency and open dialog among all residents and service providers should guide implementation of priorities to ensure broader community acceptance. It is further recommended that all priorities be vetted again in the new target area, perhaps by utilizing the same survey as before.

4. Continued opposition from some parties to the project should be expected. The smaller boundaries of the startup area will likely increase opposition from some parties. Resistance is possible from those who do not accept the vision put forth in the legislation and from individuals or organizations concerned about their own resources. It is important to reassure the community organizations that the vision of the MCI is not a threat but an opportunity.

5. The implementation of the MCI should be done with a firm sense of the history of perceived betrayal, failed promises, and lack of hope pervasive in the community. Implementation should not overreach, but rather focus on clear, attainable, worthwhile goals with which the community can experience recognizable success. The history should be openly acknowledged while informing residents of measures being taken to protect the initiative from the practices that established the history.

6. The area of the MCI is likely to have the same levels of mistrust and need for basic services as what has been described for the whole of Liberty City. Incentives need to be considered for gaining participation and for addressing some immediate needs. The MCI will be judged on its ability to meet the needs of the residents, so a structured approach of short-term, medium-term, and long-term objectives to maintain enthusiasm are recommended.

7. The analysis of the data used to develop the strategic plan demonstrated a dichotomy of support and distance between generations. Multigenerational interventions that focus on the strength of family ties when executing the vision of the MCI is recommended. Interventions for youth should be planned ecologically, targeting the youth, their peers, organizations, and the community.

8. Sustainability and funding of the MCI are recognized as key concerns for the success of the project. It was noted in the data that individuals with innovative ideas are also likely to be ones whose life work requires a constant attention to developing resources for sustainability, e.g. those promoting art and culture and those in faith-based organizations. The implementation team should avail itself of community expertise to assist with sustainability while working to ensure that MCI sustainability efforts and the funding needs of local programs are not at odds. This needs to be coupled with fund raising via corporate and philanthropic partnerships.

9. Though sustainability is part of any business plan, the unique circumstances of Liberty City coupled with the economic downturn increases the importance of this aspect of the business plan. Sustainability should be a priority from the first moment of MCI implementation, as securing sufficient resources to make a sustained and not short-term impact remains a concern.

10. The faith community was noted to have the highest level of involvement with attempting to impact many of problems being addressed by the work groups. It will be important to engage the

faith community, as they are already addressing many of the issues that work groups were tasked to deal with and are an experienced resource.

11. The MCI leadership needs to be aware of the mixed expectations for success that the planning team members held for the MCI, as well as their belief in the need for a visionary leader that will transcend the perceived power struggles and political posturing that restrain changes to the status quo. Extra effort should be invested in understanding and adapting the MCI within the context of greater Liberty City and Miami-Dade County.

12. Capitalizing on current capacities to address health issues, e.g. medical homes and related issues, will benefit the project by including greater numbers of local organizations and residents while helping to guide the area toward greater cooperation. Developing a system of shared problem solving and mutual support is imperative.

Recommendations for Future Initiatives

1. Structuring an evaluation around a Pathway of Change helps to maintain the integrity and focus of the evaluation in a complex and changing environment. Future initiatives might consider using a systems-based approach in their evaluation to better synthesize the planning and implementation processes. This would have an added benefit of allowing for comparison of results across multiple locations in the state to facilitate learning from the strengths and challenges of other projects.

2. If using a similar work group process, future initiatives should consider forming a work group liaison committee with a key member from each work group. This committee would increase cohesiveness of the planning process by allowing for interaction among work groups from the very beginning so ideas can be shared and objectives adjusted for maximum breadth and depth of coverage.

3. A geographic boundary should be solidified as early in the planning process as possible. Uncertainty regarding the size and location of the MCI startup area was a distraction to planning team members and resulted in the development of some strategies that may need revision based on the composition of the reduced area selected for initial start-up.

4. Residents should be included in the planning process on an ongoing basis from the very beginning. Early and consistent involvement of residents allows greater opportunity for surveying area residents, incorporating community feedback, and increasing support and confidence in the planning process. Inclusion of residents requires a systematic approach to recruitment and retention of residents at all stages and activities of the planning process. If work groups and focus groups are used, as they were in the MCI, having opportunities for focus groups to review and comment on strategies derived in the work groups would blend the processes, strengthening them both.

5. An important goal of the planning process is to have a viable, transparent, and defendable hierarchy of critical issues that must be addressed in the community. Without consensus, there will be large numbers in the initiative area that may feel that their concerns are unheard or devalued. Absolute consensus is not necessary, but people must feel included and have some assurance that their concerns will be addressed in time.

6. A high degree of transparency in the formative process of the final strategic plan is essential. Monitoring and reviewing the planning team's process of developing strategies and vetting them within the larger team and community allows inaccurate or unsupported strategies to be detected and increases community acceptance.

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Community Strategic Plan Evaluation Report

Introduction

The following report is based on a mixed method analysis of the strategic planning process of the Miami Children's Initiative (MCI). The planning process began in February 2009 and was completed in November 2009. Data collected include process data of meetings held, documents received, surveys completed and other information to track the ongoing tasks of the planning effort. The Miami-Dade County government contracted with a local agency, Strategic Partners, to facilitate the planning process, develop the strategic plan for implementation of the MCI, and provide information to the evaluation team at the Ounce of Prevention Fund of Florida. This report addresses the planning process and provides an empirical analysis of the strategic plan. The majority of data is qualitative, meaning narrative or contextual data, with some quantitative data used in tracking processes. Multiple data sources informed the conclusions and recommendations presented throughout this report.

The majority of data for this analysis was gathered from the work group process targeting specific areas required by legislation, e.g. education of youth, health and wellness, and community safety. Additional data was acquired from multiple focus groups with community residents. The work groups, focus groups, and the development of final objectives/strategies/ recommendations are detailed in separate sections of this report. For clarity, it is important to know that the narrative data, as well as the strategic plan, use the terms objectives, strategies, and recommendations somewhat interchangeably. In this report, strategies will be used most often to indicate all three terms.

The results section has five sub-sections. The results based on the systems theory lens, a primary component of the evaluation, are presented first. Next is an analysis of support for the six priorities outlined in the strategic plan, followed by an analysis of the focus group data. Focus groups were the primary vehicle for resident engagement and it is important to understand the degree of influence that residents had on establishing strategies and priorities. The fourth sub-section targets the work group strategies and how the level of empirical support for each strategy was determined. The final results section describes additional relationships and other data that emerged during analysis of the data for which sufficient empirical support was available.

Following the results are two separate sections of recommendations. The first of these presents recommendations specific to implementation of the MCI supported by the data. The second presents recommendations for future initiatives, since one purpose of piloting and evaluating the MCI is to inform future Florida Children's Initiatives.

The final section of the report begins with a review of the relevant components of the pathway of change (PoC) first presented in detail in the August 2009 evaluation plan. This provides a theoretical lens to the evaluation while still allowing emerging ideas and adaptation to changing conditions as the MCI develops. A theory-based evaluation helps to focus resources and predict what should be happening based on a review of the literature detailing similar initiatives. The goal is to apply what has been successfully developed and reported in the research literature to take advantage of, and eventually contribute to, the knowledge base. A comprehensive discussion of the goals and phases of analysis, and what data was included, is discussed after the PoC.

Finally, a preliminary statement about the use of the terms 'segments' and 'codes' in describing data throughout this report. A segment is a section of text isolated based on its content, meaning, or location in relation to other data. A segment can be as short as a word, but is usually several sentences and can be as long as multiple paragraphs. Accurate analysis of text segments requires a coding process. A code is a one to several word shorthand descriptor that is meaningful for the purpose of analysis. Segments are marked with codes to identify the segment. For instance, the following quote concerns the Harlem Children's Zone (HCZ). The HCZ was a point of interest and discussion across work groups and the evaluators created the code "HCZ" to capture every reference, however indirect, of the HCZ as part of the analytic process. This process was facilitated by Atlas.Ti (v.6.12), the qualitative research software used throughout this analysis.

> "When the zone really gets established and all of its programs in place, if we follow the Harlem Model, then what you're going to have is a tremendous number of resources impacting a small geographical area at the beginning. So you're going to be able to see children self-esteem start to increase, hopefully the parents/grandparents that are raising them too… self-esteem and they'll start to get the adequate kind of support that they need for kids. They will do that themselves because I think kids, I guess I parallel that with employees, that kids will cause other kids to change negative behavior… So wherever they are in the Initiative, that they're hearing the same message from people who consistently and in that same caring kind of way, from everybody that's interacting with them. I think you'll start to see the kind of behavior… that's why I'm hoping we don't wind up with this tremendous big area right off the back, we're trying to institute the program. We really need to just get something and focus in on those kids and be able to show what can really happen when you take the resources and focus them they way they need to be focused." (Coded segment, HCZ)

Generating Information and Strategies in Focus Groups and Work Groups

A key task of the analysis was to track and understand how ideas and information were generated within resident focus groups as well as within and across work groups. As a community-based process with input from community professionals and residents, the questions that arise are who introduced topics and ideas, how were they valued, and how were differing points of view balanced and incorporated? How was the grassroots understanding of residents and the service delivery understanding of the professionals synthesized to create strategies and recommendations? Did the process result in momentum for continuing the MCI development process?

Part of the tracking process for generation of ideas includes noting when ideas were abandoned, why they were abandoned, whether they were brought up again, and how concrete objectives/strategies were established. The two most important points to consider are generation of a strategy and the consensus process solidifying a strategy. Ideally, strategies would be generated by work group members. This would impact ownership and shared responsibility for the process. Analysis of the information generation and consensus making process will be considered separately for the resident focus groups and the legislatively mandated work groups.

Focus Groups

Information from ten resident focus groups was available for analysis. Focus groups generally explore a topic, can be used for consensus building or product testing, and should be structured via a focus group guide. Facilitators go into a focus group with a guide in hand to ask specific questions which allow focus group members to interact and produce responses to the guide's questions or statements. The focus group guide questions used by Strategic Partners for resident focus groups are reproduced in Figure 1.

Questions 1-4 and 8-10 explore without leading the members along a particular path. These provide the respondents an opportunity to voice what is uppermost on their minds. Questions 5-7 ask for more specific information and, particularly question 7, ask for responses around some, but not all, of the legislatively mandated areas the MCI is expected to impact. Analysis of focus group data shows that the process was exploratory, asking the questions as noted in the guide, to generate information that could be incorporated into the strategic plan. The process sought consensus only to the level of agreeing upon specific needs and resources in the community, if at all, not in negotiating and agreeing upon strategies.

Figure 1: Focus Group Guide

1. How confident are you that your children will be able to live a life with hope and success? Why or why not?
2. What are the challenges that you as a parent face in this community?
3. What are the challenges your child faces in this community?
4. What must be done for you and your children to live with hope and a reasonable expectation of being successful in the future?
5. What programs and resources are there in your community that has helped you as a parent (church, social services, school)?
6. What programs have helped your child?
7. What are the key things that the Children's Initiative must DO in order for it to help change the community, as a whole, for the better?
      a. In education?
      b. Health?
      c. Community safety?
      d. Jobs?
      e. Peer/Youth Group?
      f. Are/Culture/Recreation?
8. If the Children's Initiative was successful, what concrete changes would you expect to see five years from now?
9. What are the most critical problems that your community is facing at this time?
10. What changes in your community (for the good or for the worse) have you see in the last five years (or less if you have lived in your community for less than five year)?

A point of concern regarding the generation of ideas was what was referred to as the six emergent themes in the focus groups. These themes were established early and brought back to the work groups for discussion. The themes almost completely match subsections of question 7 and included education, health, community safety, economics/jobs, and parenting. When themes are found that closely match questions, there is concern from an analytic perspective that the answers to questions are being mistaken for themes. Themes have a deeper meaning that cross questions and provide insight into what is of greatest importance to focus group members. Of course, there will be a lot of discussion on specific topics if the topics are brought up as questions. This is not exploring but deducing what will be considered important, and then finding examples in the data. Focusing on deductive analysis, searching for information that supports early themes, may hinder additional themes that could emerge inductively. That these themes match some, but not all, of the legislatively mandated work group areas increases the risk of targeting some areas at the expense of others without proper empirical support. The only theme not to match a section of question 7 was parenting. Parenting was strongly discussed across focus groups and responses regarding parenting were tied to multiple questions.

Work groups were tasked with designing preliminary objectives/strategies for their topic area to be incorporated into the strategic plan. A short list of predetermined objectives taken from the legislation was provided for each work group. The work group was asked to assess the degree to which each objective was capable of being met and were asked to engage in the process of identifying additional objectives. There was some inconsistency in how the objectives outlined in the legislation were described across planning team participants. In some cases, it was explained as 'the law' and that these objectives would need to be addressed. This was received in some cases as limiting the community's ability to decide for themselves and was somewhat inflammatory. In other cases, the legislative objectives were described as 'suggestions' with the choice of implementation belonging to the MCI management when formed.

There are three cautions that the MCI development team should consider when reviewing the objectives and strategies listed in the appendix of the strategic plan. These are not criticisms, as the planning process was admirably completed considering the time period was assuredly less than what was needed; rather, these cautions, and other cautions provided in following sections, are merely intended as recommendations to be considered when the strategic plan is implemented.

Caution 1: When developing discussion points and ideas for possible strategies, the facilitators contributed a great deal by discussing prior planning initiatives and other experiences they had been involved in during work group meetings. This resulted in work groups adopting several of the suggestions. The primary concern was the amount of original information introduced by the facilitation team. Community initiatives have the greatest success when community members are the ones to create, describe, and reach consensus on specific strategies. An additional concern is that the ideas or strategies might have had greater relevance one to three years earlier, when the material introduced to the work group originated, than in the current circumstances. There was often limited discussion of how and whether the information was relevant, timely or had been on any work group members mind prior to being introduced by the facilitator. To be accurate, these were often stated in terms that allowed the group to veto discussion and potential inclusion of the information as a strategy. However, work group members rarely exercised this option. This happened often enough that it appeared that an unfinished agenda from the past was finding an opportunity in the present. That is stated strongly, and perhaps unfairly, since the work group might well have brought out the same idea over time. It is important, however, to remember that the planning process was expected to be community driven and any data that suggests a lack of community participation needs to be identified to inform future initiatives of the necessity for community input. Sample quotes from facilitators are provided to illustrate the concern.

> "One of the things I want to ask you all, kind of the research model that seems to have the most cause and effect relationship is what they call Positive Youth Development: The Social Development Theory. Are you all familiar with it? Do you want me to walk you through what the literature tells you about what helps you build resilient children? Is that of any use to you? I'm not going to force it on you, but if it's helpful then I got that information."

> "There was a pilot effort by the school system… called Positive Behavior Support. That's a way of both teachers and schools developing standards around student's behavior and training teachers on how to respond to provocative behavior other than suspending… We were involved in a one semester pilot of that at North Dade Middle and the teachers loved it. We didn't get funding to continue it but it look like it had real promise and that's a national best practice that they're really pushing for middle schools..."

The concerns regarding these quotes are first, the sudden raising of resilience for children as an objective by the facilitator rather than the work group members and, second, mentioning a program that was not funded and referring to it as a national best practice. There was no follow-up supporting this claim of best

practice, but it was a topic of discussion that took time away from an already accelerated planning period. Also, the discussion of theory versus developing strategies may not have been useful. Isolated examples would not be a concern; however, a total of 37 such leads were found in the data.

Caution 2: Available data shows there was minimal discussion of developing strategies during the work groups. The facilitators chose to assist the group in generating and processing ideas, with varying levels of discussion of strategies. Time spent on strategies depended in part on the number of workgroup meetings held and the consistency of membership. In several cases, strategies were suggested through reviewing resources in the community and deciding if these would be relevant on a larger scale, since the groups were operating under the assumption that all of Liberty City would be included in the targeted area. The facilitators would draft strategies between meetings and then use a voting process for acceptance. In nearly all cases where there are recordings and transcripts, the strategies met with approval. What appears to be missing is a discussion of strategies after they have been brought back to the work group. This lack of discussion assumes that what the facilitator pulled from the dialogue and summarized accurately reflected the desire and intent of the participants. To what degree work group members felt free to contradict, add, subtract, etc., and how closely the strategies as developed by the facilitators were to the grassroots understanding of the work group is not clear, though the absence of concern by work group members could be interpreted as agreement.

Caution 3: Development of concrete strategies was difficult for several work groups because they were unsure of the geographic boundaries of the initiative. The smaller the geographic area, the more targeted the strategies could be. The work groups entered into 42 discussions of geographic boundaries over the course of the planning process. Groups wrestled with developing more general strategies that might be appropriate for a larger, more diverse geographic area, and specific strategies that would be appropriate for a small geographic area similar to the area of the Harlem Children's Zone. This issue was raised throughout the planning process, as the final boundaries were not established until after the process was completed. Going forward, the implementation team should review recommended strategies and objectives in the strategic plan to ensure they are appropriate to the smaller geographic area finally selected.

A final question is, to what degree was work group and resident focus group information incorporated into the final priorities and individual work group strategies? Strategic Partners did an excellent job of summarizing focus group information into matrices and bringing it to work groups for review with the goal of discussion. However, in several cases, the facilitators had a hard time getting work groups to review the matrix in order to incorporate resident feedback from the focus groups into the work group process. Ideally, it would have been useful to bring work group products back to focus groups for review and discussion as well. Unfortunately, due time constraints, the focus group held with elderly respondents was the only group to review specific information from a work group.

Both the focus group and work group information were given credence in the development of the final strategies and objectives for the individual work groups, though the emphasis was on work group information. Reviewing the content and structure of the work groups compared to the focus groups suggests that the focus groups targeted the individual experiences of the focus group members versus the discussion of services, needs, and community capacity that was evident in the work groups. The latter is more in line with material needed for strategic planning. Also, the focus groups met one time per participant, and thus were not designed to develop strategies, whereas the work groups were. Despite attempts to produce a synthesized product, the result was more of a parallel product. However, the facilitators did incorporate, in varying degree, both sets of information in the final strategies.

Work Groups

The work group method will be discussed with emphasis on structure, process, and attendance. Work groups were structured on a volunteer basis, with respondents joining after being made aware through word of mouth, e-mail or an invitation from a facilitator or another work group member. Strategic Partners worked with the county and other organizations to locate and invite key members. Work groups met in the evenings and at other times convenient to the participants. Strategic Partners facilitated the dialogue process, circulated minutes from previous meetings, recorded the proceedings, and generated additional meeting minutes. Frequently, a work group member would inquire regarding a particular data source, potential participant, or inclusion of a service provider. If a work group participant was not available to meet the request, Strategic Partners took the lead on locating and bringing this information to the next work group session.

The largest data collection problem for the planning process was the recording and reporting of attendance during the work group meetings. The information, if captured, was not consistently forwarded to the evaluation team. Of the 11 work group areas with two or more meetings, only five have sufficient information available for reporting and discussion. Attendance data is summarized in Table 1. The column designated 'past 50% date' is the number of participants that began their involvement after the work group had already met for at least one half of their total sessions. This is an indication of the amount of turnover and the degree that the work group had to cover old ground to catch up new members. There was no cutoff date for beginning in the group and the narrative data revealed that the facilitators had to repeat the purpose of the work group and make introductions at nearly every session. The participation of community residents in attendance data is also suspect. Very few self-reported as residents. Those that did are in the 'yes' column. There were a few participants that did not have sufficient information entered to ascertain resident status and they are in the '??' column. However, it is possible that some, but not likely a large number, of those in the 'no' column are also residents but were not indicated as such in the data forwarded to the evaluation team.

Table 1: Attendance Data for Select Work Groups

Work Group	Total Attendees	# of Sessions Held	Total Participant Sessions	Average Sessions / Work Group	Median Sessions / Work Group	Range	Past 50% Date	Residents		
								Yes	No	??
Community Safety	36	8	90	2.5	2.0	1-6	11	3	33	0
Education of Children	31	8	65	2.1	2.0	1-8	8	2	28	1
Health and Wellness	20	6	36	1.8	1.5	1-5	7	1	19	0
Parent Support	12	4	20	1.7	1.5	1-3	4	0	9	3
Youth Support	19	7	46	2.4	2.0	1-7	4	4	15	3

There was considerable variance in the number of participants and the number of meetings across work groups. This raises the question of confidence in the final objectives and strategies generated for each work group. As noted in the qualitative analysis, the larger the number of work group sessions, the more in-depth discussion and time spent on developing concrete strategies. Meetings across work groups tended to follow the same pattern. Early meetings explained the process and focused on services and gaps

in the work group area of discussion. The focus switched to concrete examples of successful programs and, to a lesser degree, how to involve programs in the MCI. Once there was a shared understanding of the problem and resources, discussion turned to strategies and recommendations. For groups that met with less frequency, e.g. the arts and culture and elder groups each met only twice, the process of exploration lacked the same depth and the development of strategies was rushed, if even attempted. In fact, as each work group area is discussed in relation to the strategies and recommendations noted in the strategic plan, it was found that for groups that did not meet frequently, there is concern for sufficient data support for the majority of strategies contained in the strategic plan. On the other hand, groups such as the community safety and education of children, which had consistent membership and many meetings, were able to fashion strategies and recommendations that can be used with confidence as the MCI develops.

Noted previously, a common occurrence throughout the work group process was the amount of time spent on reintroducing the MCI and the work group process to new members. The column 'past 50% date' in Table 1 indicates that from 20-30 percent of work group members joined after the halfway mark of the planning process. This provided new ideas and new energy to the groups, but also slowed the process by having to go over old ground to bring new members up to speed. There was no reasonable way to dissuade new members from joining late, since this has to be a community driven process. This is noted simply as a naturally occurring barrier to completing the mission of the work group, made even more difficult if the work groups met only a limited number of times.

Results

Results will be reported in several subsections that correspond with the goals of the analysis plan. First, findings from the pathway of change, the systems-based analysis, are summarized. Next, the six priorities listed in the strategic plan are discussed and evaluated for data support. This is followed by the results of the resident focus group analysis. A strategies section addresses each work group and their strategies and objectives separately. The final sub-section is additional findings that emerged during data analysis that should assist the implementation team and provide additional insight into the planning process. In some cases, a diagram may be used when there is sufficient evidence of complex associations in the data to warrant its use.

Systems Based Analytic Results

This section summarizes the four categories of systems findings and addresses other aspects of 'systems awareness' or 'systems thinking' found in the narrative data. The four areas of systems change expected at this point in the development of the MCI are listed next. The bulleted items are the specific code descriptions used to code passages of the transcriptions and other narrative data. As noted, the planning team process is a time-limited exchange and does not engage all aspects of systems models. The categories and codes listed are those that would be appropriate to this stage of MCI development. A further description of data collection and analysis is provided at the end of this report.

1. *Information Generation, Sharing, Consensus and Development of Strategies*

   - Emergence of ideas, specifically who initiated the idea, how it was processed, whether and how it was followed-up

   - Sharing of information within and across work groups

   - Instances of information being fed back to planning team members that reduces options and brings the planning team closer to consensus

   - Generation of strategies by work group members

2. *Inclusion and Responsibility of Residents*

- Discussion of the role of the planning team and work groups, individuals in work groups or the MCI as a whole

- Planning participants verbalizing responsibility for the work group, focus group, or other group related activities

- Inclusion of residents in work groups and the degree of participation of residents

3. *Barriers/Issues and Suggestions for Overcoming Them*

- Barriers or problems in the Liberty City area

- Barriers or problems that the MCI project is specifically likely to face

- Examples of barriers, hopelessness or other disempowering language regarding the MCI or Liberty City

4. *Resources and Sustainability*

- Discussion of resources, programs, or ideas that the MCI could use to engage residents living in the Liberty City area

- Discussion of control of resources and sharing of resources

- Discussions of sustainability

A key systems concept called continuum of care, also referred to as systems of care or wrap around systems, was broached 11 times. The narrative segments all appeared to be variations of the same concept in discussion, though they might have been labeled differently as noted. The parent and guardian support group requested and received a handout describing systems of care. Since the work groups were not tasked with developing or recommending a system of care, the lack of frequency, only 11 times, is not an issue. As one respondent noted, the idea is to have "no wrong door in the county" when looking for services. Sharing of information will allow any organization to point a resident to the proper location to meet their need. The facilitators rightly noted that it is important to thoroughly discuss this concept so everyone agrees on what a continuum or system of care would look like for the community and for the initial geographic area that will be targeted. Two text segments that are representative of the systems of care discussion are provided for illustration:

> "Because in a real true system of care, there's someone who is responsible for helping them along the way. Literally holding their hand and making them, helping to build their knowledge by providing information on what's available but also making that initial call, you know following up…what they call care coordination, which is really just a different term for case management/social work. It's the same thing."

> "Because no matter what you create, there needs to be something that pulls all of those programs and services together, that glues them together. And that really is your care coordination kind of person or initiative. Because it could be the best program. But you need people who just will never give up. Folks who are from the community, understand the community, have connections to the community. But whose job it is to just work that community from a grass root outreach PR perspective."

Systems models were applied to the data to analyze how the planning team and work groups were apprised of their goals and their role in the planning process, how ownership of responsibility was discussed, and how resident involvement was conceptualized. The main question addressed is: Was the

MCI development process described in ways consistent with systemic thinking? When discussing the role of the MCI, the Harlem Children's Zone was frequently discussed as the model and goal. What was discussed with much less frequency was how replication was to be accomplished, what would be required to bring such a successful program into the context of Liberty City, and what adaptations would be needed to make it fit. Contemplating how changes should be made to introduce a new way of cooperation and resource management would be consistent with a systems perspective. This was not the purpose of the planning process; however, it will need to be considered during implementation.

The MCI, like the Harlem Children's Zone, will require sharing of resources and systems based thinking for successful implementation, so it is useful that the concept of systems thinking was broached at times in the planning process. Systems thinking is most often paired with the concept of prevention in the data. Prevention of education failure, negative health outcomes, juvenile delinquency, and teen pregnancy were all linked to systems based concepts in the data. This provides evidence that systems thinking is one way to bring the individual work group strategies and goals together in a more cohesive whole. Additional evidence is found when reporting the four areas of system change in the following sections.

Information Generation, Sharing, Consensus, and Development of Strategies

This sub-category of system based codes targeting information production through development of strategies was designed to determine how information was generated, processed, shared and agreed upon within and across work groups, and how information sharing affected development of strategies for the work groups. In other words, if and how the independent silos of work group activities and information generation crossed over to other silos. Generating information and strategies in work groups and focus groups was covered earlier in this report in some detail; therefore, this section will focus primarily on sharing, engaging, and building consensus across work groups.

Analysis of the data supports a continuum of work group knowledge sharing, consensus building, and development of strategies that roughly conforms to the following steps:

1. Introducing and understanding the task and expectations for each work group: This occurred during introductory meetings where understanding of the role of the MCI, the planning team and individual work groups was shared.

2. Gaining a focus independent from other work groups: Once the work groups had a basic definition of all work groups, there was a short period of time for some groups to establish boundaries to avoid duplicating effort. This recurred later in the process as the facilitators shared information across groups. One key area that appeared to cause concern was focusing on the right age group for different work groups, e.g. the Education of Children and Early Development, and Youth Support work groups were especially concerned about which age group they were to target. There was concern for establishing age and developmentally appropriate strategies.

3. Increasing curiosity about the progress and findings of other groups: For some groups, especially for groups that started early or very late, there were inquiries about how other groups were progressing. This was not competitive; but rooted in a desire to place the amount of work still required into a larger context.

4. Facilitator sharing of information from other work groups: There was not any direct contact between work groups other than during the September 19 and September 24, 2009 community meetings to share results. The sharing of knowledge across work groups by the facilitators increased during the latter half of the planning process.

5. <u>Generation of consensus for initial strategies</u>: Groups varied in the formality of generating and establishing agreement on strategies. A greater number of work group meetings and consistency of membership were associated with more formal processes of consensus building.

6. <u>Revelation and discussion of similar strategies</u> <u>across work groups</u>: This was again something introduced by the facilitators. They would bring similar strategies being discussed in separate work groups to the attention of the work groups in order to ascertain which work group would include a particular strategy in their final recommendations.

7. <u>Facilitation team leading the consensus process for final strategies</u>:   The facilitators took the lead in developing and circulating final strategies for approval and formalizing final strategies into the work group document. This issue was discussed to some degree earlier in this report.

Without direct contact between representatives of different work groups, the facilitators often volunteered to take information from one work group to the more appropriate work group. Thus, the facilitators were information conduits, whether by request or default. This helped to organize information efficiently; however, relying on the facilitators to interpret the information increased the possibly that the message would not be conveyed in the form that the work group intended.

Another key function related to information sharing was the use of work group members as content experts when one work group needed information that another group had. This was not a frequent occurrence, but might have increased had the work groups had direct contact. Some work groups found it difficult to stay focused on their group's tasks when the real world dialogue they engaged in crossed into other work group areas. The majority of work groups naturally wanted to use a more holistic approach to their process. This was especially true for work groups that were targeting areas that youth would often be involved with during the natural course of their days, either simultaneously or sequentially. For instance, discussing community safety and juvenile delinquency would at times become a discussion of how schools were dealing with delinquent youth and how this affected their education. This would lead to a discussion of whether the education work group had discussed, or planned to discuss, this issue.

Consensus building within groups was timed, whether deliberately or not, to occur approximately when the work group process was finishing. Consensus across work groups was determined at the two community meetings (September 19 and September 24, 2009) where there was a voting process. The voting process was on overall priorities that the facilitator distilled down from the large number of strategies, and on strategies developed by each work group. There was little opportunity for sustained dialogue between work group members. Future initiatives using a similar work group process are encouraged to form a work group liaison committee so key members from each work group can meet from the beginning and work to share and adjust strategies for maximum breadth and depth of coverage. Having only two sharing sessions, and having them so late in the process, did allow sufficient time for discussion of areas of disagreement or to fully understand the complexity of what the groups had created.

Inclusion and Responsibility of Residents

The role of the planning team and work groups was most often equated with the legislation and there were frequent references to the mandated work group areas, objectives, and requirements (e.g. development of the strategic plan) included in the legislation. Another fact mentioned frequently was the ten-year time span for the pilot and the three years worth of planning dollars. Outside the legislation, when the planning team was discussed, it included discussion of the resident focus groups, the mandated work groups, community meetings, and MCI community awareness. The MCI itself is still a somewhat abstract concept that individuals have a harder time understanding outside of the legislation that is something concrete they can see and with which they can connect. The planning team was the anchor concept that helped residents and work group members alike understand the purpose of the MCI.

Noted earlier, the delay in defining a specific geographic area for the project's initial focus diverted the energy and attention of planning team members and complicated the planning process. Future initiatives should attempt to solidify a geographic boundary sooner in the planning process to help maintain focus. A final subject, often mentioned simultaneously with the role of the planning team and the MCI, was funding and sustainability. The Harlem Children Zone and Orlando's Parramore Kidz Zone funding models were discussed to varying degrees across work groups. The discussion frequently lead to independence from governmental oversight by not needing or having government funds, or at least much more limited government funding ties to specific objectives for the MCI, which is consistent with the Harlem project model.

Owning responsibility was a consistent theme throughout the analysis. There was little discussion of owning responsibility for the planning process itself. This might have been a given for those that were volunteering their time for the planning process and thus was not verbalized. However, there were three sub-themes related to owning responsibility with decreasing emphasis in the data from sub-theme 1 to sub-theme 3.

1. Parents need to show greater responsibility and accountability for their children in several ways.

2. Residents of Liberty City need to contribute to and care more for their community. In essence, to give back to the community, which was a term used consistently.

3. Service providers, with the MCI project viewed similarly, must take responsibility for providing good and needed services in the community.

The most complex associations were for parent responsibility for their children. There was both high density (the number of other concepts linked to parental responsibility) and intensity (level of emotionality detected in statements). The statements regarding parental responsibility were brought up in literally every work group, to varying degrees, and the majority of the resident focus groups. Figure 2 graphically presents the findings for parental responsibility for the child. Direction of the relationships is established through the language used by the planning team members, e.g. services to parents are needed to improve their educational support and parenting skills. The associations presented are not the only ones contained in the data, but they are the ones with greatest frequency, density, and intensity.

Parents need to increase their support of a child's education and improving parenting skills were the two most powerful associations with increased parental responsibility. There was disagreement as to whether parental support services were sufficient for the Liberty City area. Barriers related to services and owning responsibility included lack of knowledge that the services were available and how to access services. Specific services linked to increasing parental accountability were parenting skills and parent educational improvement. Educational improvement was not limited to increased formal education for parents. It also included increasing parental valuing of education and seeing education as a pathway to greater success that could be passed onto their child.

The assumption was that sufficient exposure to specific services improved parenting skills and parent support of education. In accepting services, parents were seen as active agents rewarded by being able to respond to their child with greater responsibility and accountability. This would improve the parents' ability and confidence, allowing them to become positive role models for their child. Increased educational capacity for the parent would lead to better educational involvement from the parent to the child. Together, these would improve outcomes for the child. Some planning team participants view the child as having agency of their own in that the child must be willing to engage and accept a more responsible parent in order to improve his or her outcomes.

Figure 2. Associated Concepts with Parental Responsibility for Child

- Parenting Skills Training
- Services to Support the Parent
- Parental Educational Assistance
- Parental Lack of Knowledge of Services or Disinterest in Services
- Improved Parenting Skills
- Improved Parent Education
- Increased Parental Responsibility for Child
- Parent as Positive Role Model
- Child Must Want to Succeed
- Education of Child
- Improved Child Outcomes
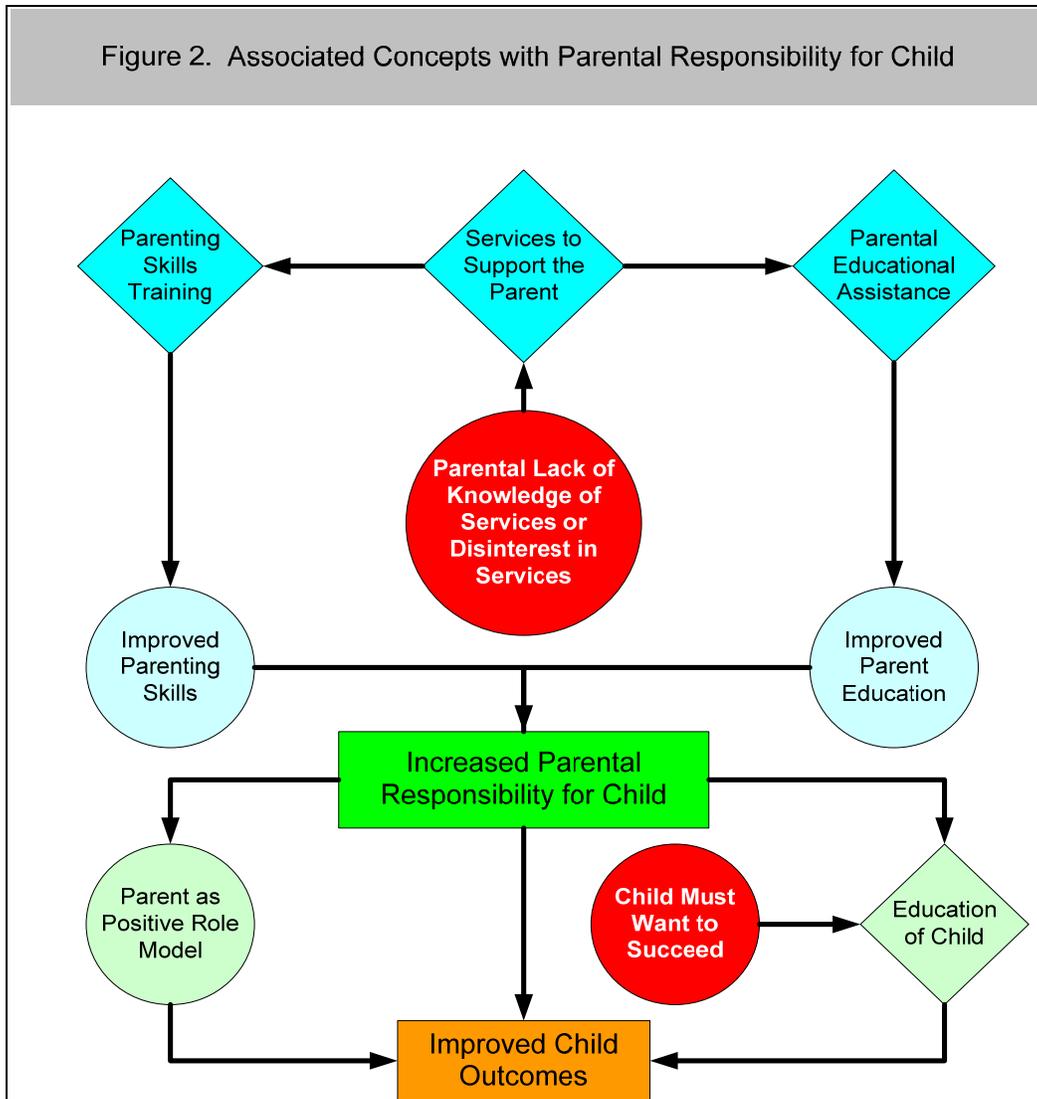
Other factors associated with parental responsibility and accountability included grandparents' concern that parents have resigned their responsibility, a parent's responsibility for children's delinquent and substance abusing behaviors, lack of hope, inability of parents to afford child care and summer care, and the lack of transportation and health insurance. Together, these represent a significant list of potential entry points when developing or coordinating services for parents on behalf of the children.

Giving back to the community and increasing the bond between residents of the community were mentioned with relative frequency. A key concept consistently linked to increasing parental responsibility for the child, as well as residents giving back to the community, was the issue of incentives. Sometimes with dark humor, the need for parents/residents to receive something material for participating in services aimed at being a better parent or neighbor, especially in the matter of having food available at meetings and events, was discussed with some regularity. The level of density with parenting and being a good neighbor were approximately equal, suggesting that use of incentives is an important concept of which the developers of the MCI should be aware. A concept mentioned infrequently, but with a degree

of intensity, was the Harlem Children's Zone value of having the people in the Zone hold each other responsible for appropriate behavior, as well as holding the community leaders accountable.

The final system based relationship related to responsibility was resident's expectation that service providers would have affordable and effective services available. Service providers, including the MCI, were expected to plan for sustainability as well as effectiveness. The Harlem model was frequently cited in relation to this. Also, service providers were expected to actively seek out information on what parents need and then to provide the services required without wasting resources on services that are outdated or not needed by parents and children.

Resident involvement was also a heavily endorsed concept within the inclusion and responsibility of residents category. A clear mandate of the planning process was to incorporate residents into the process. Residents were not consistently defined in the data and were referenced as living in Liberty City and either living or working in Liberty City. Recalling Table 1 (page 11), there were few work group participants that self-identified as residents. Focus group participants were residents, as were the many individuals attending the community awareness events and meetings designed to present the results of the planning process. Also, the resident priority ranking surveys and the housing survey involved 1,809 residents. What was lost from resident involvement, as noted in some work groups, was the ongoing contact and involvement in the planning process and the development of strategies. Work group members noted that additional resident involvement is imperative for deciding on what to include in the MCI startup, what resources are needed, and how to implement each of the strategies. For example, stated in a Youth Support work group meeting:

> "There's also a dire need for a parental involvement and a community residents involvement. How many of you sitting around the table live in the Liberty City community? I heard you mention it. Three of you. So I think there should be a majority of folks sitting around this table from this community… We'd like to have some of those folks around the table as we go through this process and for those of you who did not receive the letter, if you would like to get a copy I'm sure that (name) would be willing to send out a copy. [referencing a letter sent to agencies asking them to inform residents of the MCI opportunity]."

The need for resident involvement was not lost on the team of facilitators. An example of a text segment from a facilitator for including residents stated…

> "Our big focus over the summer and in through September is to talk to as many residents as we can. Identify the leaders and what I call the peacemakers. The folks who don't have their names in the paper all the time, they are not necessarily running an organization that they have to find funding for, but the people that the neighbors look to when there's trouble or problems or what have you. Because building this kind of initiative and making it successful in the long term requires people who are leaders for the community."

The residents that were consistently involved in the work groups actively contributed to the process and also participated in community meetings and had the chance to observe and learn from visiting the Harlem Children's Zone. This was a small number, however, and those implementing the strategic plan should make an effort to include residents more completely in ongoing planning and implementation. The data supports two reasons why residents were not as involved as desired:

1. There is a general lack of trust and hope among many residents. They do not wish to be involved in a process that they expect either to fail or to take advantage of them. This is historically based and includes both outsiders and insiders (defined as residents of the area that own businesses in the area) taking advantage of and betraying the trust of Liberty City residents. There is a large amount of inertia that the implementers of the MCI will need to overcome.

2. The competing messages by key individuals in the community, including some elected officials, that stated that the planning process itself was diverting resources from the community and construing that the planning dollars could be used as service dollars resulted in what might be described as negative background noise. Though headway appears to have been made in correcting this message, it reinforced the feelings of hopelessness, apathy, and anger present in the community. Stated simply, reason two reinforced reason one, negatively impacting the recruitment of residents. As was stated in one meeting, "Make the effort to engage them. The message that is being given is that "government" has taken this project away from "them" and is doing it "their" way. They do bring something to the table and they bring people with them. If we don't get resident support, we can't do anything."

Barriers/Issues and Suggestions for Overcoming Them

Barriers were evaluated along two conceptual lines. First, whether any barriers were discussed that would affect the creation of an effective coordinating agency. The expectation would be few if any references during this stage of the MCI since the implementation team would be more likely to face barriers than the planning team. Regardless, the data was reviewed to locate barriers to establishing the MCI coordinating agency to assist in the implementation process. Second, data was analyzed for information on barriers not specifically related to a work group area, and that should be considered during the implementation process.

As predicted, there was little dialogue around barriers that would impact the development of the MCI not-for-profit that will coordinate the MCI implementation and activities. Two areas with low frequency but high intensity and the potential to negatively impact the MCI emerged from the narrative data. Some respondents were concerned about a history of inappropriate use of grant dollars and other funding in the Liberty City area. Money comes in for a specific purpose but outcomes are not met and the resources are not allocated as expected. This ties in with the belief propagated by some that disagree with the MCI process that the money has been stolen or wrongfully used. Such a history is easily exploited and the implementers of the MCI should consider this an issue that is likely to surface during implementation. Issues related to that central topic of misappropriation included a perceived lack of community involvement in deciding how to spend dollars. The section on resident involvement discusses this issue in some detail. Another related issue is agencies not targeting outcomes that concern residents, also discussed earlier, though it is cautioned that needs assessments should be done systematically to avoid a small but vocal group driving policy that is not grounded in the reality of the community.

The second area that would affect the MCI and concerned some respondents was the potential scope of the project. As a reminder, the geographic boundaries were not finalized during the planning process. The scope of the project is also an issue about which representatives of the original vision for the MCI were concerned. One of the original visionaries stated in a phone interview early in the planning process that she had never envisioned a complete replication of the HCZ, as they do not have Geoffrey Canada and the resources to which he has access. Another originator went on to discuss the origins of the MCI including some of the context that started the process of developing an initiative.

"There was a change in leadership in key places in Liberty City about five years ago. The people that became leaders were people from the area. People that came back in management and leadership roles specifically to places that had history and huge opportunity for change. Our peers in leadership roles had synergy with common goals, history, knowledge, obstacles, and had lived in other parts of the country and world and had awareness of what was missing and should be in the world. This was not political, and past political leaders were not strong and those that were, were ostracized and criticized and tread upon. One of the most traumatic examples was the last commissioner committing suicide in the offices of the Miami Herald. He did not bite his

tongue, he spoke out and all the forces of evil came down on him. We that found ourselves with capacity came together and began to change the area outside of the system."

The idea was to focus on education as the primary area for intervention along with health, arts and culture, and leadership. Safety and other issues would be added later. Though the boundaries as currently established by the county are small, there is likely to be continued concern and opposition about the scope and direction of the project.

The differences between the current and originating vision of the project was addressed by the facilitators only when the subject was broached by a work group or focus group member, which seldom happened. Though infrequent, when introduced by a planning team member, it was usually with a degree of emotion that required an interruption of the work group activity until the subject could be clarified. Since this occurred infrequently, it did not impede the planning process. Further, this issue manifested itself more often toward the beginning of the planning process and surfaced only three times after the mid-point.

Other issues that transcended individual work groups surfaced in the data related to the history, culture, and current situation in the Liberty City area. These include violence/safety, lack of value for the history of Liberty City, intergenerational cultural issues, intergenerational familial issues, and abandonment of the community by youth whenever other opportunities arise.

Violence and safety are discussed here due to the sheer prevalence of the issue across work groups. Safety is an issue that was touched on across work groups and focus groups. Some issues, e.g. having proper lighting, were preventative in nature while others were intervention in nature, e.g. restorative justice programs. Changes in the community, including increases in gang activity and violence, were especially troubling. How education, recreation, parent support, arts and culture, faith-based programs, and other target areas could address the issue of safety were both frequent points of discussion and were highly correlated (high density). Concerns with police presence, attitude, and commitment to the community were also issues of concern. Community safety was supported as a primary issue.

Youth are considered to be uninformed and, to some respondents, uninterested in the history of the Liberty City area, and thus cannot recognize the pride that others feel in their community. Some older participants remember fondly the music, culture, small businesses that employed many of the residents, and stories that used to be passed on across generations. Becoming educated was a point of pride and determination. Changes in education have left Liberty City residents with fewer educational opportunities. Education, health, wealth, employment, and other disparities were routinely noted. Two planning team participants that are also residents provide examples of the significance of not knowing the history of your community:

> "We have a number of businesses in the Liberty City area that have been passed on from generation to generation. And our kids that are coming up today are not aware of the history of Liberty City. Let me give you a brief history, Archer Villa, itself was once an all white school. Being that the Board of Education and other activists in the Dade County area, came together and said, "look we should be given the opportunity to be educated as well as our counterparts." This is information that should be kept in the home like a bible, because when you deprive a culture of their history where is the respect? Where are the principles? Where is the purpose? There is none, because we as people do not take this as a something seriously. We send our kids to school, to college and come out and graduate with a degree, why not send our kids to college to become owners, entrepreneurs? One problem that we can eliminate, we have activities such as this, is bridge the gap not only between the principalities in Dade County, but our neighbors. We've lost the respect for our neighbors."

"A lot of you older people of the community may know of or remember and a lot of younger people don't know and some others who are transplanted to this area, don't know the history at all. So I want to show recognition to those areas; every other community, Hispanic, Jewish community, they recognize their history. We must give back and pass our history on so that it don't just die. The black people of Miami, the pioneers paid the price, they helped build this great Miami and it would be a shame if we forget their efforts."

Besides the lack of cultural knowledge, there were indications of the clash of cultures. This had examples of both age and race during discussions. The concern that parents are more concerned about their own appearance, about looking a certain way, and that they behaved as youth to be friends with their own children, was a point of dismay for people in the faith and elder groups. Even when aspects of youth culture are used to bridge a gap between generations, there was resistance to the method, but not necessarily the message. This was not noted with great frequency, but should be considered when planning multigenerational interventions to take advantage of familial ties for improving youth outcomes. Two examples highlighting this point are provided:

"Now, the concept of most of the churches you have to imitate what you see on the streets to bring that into the church to get young people involved. Like Rap-Gospel, I cut my TV on one day and you got a guy who was singing about Jesus Christ and he had a gold chain, gold teeth, hat turned sideways, baggy pants, in the church. I disagree with that, because I can't tell the difference in that between going to church or a rap concert. The only thing that's different is the language they're singing in. This is what happen to these communities."

"It's just like when I grew up and no way shape or form am I prejudice, I worked a party one time I was 47 years old and there was a party of young people and I was hired to work security. Everybody came in, white kids with hair braided up, gold teeth and etc. I'm standing there and a young white man came up and said, "Yo' my N." I looked at him, I'm 47 years old. Back in my day when somebody say, yo' my N, that's it! That word was very offensive to us but now that word is a term of endearment for the young people today and everybody use it."

Diminishing intergenerational solidarity and support was noted by some respondents, especially but not exclusively those in the elder group. Though the African-American family unit remains intergenerational and caring, there is an increasing gap between youth and parents, parents and grandparents, and grandparents and youth. This is making it difficult for the many grandparents currently raising their grandchildren as primary caretakers. This is directly correlated with parents owning responsibility for their children as previously discussed.

A final area discussed in multiple work groups and relevant to the success of the MCI as well as the community itself is the need to support the return of youth and their work to give back to the community. Youth see college as an escape and rarely come back to the Liberty City area. Education was the most prevalent reason for leaving the community, though jobs were also mentioned. This will require increased employment opportunities and ways to gain wealth while living in safety in the Liberty City area if the exodus is to be stopped.

Resources and Sustainability

Sustainability varied considerably in how it was linked to other topics, concepts, and codes. Different work groups discussed sustainability to different degrees. For instance, work force development was mentioned in the arts and culture group. By linking something considered disposable, e.g. art, with something that is not, e.g. employment training, you sustain both and they supplement each other. As one respondent noted:

> "One of the things that we're working is business professionals come into the Art Studio and work with the kids who are marketing and advertising experts. Who are coming from financial areas. We talked with the kids about how can your art designs end up on a product? How can you sell a product, even if it's a T-shirt or a bag or painted sneakers, how do you make product from arts and culture? And that should not be missing from any of this because that is huge, a website that represents everyone who's doing this can generate millions of dollars to put right back into the program."

This suggests that the people that ask for innovative ideas for sustainability are the ones whose life work requires constant attention to developing resources that are sustainable.

Terms used frequently with sustainability were commitment, independence, investment, leveraging, and outcomes. Community ownership and resident participation were also linked to sustainability, though with less frequency. The three concepts with the greatest degree of linkage or density with sustainability were cooperation, controlling and sharing of resources, and partnerships.

Complete cooperation, though valued highly, is not expected due to the conflicting visions and negative rumors and messages circulating, past history of research being completed in the community followed by abandonment, and the funding structure that forces all participants to scramble for sufficient funds regardless of effectiveness of the program. As one respondent stated:

> "One of the things said yesterday which absolutely jived with my own experience is, we've got a steep climb ahead of us because this community has had so many people make promises that they've broken. So a lot of the community leaders are saying "I'm not going to waste my time in one more promise of working together because in the end the only thing I can control is what I do for my own organization. So that's where I'm going to spend my time."

The quoted text also introduces the concept of how resources are controlled and shared. There were two major issues surrounding resources. The first, and most obvious, was County involvement and the Ounce of Prevention Fund's involvement as the fiscal agent for the state funding. Though not as prevalent as might have been expected, there were approximately 20 text segments that addressed the issue of the money given for the project being directed through the Ounce of Prevention Fund. The second area is how Miami operates in a different way and the need to understand how they operate. Several quotes discuss how the funding scheme in Miami is to make sure everyone has a little bit of the available resources, often not enough to get the job done, in order to avoid political confrontations. The presence of "Tallahassee" personnel and it is unclear if this is strictly the Ounce of Prevention Fund personnel or state government as well, underscores for some planning team participants that the standard operating procedures in Miami are misunderstood, circumvented, and disrespected. The following quotes typify this belief:

> "… I worked in big cities almost all my life, and I was the point person between Milwaukee, which was the biggest city in Wisconsin, and the state capital of human services. We were like this all the time. They didn't understand how things, they didn't like the messiness of the big city. And, it was- and I'm seeing a lot of those same dynamics here. The folks who live in Tallahassee just have a nice neat view of how the world should work, and it doesn't work like that in this town. Now I'm taping this, so I'm putting myself on the record."

An interesting finding was how rare sustainability and funding codes were used simultaneously. This was counterintuitive and the analysis revealed that funding was linked to ideas of making ends meet, maintaining the status quo, competition, direct services, reimbursement, and staffing. Sustainability was linked with fund raising, philanthropy, partnerships, and long term planning. Sustainability for this data is a process that creates opportunities and relationships that can be leveraged for the needed funds. The

implementation team should consider these differences when making contact with community programs to ensure that the sustainability of the MCI and funding needs of programs are not at odds.

Partnerships were powerfully linked to sustainability. When discussing services or the current state of the content area of a particular work group it was common for the discussion to focus on a particular provider and then move on to a different provider or topic. For example, when discussing education, the school system would dominate the discussion. When discussing education and sustainability, developing, enhancing or finding partners that could assist in education, in effect plugging the gaps that the school system lacked the resources to challenge, would be a primary focus. Strategies of work groups were often discussed in relation to community providers and partnerships. When sustainability of the MCI was discussed, then the conversation turned to sports organizations and other organizations that do not have as deep an association with the community as local organizations but have deeper financial resources to tap. Sustainability should be incorporated from the outset for the MCI and discussed openly with partnering agencies, both to build a sustainable MCI and to ensure that partnering agencies do not feel that the MCI controls or competes for resources inappropriately.

Strategic Plan Priority Analysis

A key task of the planning team was the creation of a strategic plan that would prioritize the findings of the planning process and provide a series of action steps. It needs to be noted that the strategic plan draft submitted to the County Commission in Miami-Dade County has two separate sections that discuss priorities. The first set of priorities is in section III of the strategic plan, Vision for the Miami Children's Initiative in Liberty City. These are the ranked priorities from the planning process. The six priorities and their rankings are recreated in Table 2. Additional discussion of these priorities follows shortly.

The second set of priorities is listed in section V, Action Plan and Time Frames. They include:

Priority 1: Design and implement MCI vision, governance processes and structures

Priority 2: Design and implement a managing organization to provide operational leadership for implementation of the MCI strategic plan

Priority 3: Assess available resources and develop a 5-year program plan to implement the priority strategies

Priority 4: Define and implement strategies to ensure that parents and children/youth remain engaged and actively involved in stimulating educational environments from pre-school through successful high school completion

Priority 5: Implement a provider network to coalesce the resources of the community to deliver successful programs to support these priorities

This second set of priorities was not subjected to a rigorous evaluation. The evaluators did not have access to the process that developed the priorities or the series of tables outlining the action steps tied to the priorities present in the strategic plan. There is no data in the documents or transcripts reviewed that either supports or refutes this set of priorities. These priorities are likely a result of the internal research, deliberation, and expertise of the Strategic Partners organization that was hired to facilitate the planning process and to develop the strategic plan. There is reasonable face validity and a logical flow to these priorities. The evaluation team was able to review the relevant literature on strategic planning, community initiatives, collaboratives, and systems with respect to this second set of priorities. The results of the review are that the order and content of the priorities are consistent with the literature.

Table 2. Comparison of Priority Rankings from Two Sources		
Priority	**Ranking in Strategic Plan**	**Liberty City Resident Ranking in Separate Priority Analysis**
Parents and children/youth remain engaged and actively involved in stimulating educational environments from pre-school to successful high school completion	1	2
Improve strong and positive parenting and parenting support	2	1
Strengthen the capacity of core community organizations to deliver evidence-based services and revitalized support to children, youth and their families, by providing capacity building, technical assistance, training on quality programs and related support	3	6
Creating a balanced approach to community safety with restorative justice for youth	4	5
Improved economic resources and affordable housing	5	4
Early and adequate health care from prenatal care through adulthood	6	3

The evaluation of the priorities in section III (Table 2) of the strategic plan comprises the rest of this section. The analysis was not designed to refute or replace the priorities. The goals of this section are to:

- Examine the priority development process
- Examine the balloting process used to rank the priorities
- Discuss the evidence supporting the priorities
- Provide any additional recommendations or comments regarding the priorities

It is not clear in the plan how the priorities were developed. It is unknown whether the priorities were vetted in the individual work groups prior to presenting the work group material in the two September community meetings. The recordings and transcripts did not indicate that the priorities were presented to the work groups consistently. This does not reduce the validity of the strategic plan by any means and is in fact a limitation of the evaluation. Information on this formative process was requested but none was received. Evaluations of future initiatives should ensure that there is greater transparency of the formative process of the final strategic plan in order to better understand the process of preparing final strategies.

A limitation of the strategic plan is that it does not reference the balloting process nor the numbers of ballots cast. The evaluation team did review the ballot. Table 2 ranks the priorities in the second column from one to six as endorsed by the work group members and others during the two community meetings in September, 2009. Priorities 1 and 2 are considered the highest priorities in the strategic plan. Priorities 4 through 6 are acknowledged as longer-term priorities in the strategic plan.

A ranking survey was developed from the ballot and local residents were hired to survey community members, asking them to rank the six priorities from most to least important. This was a planning activity

supported by the evaluation team by assisting in survey development, entering, analyzing, and reporting the data back to the planning team. The full report summarizing the 971 residents surveyed is appended to this report. The rankings are presented in the last column of Table 2. As can be seen, there is considerable difference in the two ranking structures. An exception is rankings 1 and 2 that are switched but otherwise represent the top two. The overall variance is not unique as different groups will often have different opinions on what is most and least important. The residents represented in the last column did not have any information on the developmental process or context of the priorities. Thus, their perspective for the rankings was different. The differences reflect the impact of context on opinions. It is recommended that the implementation team consider the exposure level of citizens to the developmental process when asking them about priorities or any other aspect of the MCI development and implementation. They should also consider both rankings when deciding on implementation of priorities and structure their efforts for maximum transparency to residents of the target area.

Evidence supporting the priorities was gathered by coding segments of text that corresponded with or supported each priority. Each priority is discussed separately in order of the ranking provided in the strategic plan. The goal is to assess the level of support within the available data and to provide additional detail if relevant.

Priority 1: Parents and children/youth remain engaged and actively involved in stimulating educational environments from pre-school to successful high school completion

Priority 1 has both direct and related data support. Direct support is text segments that discuss the content of the priority specifically, in this case educational environments and success. Indirect data are data that supports the priority, for instance a discussion on how to assist teachers to improve their skills for a better impact on students that is linked analytically to the priority. There were 190 text segments identified that were related to education and/or the educational continuum. The majority of text segments targeted aspects of education versus a process or continuum of education, e.g. concern over passing the FCAT vs. concern about quality education throughout the school experience. For a continuum of education, the analogy of a pipeline borrowed from the Harlem Children's Zone was used as a common metaphor. Children enter a positive and successful school experience in pre-school and are supported in all ways needed until they graduate from high school and are even provided support in college if resources allow. It was introduced by Strategic Partners as part of the explanation of the Harlem Zone and used consistently by work group members subsequently. In total, the common theme running through the educational segments is adequately summarized by the priority 1 statement. Further, it reflects a key belief of the MCI, that a sustainable continuum is required for youth to achieve success, with education being one part of the continuum. Thus, there is consensus on how the priority is expressed.

Priority 2: Improve strong and positive parenting and parenting support

Priority 2 has a large amount of direct and a smaller amount of related data support. There were 208 text segments related to parenting and parenting support. These segments could be divided roughly into three groups that encompass approximately 90 percent of the segments. The largest section carried the message that parents needed support to learn to be better parents. This included parenting skills training and other educational services that would improve the ability to parent. The second group of text data indicated that parents needed additional economic and other supports in order to have the time and ability to focus on parenting. Parenting was viewed as more than a skill set but was embedded in the needs of the community, associated with juvenile delinquency, education and other areas of the community in need of improvement. This group of statements also encompasses incentives to parents that have lost hope or are skeptical of their ability to be positive parents. The third cluster of text segments were negative attributes or statements, frustration, and anger at parents for abdicating their role as parents and seeking friendship versus a parent status with their child. It should be noted that this was the most highly endorsed priority

by residents of the community. This suggests that the community recognizes the need of parenting support in Liberty City and is seeking help to improve it.

Priority 3: Strengthen the capacity of core community organizations to deliver evidence-based services and revitalized support to children, youth and their families, by providing capacity building, technical assistance, training on quality programs and related support

There is minimal empirical support in the data available for the analysis regarding priority 3. Indeed, there is little to support why this was one of the six priorities. Out of 41 text segments, several were introduced by the facilitating team or the evaluation team during meetings. There were segments that discussed capacity building and other program support but these were generally in the context of finding programs to support the work group issues under discussion. As service delivery embraces evidence-based programs and agencies increase their utilization of capacity building opportunities, this is likely a reasonable priority. Organizations and philanthropies, as noted in one text segment, are favoring programs with proven effectiveness. However, as vital as this priority may be, there is little in the data that supports it. Further, this priority was the one with the lowest endorsement, by a substantial margin, in the resident priority ranking surveys. Residents did not understand this priority or, apparently, see its need. The relationship between this priority and *quality* of services that could be provided requires greater clarity in the community. It is recommended that all priorities, especially priority 3, be vetted further in the community, assuming that the implementation team follows this portion of the strategic plan.

Priority 4: Creating a balanced approach to community safety with restorative justice for youth

Community safety was approximately equal in ranking between the work group members and the residents that were polled separately. Community safety and restorative justice were contained in 170 separate text segments. There was sizeable direct data support for this priority. Restorative justice for youth is a growing movement in juvenile justice aimed at reconciliation, restitution, taking responsibility and empathy. When the MCI is fully implemented, promoting restorative justice would be a positive option though it is cautioned that some respondents leaned more towards traditional, punishment oriented views and this should be considered if restorative justice is supported. It should also be noted that restorative justice is a concept or approach. It was mentioned as part of several community based programs. It was also cross-coded with evidence-based in 18 segments. There is concern that restorative justice is being confused as evidence-based when there may not be sufficient proof to warrant this classification. It will be important for the MCI implementation team to maintain clarity when describing programs as evidence-based, especially since the scientific community continues to struggle with an explicit description of evidence-based itself.

Priority 5: Improved economic resources and affordable housing

The majority of the text segments, of which there were 171 in total, came from the Housing and Community Development work group though all work groups contributed to the concern for economic stability and sustainability. There was substantial data support for this priority as well. Residents ranked this priority one step higher than the work group members did. Provision of social services was linked strongly with economic resources and the current financial crisis brought out many expressions of concern for continued community cohesiveness.

Adequate resources for survival are a common theme in the data. This included sustainable housing and financial security noted in the strategic plan. Sustainability in general is a concern and some policies were considered improper or harsh, for instance the ability to force a family from public housing when one member acts illegally or inappropriately without investigating the power structure in the family.

There was concern that one powerful but out of control member of the family would initiate punishment for everyone in the household. This was associated further with parental control of youth and parenting skills. Coupled with this was youth dropping out of school or graduating from school without employment skills. Limited employment opportunities in the Liberty City area and the much higher level of unemployment were of concern as well. Unemployment was paired with diminishing social services that is ratcheting up the pressure on local social service organizations and faith based groups to keep people fed, housed, and safe.

Priority 6: Early and adequate health care from prenatal care through adulthood

There was considerable data related to this priority though the perception of the priority differed extensively between work group members and community residents surveyed. The disparity between the work group ranking (6) and the resident ranking (3) was equal to the largest discrepancy noted between rankings. Thus, health and wellness, for instance the access to health care and cost of health care, were on the minds of the residents. A total of 159 text segments addressed health, wellness, preventative health care, access to insurance, health costs, patient follow through on medical instructions, and related topics. The authors of the strategic plan were right on the mark with prevention, access to care, and nutrition being the three major themes running through the health data. What will be important for the implementation team is to reconcile the differences in level of priority between what is in the strategic plan and what was on the minds of the residents that filled out the priority ranking survey.

Focus Group Findings

This section provides a brief analysis of the resident focus groups conducted by Strategic Partners during the planning process. There were limited transcripts available for analysis and the data is overly dependent on meeting notes and minutes from the facilitators. Thus, the validity of the findings is not comparable to the work groups where the majority of the meetings were recorded and transcribed. Focus group results will be presented in two ways. The first is a discussion of individual questions from the focus group guide (see Figure 1, page 8) with comments about how the questions were answered. The second is a review of the support for the six priorities that is contained exclusively in the focus group data. A benchmark for the strategic plan was sufficient resident input and the majority of resident input was through focus groups. It is important to understand how much focus group material contributed to the final priorities listed in the strategic plan.

Summary/Interpretation across Focus Groups by Question

Question 1: How confident are you that your children will be able to live with hope and success?

Approximately half of the comments reflected parents being hopeful for their children but frequently citing barriers in resources, time, and fair treatment. There is a perceived lack of support for youth today at multiple ecologic levels (family/parent, community, and society/government). There was a high degree of correlation with education, employment, and positive parenting, suggesting that parents feel these are areas that require attention to increase hope for their children.

Questions 2 & 3: What are challenges that you as a parent/your child faces in this community?

Safety issues including violence (in and out of school), gangs, drugs, and the affect on community cohesion was the primary challenge according to focus group parents. Peer pressure and the control on youth behavior was the second most prevalent issue cited. Other issues that were endorsed at approximately equal levels were youth behavior, grandparents having to raise children and other indications of intergenerational fragmentation, poor role modeling by parents and older siblings, lack of resources, employment and other means to provide for a family and lack of recreational opportunities outside of football.

Questions 4 & 5 & 6: What needs to be done to restore hope and what resources are available in the community?

Named resources ranged from no programs that the parent is aware of to some programs mentioned by name one or more times. Head Start, the Children's Trust, and Belafonte-Tacolcy were the three most frequently mentioned programs. Lack of income and costs keep parents from providing sufficiently for their children were noted. At the same time, the recurring theme of parents taking greater responsibility for their children was prominent. Children need to be helped when they are younger and schools need to improve as part of this. Improved schools and teachers, and better compensation to motivate and retain teachers, were cited as well. Finally, the youth focus group was especially direct in voicing their needs, which included mentors, help with education, jobs, and especially more stability and caring by adults they count on.

Question 7: Key changes to the community in specific areas series of questions

The answers to these questions are provided as part of the work group responses in the next section.

Question 8 & 10: What are the expected or desired changes in the community five years from now?

Parents, when asked to imagine change five years from now had limited responses and often relied on a small number of concrete examples, e.g. more trees in the community. This indicates a survival level expectation for the community and an assumption that change for the better is not anticipated. Recalling question 1, half of the respondents felt there was hope for their own children but also felt that there were community barriers that some considered insurmountable and limited hope for change in the community itself, consistent with what was noted for questions 8 and 10. It appears that a locus of control phenomenon was occurring. Parents had hope at the level that they felt they had a direct impact in the lives of their own child. Outside that control hope rapidly diminished. Some parents considered other youth that they knew of and considered them without hope as well. One of the most consistent themes across focus groups was the lack of responsibility that other parents take to raise their children with appropriate values, ambition, and self-control. Youth then feel entitled to behave as they like and violate the rights of others with impunity.

Question 9: What are the most critical problems your community is facing at this time?

Violence and safety was the most frequent critical problem cited by focus group respondents. Support for education was the second most cited. There was little consensus across work groups for what is the most critical problem. Lack of discipline, lack of hope, the expectation of failure, and many other issues were raised. What should be learned from this is that the number of problems has influenced the ability to focus and decide on what is most critical. This is an important point for implementation. Without consensus, there will be large numbers in the initiative area that may feel that they are unheard or devalued. Absolute consensus is not necessary but the need to make people feel included, and that their problem is not dismissed and will be addressed in time, is crucial for success.

Focus Group Responses to the Six Priorities

Focus group information varied in the degree that it supported the priorities as described in the strategic plan. Table 3 summarizes the information. The first two priorities were strongly supported by focus group data. The third priority had no data support with partial or minimal support found for the final three priorities. Each priority is described in turn.

Table 3. Focus Group Data Support for the Six Priorities from the Strategic Plan		
#	**Priority**	**Data Support**
1	Parents and children/youth remain engaged and actively involved in stimulating educational environments from pre-school to successful high school completion	Strong Support
2	Improve strong and positive parenting and parenting support	Strong Support
3	Strengthen the capacity of core community organizations to deliver evidence-based services and revitalized support to children, youth and their families, by providing capacity building, technical assistance, training on quality programs and related support	No Support
4	Creating a balanced approach to community safety with restorative justice for youth	Partial Support
5	Improved economic resources and affordable housing	Partial Support
6	Early and adequate health care from prenatal care through adulthood	Minimal Support

Priority 1: Parents and youth remain engaged in education from pre-school through high school

Twenty-six text segments related to education were extracted from the focus group data available. Tutoring, after school assistance and better compensation for teachers were the most highly endorsed educationally related statements. Having more resources and support for school, including parents giving back to the school, and the need for more dedicated and skilled teachers were endorsed with some frequency as well. There were several other points regarding education that parents made. From these, the majority were included in the description and strategies related to priority 1 in the strategic plan, demonstrating that resident input was included in crafting the priority.

Conclusion: This priority is strongly supported in the focus group data.

Priority 2: Improving positive parenting and parenting support

There were 32 segments endorsing parenting support and training. The most frequently endorsed issue of parenting was parents that were themselves very young, lacking an experience base, and dealing with angry or disinterested families of their own that cannot or will not support them. Young parents were linked mostly with issues of poverty, needing support, lacking skills, and attempting to be friends versus a parent to their child. The general lack of support for parents, the need to improve parenting skills, the level of stress parents are under to provide basic needs, and the need to improve as role models were also of high concern. There were several other issues mentioned once or twice as well.

Conclusion: This priority is strongly supported in the focus group data.

Priority 3: Strengthen capacity through support of evidence-based practices, capacity building and related support

There was no focus group data that supported this priority. Recalling the previous discussion, there is no data support that explains the choice of this priority. We reiterate that it will be important to explain to the residents of the initiative area the importance of this priority for quality of services. The bulk of resident opinion was gathered in the focus groups and the complete lack of support for this priority from the focus group process needs to be considered during implementation.

Conclusion: There is no evidence supporting this priority in the focus group data.

Priority 4: Create a balanced approach to community safety with restorative justice

There were 16 text segments linked to priority 4. Violence and safety was the primary issue discussed in focus groups. The second most prevalent was the police, including training, experience level, and other policing issues. Crime prevention and response time were the underlying theme from the focus groups. What was not mentioned at all was restorative justice. This is expected since the service providers that populated the majority of the work groups would have the exposure and experience to understand restorative justice rather than focus group participants. There was an undercurrent of anger in the focus groups regarding violence and out of control youth so the implementation team should approach restorative justice from a prevention and restitution point of view.

Conclusion: There is evidence supporting community safety but not restorative justice in the focus group data.

Priority 5: Improved economic resources and affordable housing

There were 29 text segments linked to priority 5. The need for additional job options was by far the strongest message from focus group participants. This was strongly linked to having job training opportunities that in turn were viewed as an alternative to crime as a life choice. Another message was the concern over the loss of small business and entrepreneurial prospects for African-Americans due to discriminatory practices, reduction in community cohesion, and to other ethnicities and immigrants coming into community. The language used for this priority appeared to be more helpless and resigned than in the other priorities. There was some mention of housing being a problem, e.g. lack of knowledge or ability to secure a mortgage, renters being unable to pay rents, secure new locations, and other comments related to difficulties in finding or keeping a steady residence.

Conclusion: Improving economic resources is adequately supported and affordable housing minimally supported in the focus group data.

Priority 6: Early and adequate health care

There were only eight text segments linked to priority 6. Health was not a consistent topic in the focus groups despite being directly addressed as a sub-question in question 7. Topics briefly addressed were a lack of clinics, healthy food options, and health education as well as the need for chronic illness prevention, particularly for diabetes and obesity. The topics addressed did parallel what was in the strategic plan but with considerably less depth and breadth. This is not unusual for focus groups and it might have been better after the first couple of groups to move the health question closer to the beginning.

Conclusion: There is minimal but consistent data supporting health care in focus group data.

In summary, the focus groups did contribute to priorities 1, 2, and 5 listed in the strategic plan, with partial contribution to 4 and 6 and no apparent contribution to number 3. Focus group results were somewhat consistent with the resident surveys used to rank priorities in the community (see Table 2, page 24, column 3). The planning process does have adequate resident input but lacks the repetitive opportunities for input provided during the work group cycle as noted earlier. It is recommended that new initiatives increase their effort to include residents on an ongoing basis, to plan their startup time to make this possible, and to have more opportunities to survey the residents about these areas to fully incorporate the desires of the community to increase support and confidence in the planning process. If

work groups and focus groups are used as they were here, having opportunities for the focus groups to review and comment on strategies derived in the work groups would blend the processes, strengthening both of them.

Work Group Strategies and Recommendations

The purpose of this section is to provide an evaluative estimate of confidence for the recommendations and strategies for each work group. The subjective nature of expressing confidence in the strategies and recommendations is controlled for as much as possible through assessment based on the following criteria:

1. The number of documents available for review/analysis
2. The number of coded segments related to each strategy/recommendation with more segments indicating a higher level of substantive time/effort/support given to the strategies
3. The correlation, linkage, or density of relationships between recommended strategies and their sub-strategies. Higher density indicates that the relationships between the strategy statement and the attached sub-strategies are strong and support the overall strategy. For example, the following is a recommendation/strategy and the sub-strategies from the adult education work group. The evaluation is structured to assess the degree of evidence and support for the primary strategy and sub-strategies as well as the degree of linkage between the strategy and sub-strategies. In other words, is there evidence that the strategies and sub-strategies were discussed in planning meetings and is there evidence that the sub-strategies were talked about in relation to the strategy.
    - (Primary Strategy) Implement Career Pathways for Liberty City Youth (age 16-18)
        - (Sub-Strategy) Every 16 year old child attending school in Liberty City will have a "career pathway" plan to achieve their academic goals and engage them in career planning.
        - (Sub-Strategy) Needs assessment for family supports or wrap around services, financial aid, transportation, etc.
        - (Sub-Strategy) The workgroup envisions the whole community (MCI targeted community) working together to ensure that these students will be able to access resources (including education, vocational training, enhanced educational support, life skills training) and other family supports they need to achieve their career pathway.
4. The level of support found in documents from *other* work groups as well as the documents from *within* a work group. Support from other work groups provides additional evidence that the strategy is important for inclusion in the plan. This is quantified by counting the number of text segments related to strategies present in the material from one work group in other work groups.

For each work group, the valuing statement will be rated as high, medium, or low confidence in the overall strategies and recommendations. The evaluation team is aware that they did not receive all data and were not privy to the deliberation process of the facilitators. *This is not an attempt to second guess the planning effort but to clarify how the evidence in hand supports the strategies and recommendations, and is not a statement on the quality of the strategies or the work of the work group.* The implementation team and those developing the business plan can assume that high, medium, and low designations objectively, to the degree possible, identify the overall strategies for each work group with empirical support within the strategic plan and can use this in decision-making efforts. However, what will not be presented due to the limited amount of data compared to the large number of strategies and recommendations is a rating for each strategy separately.

This section continues with introductory statements before discussing summary information for work groups:

- Analysis at the work group level did find that the strategies and recommendations in the strategic plan *are generally consistent with the data and thus supports the strategic plan*. One caveat is that the level of confidence in the recommendations increased with the number of documented work group sessions that in turn influenced the total number of documents. This results in the total number of documents influencing whether strategies are viewed as valid. For instance, the large number of recommendations, though well thought out, for the Elder Affairs work group, which met twice, did not have the same level of empirical support as the recommendations in the Community Safety work group that met for eight work group sessions. Some sub-strategies were simply a restatement of what one person may have said in the group and thus lacked the support of additional evidence. Further, while focus groups were asked explicitly about the issues encompassed by some work groups, e.g. safety and health, they were not asked about elder care or other work group topic areas. Thus, there is a systematic bias toward some groups having greater planned participation by residents.

- *We wish to state again that this analysis is not a critique of the facilitators or meant to decrease confidence in the total structure, findings, strategies, or recommendations of the strategic plan.* Part of an evaluation of a planning process is to assess the validity of the approach and findings as well as searching for additional recommendations through a comprehensive review of the data. The goal is to provide the implementation group with additional information to help them prioritize their work and to decide when additional work or fact finding might be needed. Strategic Partners is commended for their work in designing the strategies and recommendations in the time period as they hit every major strategy that the evaluation team found independently.

Table 4 summarizes the work group data according to the criteria noted above. An important consideration is the inconsistent wording between strategies or recommendations and sub-strategies across work groups as contained in the strategic plan. Some sub-strategies are actually examples or explanations. For the purpose of the analysis in Table 4, a distinction was not made in order to get a simple count providing some idea of the range of strategies across work groups. The distinction between high, medium, and low confidence was determined by the proportion of strategies per coded segments, linkages, and across work group support. As noted above, what also affected the confidence level was the number of documents in total that contributed data to each work group. Once the proportions were determined, the findings were placed on a continuum from highest level of data support (high confidence) to lowest. Each designation (high, moderate, and low) were found to be clustered in general proximity, making it easier to determine the designation for each work group.

The six work groups with high confidence include Community Safety, Early Development of Children, Education of Children and Youth, Health and Wellness, Parent and Guardian Support, and Youth Support. There was no single relationship that categorized a work group as high confidence. For all, it was a combination of the number of coded segments, linkage across strategy levels, and cross work group support. For those categorized as low confidence, the number of documents to strategies and number of linkages to strategies were low, showing less consistent support. There are other points of interest in Table 4 that are presented in the order of the table, if available.

1. The cross work group support for the Adult Education and Employment work group was proportionally higher, with 36 of 38 cross codes related to employment and *not* adult education. The recession and concerns over making ends meet was very evident in the dialogue.

Table 4: Summary of Work Group Confidence Data

Work Group	# of Strategies and Sub-Strategies	# of Primary Documents	Supporting Documents	# of Coded Segments	Linkage Across Strategy Levels	Cross Work Group Support	Confidence Rating
Adult Education and Employment	14	4	9	83	28	38	Moderate
Arts & Culture	18	2	4	72	18	14	Low
Community Safety	36	9	22	194	47	33	High
Early Development of Children	10	10	29	151	42	21	High
Education of Children and Youth	16	10	30	294	36	52	High
Elder Affairs	17	2	5	42	20	15	Low
Faith Community	21	4	5	77	23	11	Moderate
Health and Wellness	11	11	19	201	36	18	High
Housing and Community Development	13	8	16	72	16	17	Moderate
Parent and Guardian Support	27	8	17	204	43	41	High
Youth Support	32	10	27	222	56	36	High

- 'Number of strategies/sub-strategies' are a simple count for each work group contained in the strategic plan appendix

- 'Number of primary documents' refers to the number of primary documents available for analysis and is equal to Table 5

- The 'number of supporting documents' exceeds that in Table 5 because some documents apply to more than one work group, e.g. needs assessments

- '# of coded segments' refers to the number of text segments from the analyses that are representative of the strategies/sub-strategies in the strategic plan

- 'Linkage across strategy levels' refers to the linkages between strategies and sub-strategies in the data. Higher linkages equals to greater cohesion and confidence between strategies and sub-strategies

- 'Cross work group support' refers to the number of linkages noted in other work groups that supports the strategies in the work group represented in the row

- Confidence rating of high = substantial empirical support, moderate = adequate/sufficient but not considerable support, and low = insufficient support, more is needed, to be confident in the strategies in the strategic plan

2. The Arts & Culture work group had the highest proportion of strategies to documents, with many sub-strategies being examples of one opinion stated one time. When the MCI does address arts and culture, it will be important for them to revisit residents and art professionals to verify the listed sub-strategies.

3. Community Safety was one of the most thoroughly processed work groups with a high density of supported sub-strategies to strategies.

4. The ten recommendations from the Early Development of Children work group were well crafted and had a very high degree of relation to the data in the work group meetings.

5. The Faith Community had the highest level of contributing to the cross work group support of others. It will be important to engage the faith community as they are already addressing many of the issues with which the work groups were tasked.

6. The Health and Wellness work group had proportionally the lowest degree of cross group support considering the number of meetings that took place and documents generated. Health, at least in this data, was an isolated area compared to the cross-coding that occurred across the other codes. This should be examined by the implementation team and may reflect the need to increase preventive care, and thus visibility to the community as opposed to providing intervention services when a problem arises.

7. The Housing and Community Development work group was the only group to request and receive support for primary data collection when they developed and administered a housing survey to over 800 residents in the area. The evaluation team assisted by reviewing the survey and then entering, analyzing and reporting on the data. The results are appended to this report.

8. Parent/Guardian Support and Youth Support work groups both contributed a great deal to cross work group support of each other. Parent support was difficult to separate from youth support and the focus on the family.

Independent Findings

This final results section considers additional findings that represent issues across work groups that were not reported in the strategic plan. The priorities discussed above were an example of cross work group analysis completed by the facilitators. These additional results all have adequate data support for inclusion in this report and were generated through the same rigorous analytic process. A total of nine sets of associations surfaced during data analysis that could have an impact on understanding or implementing the MCI. Of these, three have sufficient support in the data that they will be described in this section. As additional data is gathered during the implementation process, it is very likely that the other six relationships will acquire sufficient support for articulation. It is assumed that findings described next will not be new to the many people and organizations it will take to make the MCI a reality, but they do add to the results of the planning process in a way that the strategic plan did not. These could not be vetted with the planning team due to the timing of data availability and the adjournment of the planning team, so the MCI implementation team should, if they decide to use any of the following, confirm these in the MCI area. These findings include:

- Visionary leadership

- Medical homes for residents

- Funding, sustainability, and how it was conceptualized in the planning team

Visionary leadership

Leadership was a theme throughout the planning process that work groups and other meetings or events addressed to varying degrees. This was not a conversation tied to developing strategies but an issue raised when deciding if strategies, or the MCI, had a chance for success. How leadership was perceived and its place in the MCI was debated in several ways. Depending on the work group, the presence or absence of perceived leadership in the initiative area was quite different. Different categories of leaders were discussed including political, faith, business, organizational, and community leaders. These were then sub-categorized as established or emerging. Emerging leaders were often in the community leader category, with some described as leading from established organizations, but most described as leaders that people listened to and consulted in their neighborhoods. These are people that are out of the normal structure of organizations. Some organizational leaders were described as loyal to their agencies alone, cooperating for the time that their organization directly benefits from a partnership and then no longer participating. These leaders were considered a threat to the success of the MCI.

Leadership was viewed as necessary in the community, regardless of category, with leaders assessed on experience, reputation, loyalty, and especially trust. Figure 3 summarizes the relationships of leadership that emerged from the data. Leaders, it is assumed, begin by accepting a leadership position and gaining experience over time. A key point here is that experience means both the experience that the person has as a leader and the experience that a community has with the leader. There were many cases of describing a leader as having been involved with some cause, organization, or community for some specified number of years. Reputation is built from experience and from trust but is squandered by violations of trust. Trust was voiced as a requirement for leadership. However, when a leader breaks trust there are, for some, few apparent repercussions other than being labeled a failed leader and being spoken about derisively. Loyalty is built from trust, experience, and reputation. However, a violation of trust may not engender a total loss of loyalty. Thus, a failed or corrupt leader can continue be in a position of leadership and to victimize a community for a long period of time provided there is some level of loyalty, or at least key people that remain loyal. Together, experience, reputation, trust, and loyalty converge to make a successful leader.

A leader may fail in an honorable, in other words to fail without losing trust, is to challenge the status quo of people in power that seek to maintain the status quo for their own benefit. The leader challenges the status quo with the goal of improving the lives of residents. The 'challenging status quo' box with the arrow in Figure 3 represents the degree that a leader does not accept the 'status quo' and confronts the current power structure directly or indirectly as a leader. Thus, a failed leader may maintain loyalty, trust, and reputation but will have challenged the status quo to the point that 'those in power' will act to remove him or her. The following quote is an example of what could happen.

> "Our peers in leadership roles had synergy with common goals, history, knowledge, obstacles, and had lived in other parts of the country and world, and had awareness of what was missing and should be in the world.   This was not political, and past political leaders were not strong and those that were, were ostracized and criticized and tread upon. One of the most traumatic examples was the last commissioner committing suicide in the offices of the Miami Herald. He did not bite his tongue, he spoke out and all the forces of evil came down on him."

Leaders in the community, in organizations, for specific issues, e.g. HIV, are known and were often named in dialogue. However, in relation to organizational or community resources, the language used was almost adversarial or at least competitive. This was traced to the belief that there are limited resources and obtaining resources for one problem means resources will not be available for others. The discussion of resources was frequently tied to the frustration of the current funding pattern noted earlier where everyone is given a small amount but not enough to be effective.

Figure 3. Conceptualization of Leadership by MCI Planning Team Members

Visionary Leader

Failed Leader

Challenging
the Status
Quo

Successful
Leader

Loyalty

Reputation

Trusted
YES

Trusted NO

Experience

Leader
(Community, Organizational,
Political, Faith, Business)
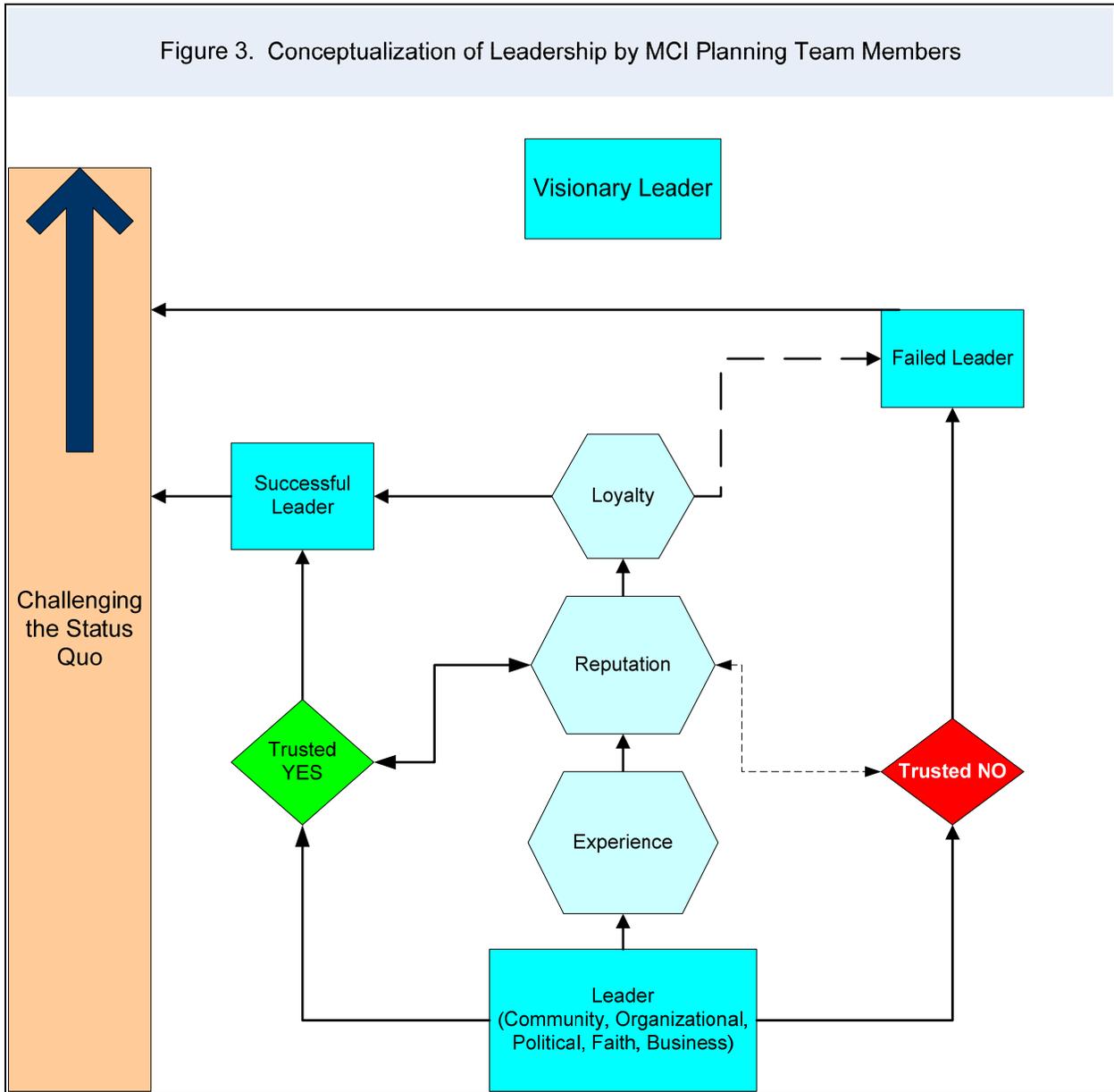
The most important distinction relating to the leadership of the MCI is the perceived need for what some termed a visionary leader. The MCI will be considered successful, as understood by planning team members, by facilitating cooperation in service provision, sharing of resources, and transforming the lives of the youth in the initiative area. Discussions of the leadership for the MCI had a very different use of language and expectation of success than discussions of current leadership and influences on leadership in the community. It was frequently noted that the MCI would need someone like Geoffrey Canada from the Harlem Children's Zone who will challenge the status quo and, most importantly, be immune to the expected negative consequences of said challenge, in order to get everyone to work together. Terms such as sharing and selfish were used in close proximity in the data. A leader like Canada needs to rise to challenge the status quo and to insist on sharing for the betterment of all instead of thinking selfishly for oneself or one's organization. Thus, as can be seen in Figure 3, the visionary leader is *above what is*

considered the normal leadership process in the area and will be immune to the powers that would seek his or her destruction. This also means that the visionary leader is detached from the expected factors that influence leadership. This is likely unrealistic if not impossible. Realistically, leaders like Geoffrey Canada are not actually immune, but find ways to cope and overcome. Thus, there may be an unrealistic expectation of what is needed in a leader for the MCI, which could impact the implementation process. There may also be the expectation of someone like Geoffrey Canada rising to the surface and if this does not happen, disappointment and disillusionment may result.

Medical homes for residents

The need for medical homes, defined as comprehensive primary care that is a partnership between patient and medical provider and is used for all non-crisis, meaning emergency room, medical care, for the residents of Liberty City was noted in the strategic plan and was a consistent emphasis in the narrative data. This section expands on what is in the strategic plan and illustrates additional relationships found in the data. Forty-one segments discussed medical homes and 17 additional segments touched on the need indirectly. Medical homes, when assessed in the context of other concepts and ideas, had a prominence not noted in the strategic plan. There were also possible solutions to the medical home issue that were noted in the data.

Figure 4 provides an overview of how the medical home concept is associated with other factors present in the data. The need to improve health outcomes was an issue of considerable agreement. One response that met with universal agreement was for residents of Liberty City to have a medical home to help address multiple health issues viewed as pervasive. One issue discussed was the lack of medical clinics in the community with the Jesse Trice Center having to provide the bulk of services. There was discussion of smaller, and even single, providers in the area and their apparent invisibility to many in the community. Another barrier was lack of medical insurance for many residents while noting that Jesse Trice works with other organizations to help obtain medical care coverage. Additional needs noted included preventative care, men's health and how many residents do not seek medical care until it is critical, lowering the probability of a successful outcome. Childhood immunizations were another issue that was related to having medical home availability. Finally, residents failing to avail themselves of follow-up services after receiving a medical intervention or being screened at health fairs were noted consistently. The health fairs held around the community were noted as a resource and how well attended they are. A great deal of community screening occurs during health fairs and it was noted that these efforts could be better harnessed to benefit individuals and the community if screenings led to additional preventative care.

The possible solution contained in the data that expands on the need to capitalize on health screenings to move residents to regular care would need to be discussed with community experts. However, the data available supports that the need for better health care would be mediated by improved enrollment in medical homes. It is suggested here that health fairs include representatives from the local medical community, including single and group practitioners, to increase awareness of their availability based on the geographic catchment area. Health fairs would increase awareness of provider options and could include insurance representatives as well. Providers could enroll residents in a medical home, perform basic screenings on site, which is already happening, make follow-up appointments to ensure necessary follow-up, prevention, immunizations and other services in the office. It is unknown if this is a practical idea or something that has already been tried and proven unsuccessful. The type of data analysis completed indicates confidence in the relationships noted in Figure 4. It is hoped that the implementation team will consider this when health becomes targeted in the MCI to see if it is a viable suggestion.

Preventive Care

Men's Health

Follow-Up Care

Immunizations

Medical Home

Provider Options

Health Fairs

Health Insurance

Need for Better Health Outcomes
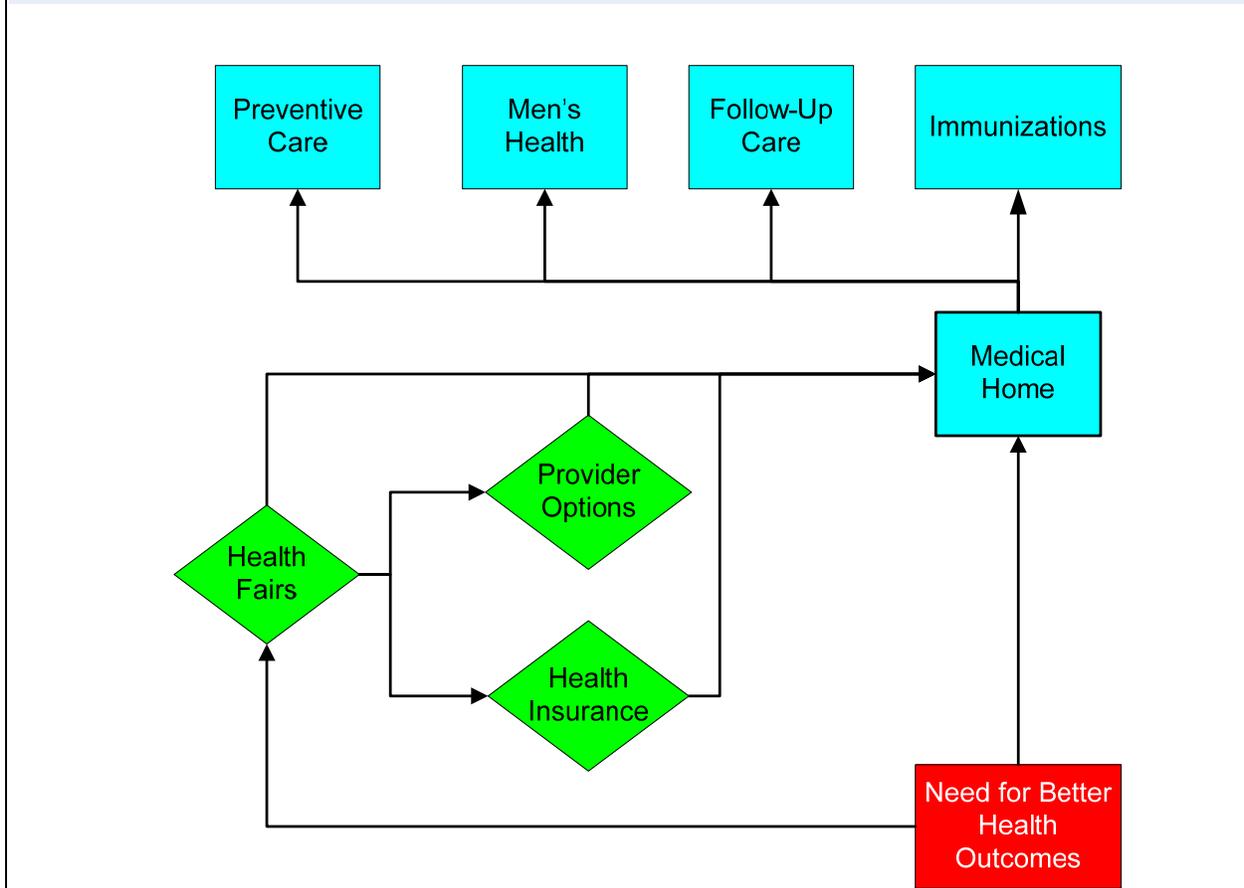
Funding, sustainability, capacity and how they were conceptualized in the planning team

Funding, sustainability, and capacity were conceptualized in two distinct ways during the planning process. The first was the external view, where funding and capacity come from outside the community. There was little disagreement that funding would be difficult to generate from within the community which would require a great deal of infrastructure and capital development. There was concern that there would be insufficient numbers of dedicated and skilled people in the community to create the capital, and train for the capacity required to operate independently. There was agreement that large organizations would be needed to invest in the community. This is parallel to the HCZ and was not surprising.

The second model that emerged from the data was increasing community capacity from within while taking advantage of external partnerships. As one member stated, "…you have to use local capacity and find the capacity within the community." An example from another planning team member provides another point of view:

> "How much capacity does it take to have a conversation and walk through your own neighborhood? So if we're going to target it, the women of Azura, Chicago took their buildings back, found other women who could do subcontracts like myself, took those young men and said,

"If you're going to stand on the corners, you're going to have to hammer a nail in or you're going to have to take some of this trash out."

There were many suggestions on how to take advantage of current capacities that are more resistant to the current economic state. Leveraging some sites, e.g. schools and churches, for space can help to reduce overhead costs and provide services to greater numbers of youth. Linking efforts to share resources, e.g. supplementing health care with health fairs and education with after school tutoring programs were also mentioned with some frequency. One thing that needs to be reiterated due to the sheer number of segments is the use of incentives, which includes money, objects, a lottery, and food. Incentives will be even more important as residents struggle to meet their basic needs.

When it comes to building a successful initiative that impacts the vast majority of children, a primary barrier is the inconsistent and low amount of funding that results in funding small pockets of youth scattered about versus a critical mass of youth to make a difference. Another barrier noted is the affect of funding on ancillary but vital services such as transportation. Reductions in public transportations will affect programs and those they serve. Another barrier is tied, interestingly enough, to the excellent effort from the work groups. Many of the recommendations across work groups are tied to prevention and it was noted more than once that prevention is much more cost effective than interventions. However, it was also noted that prevention dollars are often the first to go away as it is harder to prove that you stopped something from happening that may or may not have happened compared to fixing something that is obviously wrong. Building a continuum of opportunities will require sharing of resources and targeted understanding of each organization's place on the continuum. Some mention was made that this might put organizations in a better position through the power of collective bargaining.

Recommendations

One purpose of this report was to develop empirically supported recommendations for the next stage of implementation. However, it cannot be forgotten that the MCI is a pilot project that other initiatives around the state, many without the benefit of startup funding, will be observing to help avoid obstacles and unnecessary costs. To meet both these needs there are two sets of recommendations. The first set targets the MCI and the second future initiatives.

The use of this report and recommendations is suggested as follows. This report is a supplement to the strategic plan and appendices generated during the planning process by the Strategic Partners. It is suggested that the implementation of the MCI going forward utilize the strategic plan and the evaluation of the plan in unison to help guide development. The strategic plan provides sufficient information for the next steps of the MCI development process and the evaluation report indicates which strategies and objectives are supported along a continuum of empirical evidence. The recommendations below are supported by the available data and the narrative of this report.

Recommendations for Implementation

13. The strategies and recommendations developed for the strategic plan were based on the expectation that the whole of Liberty City would be part of the initiative's startup area. Going forward, the implementation team should review the strategies and recommendations to see if they are appropriate to the smaller geographic area selected.

14. The implementation team should consider that resident exposure to the planning process did not include consistent representation on the work groups and that this may or may not have had an adverse affect on the process, priorities, and strategies. Also, the residents that were involved in the planning process may not be representative of the reduced area. Additional efforts to clarify

the MCI purpose, planning process and initial strategies among the residents of the reduced area may be necessary.

15. The implementation team should consider the ranking of the priorities and the differences between the work group members and community residents surveyed. Transparency and open dialog among all residents and service providers should guide implementation of priorities to ensure broader community acceptance. It is further recommended that all priorities be vetted again in the new target area, perhaps by utilizing the same survey as before.

16. Continued opposition from some parties to the project should be expected. The smaller boundaries of the startup area will likely increase opposition from some parties. Resistance is possible from those who do not accept the vision put forth in the legislation and from individuals or organizations concerned about their own resources. It is important to reassure the community organizations that the vision of the MCI is not a threat but an opportunity.

17. The implementation of the MCI should be done with a firm sense of the history of perceived betrayal, failed promises, and lack of hope pervasive in the community. Implementation should not overreach, but rather focus on clear, attainable, worthwhile goals with which the community can experience recognizable success. The history should be openly acknowledged while informing residents of measures being taken to protect the initiative from the practices that established the history.

18. The area of the MCI is likely to have the same levels of mistrust and need for basic services as what has been described for the whole of Liberty City. Incentives need to be considered for gaining participation and for addressing some immediate needs. The MCI will be judged on its ability to meet the needs of the residents, so a structured approach of short-term, medium-term, and long-term objectives to maintain enthusiasm are recommended.

19. The analysis of the data used to develop the strategic plan demonstrated a dichotomy of support and distance between generations. Multigenerational interventions that focus on the strength of family ties when executing the vision of the MCI is recommended. Interventions for youth should be planned ecologically, targeting the youth, their peers, organizations, and the community.

20. Sustainability and funding of the MCI are recognized as key concerns for the success of the project. It was noted in the data that individuals with innovative ideas are also likely to be ones whose life work requires a constant attention to developing resources for sustainability, e.g. those promoting art and culture and those in faith-based organizations. The implementation team should avail itself of community expertise to assist with sustainability while working to ensure that MCI sustainability efforts and the funding needs of local programs are not at odds. This needs to be coupled with fund raising via corporate and philanthropic partnerships.

21. Though sustainability is part of any business plan, the unique circumstances of Liberty City coupled with the economic downturn increases the importance of this aspect of the business plan. Sustainability should be a priority from the first moment of MCI implementation, as securing sufficient resources to make a sustained and not short-term impact remains a concern.

22. The faith community was noted to have the highest level of involvement with attempting to impact many of problems being addressed by the work groups. It will be important to engage the faith community, as they are already addressing many of the issues that work groups were tasked to deal with and are an experienced resource.

23. The MCI leadership needs to be aware of the mixed expectations for success that the planning team members held for the MCI, as well as their belief in the need for a visionary leader that will transcend the perceived power struggles and political posturing that restrain changes to the status

quo. Extra effort should be invested in understanding and adapting the MCI within the context of greater Liberty City and Miami-Dade County.

24. Capitalizing on current capacities to address health issues, e.g. medical homes and related issues, will benefit the project by including greater numbers of local organizations and residents while helping to guide the area toward greater cooperation. Developing a system of shared problem solving and mutual support is imperative.

Recommendations for Future Initiatives

7. Structuring an evaluation around a Pathway of Change helps to maintain the integrity and focus of the evaluation in a complex and changing environment. Future initiatives might consider using a systems-based approach in their evaluation to better synthesize the planning and implementation processes. This would have an added benefit of allowing for comparison of results across multiple locations in the state to facilitate learning from the strengths and challenges of other projects.

8. If using a similar work group process, future initiatives should consider forming a work group liaison committee with a key member from each work group. This committee would increase cohesiveness of the planning process by allowing for interaction among work groups from the very beginning so ideas can be shared and objectives adjusted for maximum breadth and depth of coverage.

9. A geographic boundary should be solidified as early in the planning process as possible. Uncertainty regarding the size and location of the MCI startup area was a distraction to planning team members and resulted in the development of some strategies that may need revision based on the composition of the reduced area selected for initial start-up.

10. Residents should be included in the planning process on an ongoing basis from the very beginning. Early and consistent involvement of residents allows greater opportunity for surveying area residents, incorporating community feedback, and increasing support and confidence in the planning process. Inclusion of residents requires a systematic approach to recruitment and retention of residents at all stages and activities of the planning process. If work groups and focus groups are used, as they were in the MCI, having opportunities for focus groups to review and comment on strategies derived in the work groups would blend the processes, strengthening them both.

11. An important goal of the planning process is to have a viable, transparent, and defendable hierarchy of critical issues that must be addressed in the community. Without consensus, there will be large numbers in the initiative area that may feel that their concerns are unheard or devalued. Absolute consensus is not necessary, but people must feel included and have some assurance that their concerns will be addressed in time.

12. A high degree of transparency in the formative process of the final strategic plan is essential. Monitoring and reviewing the planning team's process of developing strategies and vetting them within the larger team and community allows inaccurate or unsupported strategies to be detected and increases community acceptance.

Methods and Analysis

The following section describes the theoretical background for the report. The final evaluation plan contained considerable detail regarding the theories underlying the evaluation and only the parts relevant to this analysis are discussed here. This section also includes a detailed discussion of the methods, data

sources, and analysis completed to generate the report. This includes goals and phases of the analysis as well as how the analytic process was used to produce the results detailed above.

Review of the Pathway to Change

A pathway of change (PoC) is the term used in place of the more commonly used theory of change (ToC) when applied to a community based versus program-based evaluation. In simplest terms, the ToC or PoC are the cumulative steps taken to meet long-term project goals. The ToC of a program forecasts the resources, actions, objectives, and outcomes required to meet broader program goals. The term 'pathway' in the PoC is used because the trajectory from identification of need to meeting long-term goals is predicted to occur along a specific path and then evaluated to see if the path holds true. The process of developing, implementing, and sustaining a community-based initiative is more complex and difficult to evaluate due to the multiple environmental factors and interactions constantly influencing the initiative. In addition, PoC's are designed to help detect factors that impact the project that were not predicted and how much of an impact the initiative made on specified goals. An additional challenge to the PoC is assessing the collaborative process between multiple community organizations targeting specific common goals that are often only part of the mission for each individual organization and must be balanced accordingly.

While program ToC's share some commonalities with community based PoC's, there are differences in process, scope, and objectives. There are four general commonalities across PoC's. First, it requires articulation of underlying expectations or assumptions that drive the purpose, development, and implementation of the initiative. When developing a community initiative and providing a useful evaluation, assumptions are generated and reach consensus in meetings and other structured formats with the community partners. This collaborative effort helps to focus the initiative and target the evaluation. It also tends to be emergent or inductive, based on community expertise and understanding of the context, problems, and resources, as well as other grounded factors. This effort benefits both the development of the initiative and the evaluation, since the process includes evaluation from the beginning. However, in some cases, for instance, when a separate planning process is used that will not encompass the same participants later in the initiative, the process of meetings and consensus building is not immediately available. Continuity between those that generate the assumptions and are responsible for development of the initiative is required for the collaborative process to have long-term meaning. This is true of the MCI, where the planning team members may or may not become involved with the MCI not-for-profit when it is formed.

In such cases, the initial pathway is often generated from a review of the research and evaluation literature focusing on community based evaluations while remaining cognizant of the context in which the initiative is embedded. This is actually an advantage as one of the weaknesses of an emergent process is not using the growing evidence-base on community evaluations which has proven to have a powerful impact on development and implementation success. For the MCI, the PoC started with a research and contextual base focusing on specific models that will be blended with the knowledge and capacity of the local context through the consensus building process when the MCI not-for-profit is formed. The primary research based knowledge incorporated in the evaluation is systems based approaches.

The second commonality across PoC's of community-based evaluations is that they supplement the focus of day-to-day efforts by including the context in which the initiative operates and how the context impacts success. In essence, the focus of the evaluation is assisting the development and implementation process to meet the purpose that the initiative is expected to achieve and to help maintain a purposeful focus over time while providing a structure for analysis of possible barriers and resources. Resources are targeted with greater precision when attempting to meet the now *and* the later.

Third, a PoC concisely communicates the pathway from development to intervention. This requires the collaboration and input of the local residents and experts which was captured during the planning process and will be further targeted during the start up and implementation stage of the initiative. However, there is information from the literature on emerging systems as well as collaborative processes that are used to evaluate progress during the planning stages, the results of which constitute the bulk of this report.

Finally, a PoC merges program delivery and evaluation with the data system to manage the evaluation optimally. Data systems for community-based initiatives have to be more flexible than those used for program evaluations that favor quantitative input. Part of the evaluation process is to assist in developing a data system that will capture evaluation data as well as other data that developers and implementers need. The data used for this report was primarily qualitative, based on verbatim transcriptions of multiple focus groups and work groups as well as meeting minutes, notes, e-mails, drafts of documents, and other information. This information was entered into Atlas.Ti v.6.11, a sophisticated qualitative data structuring and analysis package, though the ongoing expectation will be the need for a dynamic data management system that will accommodate numeric and narrative information for tracking planning, process, implementation, and outcome data.

The PoC developed for the MCI is based on specific theories used in other community-based evaluations after reviewing the literature for similarity of purpose, size, and other factors. The literature based PoC's, methods, design, and other factors were then synthesized to develop the MCI PoC. The goal was to generate a PoC that would be useful in evaluating both quantitative and qualitative data gathered using multiple methods (e.g., interviews, surveys, focus groups). The grounded information from interacting with the MCI not-for-profit will be used to update the PoC.

During a typical program evaluation, the ToC is relatively stable across the life of the evaluation. However, a static PoC is not appropriate when developing a complex initiative such as the MCI, since it would force emerging data to be analyzed and interpreted in the same way, even as the context, challenges, and tasks change over time. The final PoC has a systems based design at its core comprising a synthesis of three systems based theories: Critical Systems Heuristics (CSH), Complex Adaptive Systems (CAS), and Human Systems Dynamics (HSD). These are three well-researched systems based theories useful to evaluation. The three approaches were summarized in some detail in the final evaluation plan. Brief descriptions are provided here:

Critical System Heuristics (CSH): According to CSH, a system is a collection of inter-connected parts that function as a whole for some purpose. The primary boundary of any human endeavor is purpose. Thus, the CHS focus is on monitoring the purpose of the MCI, which is to integrate and coordinate multiple systems for the betterment of children and families. Communication, sharing of ideas, distribution of resources, and other key system processes are analyzed for their relationship in meeting the purpose and goals of the initiative. The goal of a CSH based evaluation is to have the participants step outside of the system, the MCI, to see the bigger picture and to plan to close the gap between the real (what is happening) and the ideal (what ought to be happening). CSH methods specifically gather systemic information to feedback to the developers of the MCI on the gap between what is happening and what ought to be happening to help guide the use of resources and target efforts.

Complex Adaptive Systems (CAS): A CAS is defined as a collection of semi-independent agents that have the freedom to act in unpredictable ways, and whose actions are interconnected so that they generate system-wide patterns (Dooley, 1996). This is an accurate description of most initiatives, coalitions, and collaborations. In CAS, system-wide patterns will emerge and 'self-organize' over time as internal dynamics and interactions shape the system structure. In other

words, a CAS lens assesses dynamics between system members, rather than external influences outside the system. This is vital but incomplete in a community-based initiative such as the MCI, which is why CSH and Human Systems Dynamics (HSD) will be used to target external influences in conjunction with the internal dynamics focus of CAS.

Human System Dynamics: HSD adds to CAS by taking into account people's conscious understanding of themselves and others; the ability to learn from experience, hopes, and desires; and other factors that affect behavior and expectations. Most relevant to this evaluation is that HSD looks at people acting intentionally to influence systems, whether for good or for ill, consciously or unconsciously, and how intensity of action differs across agents, with differential effects. The differences and exchanges between people help to develop and maintain purpose. Conversely, both internal and external system dynamics can impede an initiative and cannot be countered unless detected.

The similarities between the different systems perspectives reinforce the overall approach of the evaluation. Conversely, the limitations of each model are compensated for by one or both of the other models. This optimal blend of systems theories provides the primary theoretical structure for the evaluation. The PoC was applied to this analysis by looking for examples, either independent or linked by multiple data points, of specific system based occurrences that would be expected to happen in the planning process. Because the planning process is a time limited and encapsulated process, it is not a complete system and so some of the aspects of the system theories do not apply. This analysis utilizes the appropriate system components for this stage of development of the MCI.

Data Collection and Analysis

Data collection was completed mainly via Strategic Partners. The evaluation team maintained open communication with the facilitators and provided guidelines for data collection. Strategic Partners kept the evaluation team apprised of the planning process using the following means:

- Copying the evaluation team on e-mails

- Forwarding any requests by planning team members to the evaluation team for data, analysis, or any other request

    o The Strategic Partners team was asked not to edit any requests or make assumptions regarding the necessity or purpose of requests. The evaluation team would provide a response to all requests.

- Preparing meeting minutes, attendance logs, and digital recordings and forwarding them to the evaluation team

    o Meeting minutes for the initial planning team sessions were not completed by Strategic Partners and were inadequate. In order to capture all relevant information, Strategic Partners agreed to digitally record all future meetings involving the planning team. The evaluation team was provided the recordings and an external transcriber was contracted to complete verbatim transcripts.

    o The evaluation team estimates that they received approximately 90 percent of all minutes, notes, communications, and recordings. There were some initial issues with recording and some documentation for meeting attendance and minutes were not forwarded.

- To share all reports or documents generated by work groups or by Strategic Partners with the evaluation team and to incorporate any feedback regarding the documents into the ongoing planning process

Goals and Phases of the Analysis

There were three general goals and four phases to the analytic process. The three goals include:

1. To utilize the PoC research synthesis, specifically the information related to systems thinking and systems analysis, as a lens for evaluating the development of the MCI strategic plan

2. To review and validate the strategic plan via qualitative analytic procedures by linking elements of the plan to specific data collected in the system

    a. To independently locate and assess the degree of support for the six priorities listed in the strategic plan

    b. To verify and assess the strategies and recommendations detailed for each work group in the appendices developed for the strategic plan

3. To detect additional material and recommendations, if any, that may have been missed during the development of the strategic plan that is contained in the data

    The facilitators had limited time to perform a complex and difficult planning process and did not have the time that the evaluation team used to listen to the recordings and read the transcripts multiple times to locate patterns of information.

The analytic approach for reviewing the textual/qualitative data was consistent with qualitative analysis best practices and was recursive with both inductive and deductive components. Recursive indicates that reviewing and analyzing narrative data often loops back as new codes or ideas require review of material already assessed. This process allowed the evaluation team to know and understand the data to an optimal degree. Documents were reviewed chronologically to maximize detection of ideas, concepts, or strategies in the order that they were developed. The 218 documents consisting of 1765 unduplicated pages (not including analytic memos) from meeting minutes, transcripts, focus groups, and other documents were analyzed in four distinct phases in order to complete the final synthesis and response to the goals of the analysis. Table 5 lists the documents used in this report. Transcripts were verbatim from recordings of work group, focus group, community, planning, and other meetings. The phases include:

Phase 1: Initial codes were developed that reflected three distinct *a priori* clusters (1-3 below) and one *post hoc* cluster (#4 below):

1. Codes related to the PoC as described previously, focusing on systemic elements consistent with the PoC

2. Codes that represented the six priorities of the strategic plan as well as codes that supported the development of the priorities

3. Codes that represented key strategies and recommendations as presented for each work group in the strategic plan appendices

4. Codes that emerged in the analysis beginning in phase 1 that represented ideas or relationships independent of the strategic plan but representing important points not explicated in the plan

The narrative data were read, reviewed, and commented upon regarding clarity and what appeared to be the purpose of the documents and sections of documents. This process also produced additional codes that were to be used in phase 2 (cluster 4 codes). The transcripts were read along with listening to the original recording in order to fill in gaps where the transcriptionist was unsure and to catch emphasis in what was stated that can be lost in a transcription process. These were stored as comments to specific text passages to be used in later stages of the analysis. Questions or concerns that could not be adequately resolved in the review process, references to documents not yet in the possession of the evaluation team,

and statements of processes that were not clear were forwarded to Strategic Partners. Their responses were incorporated as additional narrative data.

Table 5. Documents Included for Analysis in this Report				
Document Source	**Transcriptions**	**Minutes or Notes**	**Other Documents**	**Total**
Work Groups				
Adult Education and Employment	1	2	1	4
Arts & Culture	1	1		2
Community Safety	3	5	1	9
Early Development of Children	4	5	1	10
Education of Children and Youth	4	6		10
Elder Affairs	1	1		2
Faith Community	2	2		4
Health and Wellness	5	5	1	11
Housing and Community Development	4	4		8
Parent and Guardian Support	5	3		8
Youth Support	5	5	1	10
Other				
Resident Focus Groups	1	9		10
Community Meetings	2	2		4
Phone Interviews	6	2		8
Telephone Meetings	1	7		4
Development/Evaluation Related Meetings	2	4		6
E-mails or News Articles			28	28
Relevant Community Documents*			37	37
Process/Field Notes			38	38
Total Documents	**47**	**63**	**108**	**218**
Analytic Memos			186	186
Total Including Analytic Documents	**47**	**63**	**294**	**404**

* = Relevant community documents include peer reviewed literature, forwarded documents from community partners, needs assessments, community descriptions, community development documents and documents detailing the history of the Liberty City area

Phase 2: The documents were re-read with a comprehensive initial coding process that selected text that matched the intent and description of the codes developed during phase 1. This process resulted in the development of a few additional inductive codes. Analytic memos of different types, e.g. analytic, methodological, reporting, coding, linkages, and commentary, were attached to specific text segments or created as free memos if something of importance was revealed that did not fit a specific text segment. The software employed allowed the memos to be used as additional codes and linked to subsequent text selections when information supporting, explaining, or disconfirming the information in the memo was detected. Memoing is an important part of qualitative analysis as the amount of data is usually of such a large size that recording methods, changes or additions to codes, linkages found in the data, and other information is vital for a complete analysis and provides an audit trail for decisions and interpretations.

Phase 3: The documents were read a third time, often going back and forth between documents, to further explore the data in relation to the PoC and to use memos and the hyperlink function of the software to track ideas or relationships within and across documents. This also facilitated a final detailed review of the data to find any passages that matched codes that were missed as well as attaching memos to additional text passages. In addition, in order not to risk limiting data exploration to the strategic plan and to be open to ideas or relationships in the data more inductively, additional memos building on previously determined relationships and passages of interest were completed. By the end of the analysis, 186 memos were created that helped to explore, link information/segments throughout the various documents, and eventually be synthesized into this report.

Phase 4: After the coding and initial memoing process was completed, specific codes that were heavily used were extracted and all text passages were captured in a single document per code. These documents were combined into a separate document structure and were put through an additional analytic process to better understand the content pertaining to the codes. For example, the code that looked at the current status of services, programs, and relationships in the Liberty City area was extracted and the text segments they represent reviewed. New codes focusing on discrete examples of services available in the community were created and used to drill down further into the data. This process was completed for multiple codes and code families. The coded segments were analyzed to detect additional specific areas of importance, providing further details for reporting.

Analytic Process and Development of Findings

The narrative data was rich with ideas, associations, concepts, and other information from the dialogue and interaction of planning team members. Different text segments were categorized to understand their function which formed a continuum of exploration and consensus from general and subjective to concrete and specific. Five distinct types of information were identified on the continuum (Figure 5) including perceptions/ideas, concepts, models/theories, hypotheses, and objectives/strategies. There was an inverted relationship between placement of the category on the continuum and the number within each category on the continuum, which is illustrated by different sized objects in Figure 5. Thus, most segments were perceptions/ideas and the least numerous were concrete objectives/strategies. These segments built on each other during subsequent meetings of the different work groups on the planning team. Thus, perceptions/ideas were required to develop concepts, which were required for models/theories, and so forth. This was not always a clear cut progression but did help to conceptualize the data and the developmental process. These distinctions were used to follow the genesis of more complex constructs such as models of cause-effect and defined strategies that would develop across time and multiple meetings of work groups. Multiple matrices and diagrams were used to track and understand the evolution of information during the analytic process.

Data was also analyzed and interpreted by the frequency of codes and code families, the density that codes were found to have, and the intensity of the text segments within codes. The coding process for predefined codes identified text segments that represented the meaning of the codes. When codes or memos were generated by the narrative data, the coding process was then used to identify any other segments of narrative data that matched the new code or memo. Codes were grouped into families that represented a higher order relationship of meaning between codes. The higher the frequency the more central to the planning process the code or code family was. Predefined codes included codes that targeted the PoC, the six priorities detailed in the strategic plan and the codes for each work group.

Density is defined as the degree of linkage between codes and code families. Frequency is the number of times that a code or code family occurred and density is the number of linkages between codes that indicate a relationship of meaning within the narrative data. The higher the density the more central the

code or code family is to the overall planning process. Linkages were consistently illustrated schematically during the analytic process to help understand the relationship of thousands of separate continuum segments within the narrative data. Analysis of code relationships revealed different types of feedback processes used for testing or vetting the information generated in the work groups and resident focus groups. This vetting process is crucial for confidence in the priorities and strategies provided in the strategic plan.

Figure 5: Information Segments and Relationships Identified in MCI Planning Process Narrative Data

Perceptions/Ideas → Concepts → Models/Theories → Hypotheses → Strategies
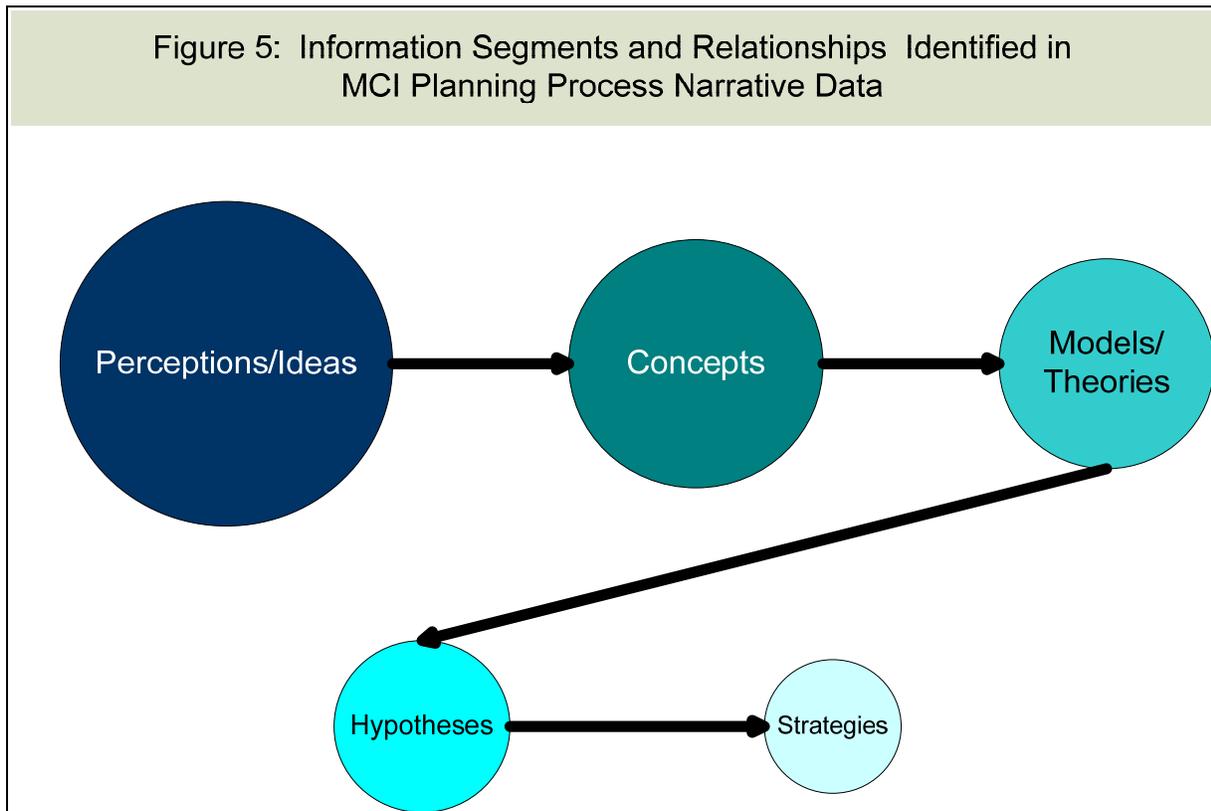
When examining the meaning that linked codes represented, both close and distant relationships were found in the narrative data. This was done by using two or more codes as queries to isolate the text that the codes jointly represented and then examining the meaning of the information. Relationships were found in the data for codes that appeared frequently together within a conversation, meeting, or other limited time frame. In many cases, the relationships were vetted and consensus concretely established within the narrative as transcribed. Some code relationships also revealed distant linkages where ideas brought up at one time in a work group resurfaced as participants actively worked on the planning process. This information was rarely vetted through a consensus process within a work group but was more often summarized and interpreted by the facilitator with a simple up or down vote by the group. Linkages were also found between information from work groups and resident focus groups. This information was provided to work groups but did not appear to be incorporated or vetted but only reviewed. A handout was used to inform the work group members of focus group results as determined by the facilitation team but often was not discussed for relevance by the group receiving the information.

Intensity is the level of emotional content as derived by the use of language and the tone of the discussion, tone being acquired through reading the transcripts while listening to the recording. Higher intensity was interpreted to mean higher levels of importance, concern, expectation of inclusion into the strategic plan,

etc., and was at times related to examples of consensus making or disagreement between planning team members. High levels of intensity were moderately associated with frequency and density and were used to supplement understanding of the planning process.

The theoretical base and analytic process described is representative of best practices in evaluation analysis. The analytic process ensured that the many documents in the analysis would contribute to the findings and that information would not be ignored or forgotten. Multiple phases of analysis provided depth to the investigation when studying priorities, work group strategies, and other components of the strategic plan. Emergent findings in the independent findings section were empirically based as were the conclusions related to the systems perspective of the analysis. It is strongly recommended, as stated earlier, that this document be used in conjunction with the strategic plan and its appendices during the implementation of the MCI.

Appendix

Appendix A: Priority Survey Ranking Analysis

Miami Children's Initiative
Priority Survey Ranking Analysis
November 19, 2009
Prepared by: Dr. Gary Walby

The following is a brief analytic report summarizing the analysis completed on the 971 completed surveys asking individuals in Liberty City, Miami to rank the six priority areas that Strategic Partners identified during the work group planning process. The survey asked each respondent to prioritize what in their opinion was the most important area (ranked as #1) to the least important (ranked as #6). Under each area were multiple bullets (ranging from 3 to 7) providing additional description of what may be targeted under each major area. The main statement describing each priority area verbatim, and in order, from the survey is:

1. Improving strong and positive parenting and parenting support
2. Engaging and Involving parents and children/youth in stimulating educational environments from pre-school to successful high school completion
3. Early and adequate health care from prenatal through adulthood
4. Creating a balanced approach to community safety including restorative justice for youth
5. Improved economic resources and affordable housing
6. Strengthen the capacity of core community organizations to deliver evidence-based services and revitalized support to children, youth, and their families, by providing capacity building, technical assistance, training on quality programs and related support.

Table 1 summarizes the ranking analysis for all respondents by gender. The results nearly match the order in which the options were offered on the survey. The one difference was the reversal of priority areas four and five. Neither male nor female respondents varied from the overall response.

The data on age was broken into six age categories including 12-17 years of age, with 12 the youngest aged respondent, 18-25 to isolate the young adult group, age 26-30 to capture the transitional young adult group, age 31-39, 40-59, and age 60-87 (the oldest respondent surveyed). Table 2 summarizes the data on age categories. There is remarkably little variance between age categories. The top three priorities remains nearly the same across age categories with those aged 26-30 flipping the top two priorities, though the difference is only by .01 percent. Thus, age does not appear to alter the priorities set as a whole.

The data was segmented along other demographic variables solicited during the surveying process. Table 3 summarizes the data by resident status in Liberty City, whether the respondent worked in Liberty City, and whether they had one or more children 17 years of age

or younger. In virtually all cases, the subgroup rankings matched the ranking from all respondents.

Table 1: Mean (s.d.) and Rank Order of Perceived Importance Final MCI Intervention Categories for All Respondents and by Gender									
	All Respondents (n = 971)			Male Respondents (n = 399)			Female Respondents (n = 561)		
Area	Rank	Mean	s.d.	Rank	Mean	s.d.	Rank	Mean	s.d.
Improving parenting and parenting support	1	2.65	1.69	1	2.70	1.72	1	2.62	1.58
Improving education and high school completion	2	3.01	1.47	2	2.97	1.49	2	3.04	1.46
Improving health across the life span	3	3.13	1.45	3	3.19	1.42	3	3.10	1.47
Economic resources and affordable housing	4	3.60	1.73	4	3.58	1.50	4	3.61	1.72
Community safety and restorative justice	5	3.92	1.52	5	3.93	1.76	5	3.91	1.53
Evidence-based services and capacity building	6	4.68	1.56	6	4.62	1.60	6	4.70	1.54

Summary

The results of the ranking analysis demonstrates a remarkable consistency across age, gender, residential status, whether the individual was employed in Liberty City and whether the individual had a child at or under the age of 17. Consistency is what is desired when involved in a planning process like the MCI project in order to justify prioritization of resources for development over time. In this case, the respondents from Liberty City were remarkably constant. It is recommended that the planning team and Strategic Partners utilize this information in the final development of the MCI strategic plan.

Table 2: Mean (s.d.) and Rank Order of Perceived Importance Final MCI Intervention Categories by Age Category																		
	Age 12-17 (n = 132)			Age 18-25 (n = 266)			Age 26-30 (n = 99)			Age 31-39 (n = 113)			Age 40-59 (n = 276)			Age 60-87 (n = 72)		
Area	Rank	Mean	s.d.	Rank	Mean	s.d.	Rank	Mean	s.d.	Rank	Mean	s.d.	Rank	Mean	s.d.	Rank	Mean	s.d.
Improving parenting and parenting support	1	2.89	1.69	1	2.80	1.68	2	2.82	1.72	1	2.52	1.64	1	2.46	1.71	1	2.44	1.74
Improving education and high school completion	2	3.06	1.52	3	2.99	1.50	1	2.81	1.50	2	3.21	1.47	2	2.96	1.42	2	3.10	1.40
Improving health across the life span	3	3.14	1.58	2	2.96	1.45	3	3.22	1.53	4	3.39	1.50	3	3.11	1.33	3	3.14	1.29
Economic resources and affordable housing	5	4.05	1.65	4	3.62	1.68	4	3.55	1.64	3	3.25	1.82	4	3.61	1.77	4	3.28	1.77
Community safety and restorative justice	4	3.34	1.67	5	3.74	1.49	5	4.06	1.55	5	4.19	1.40	5	4.12	1.42	5	4.21	1.50
Evidence-based services and capacity building	6	4.53	1.53	6	4.86	1.56	6	4.52	1.61	6	4.40	1.69	6	4.73	1.51	6	4.83	1.42

	Resident of Liberty City – YES (n = 778)			Resident of Liberty City – NO (n = 182)			Works in Liberty City – YES (n = 272)			Works in Liberty City – NO (n = 688)			One Child Age 17 or Less – YES (n = 393)			One Child Age 17 or Less – NO (n =572)		
Table 3: Mean (s.d.) and Rank Order of Perceived Importance Final MCI Intervention Categories by Resident Status, Working in Liberty City Status, and Child in Home Status																		
Area	**Rank**	**Mean**	**s.d.**	**Rank**	**Mean**	**s.d.**	**Rank**	**Mean**	**s.d.**	**Rank**	**Mean**	**s.d.**	**Rank**	**Mean**	**s.d.**	**Rank**	**Mean**	**s.d.**
Improving parenting and parenting support	1	2.63	1.69	1	2.71	1.70	1	2.79	1.72	1	2.59	1.68	1	2.50	1.67	1	2.76	1.71
Improving education and high school completion	2	3.05	1.46	2	2.86	1.48	2	2.93	1.46	2	3.05	1.47	2	3.03	1.46	2	3.00	1.48
Improving health across the life span	3	3.16	1.44	3	2.96	1.47	3	2.97	1.48	3	3.18	1.43	3	3.25	1.50	3	3.05	1.41
Economic resources and affordable housing	4	3.58	1.75	4	3.64	1.66	4	3.62	1.70	4	3.58	1.74	4	3.50	1.73	4	3.67	1.73
Community safety and restorative justice	5	3.92	1.53	5	4.00	1.44	5	3.97	1.45	5	3.92	1.53	5	4.18	1.41	5	3.74	1.56
Evidence-based services and capacity building	6	4.65	1.58	6	4.82	1.48	6	4.72	1.55	6	4.67	1.56	6	4.54	1.61	6	4.77	1.52

Appendix B: Housing Survey Results

Housing Work Group Survey Results Report

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Date: September 3, 2009

Introduction

While evaluating the process of developing the Miami Children's Initiative (MCI) the evaluation team was made aware of the plans for the Housing Work Group to complete a survey in the target area of the MCI in order to provide data for completing the objectives of the work group. The evaluation team agreed to be responsible for creating a database, reviewing, and entering data, and for completing a descriptive analysis of the data. This report summarizes the results.

During the month of August, individuals hired to survey the Liberty City area completed a total of 838 housing surveys. In addition, the concept mapping mini-survey was included which will provide data useful to the strategic planning process. The target number of 1000 surveys was nearly met. The information provided by the surveys is summarized below. Prior to providing the results there is a section on data validity issues. There is concern that the survey information will be weighted too strongly for planning purposes and the comments on data validity should be reviewed before the results and taken into consideration when planning.

Data Validity Issues

When considering the short time frame to complete the surveys a concern was raised regarding the number of surveys being considered for completion. A total of 300 surveys were suggested by the evaluation team as a plausible number that should be equally distributed between single family dwellings, apartments, and public housing residences in the target area. This smaller number would provide a valid sample and would reduce the strain on the surveyors for completing the process while ensuring more uniform and complete results. The primary concern was the potential reduction in data validity due to a higher number of less valid surveys completed. This concern was unfortunately realized as shown by the data validity issues detected and documented below. It should be noted that these concerns do not completely invalidate the findings but should influence the work group and strategic planning team to use caution when interpreting and incorporating the survey results.

The following points were noted during data review, entry, and analysis of the survey data. The bottom line is that there was insufficient time for training and monitoring the surveyors to ensure complete and valid collection of data. This happens routinely when using volunteers for community surveys but is less expected when, as in this case, the surveyors were temporary paid staff.

1. It appears that more than one survey was completed per household. This was not discussed with the evaluation team prior to completion of the survey but this does limit the geographic coverage.
    a. As a corollary, when some surveyors set up tables to complete surveys in the Caleb center and elsewhere, the lack of complete addresses, names, and other contact information

makes it impossible to conclude that some participants did not fill out more than one survey.

2. Data collection issues
   a. The purpose of a door-to-door survey was to have one-on-one survey contacts where the surveyor would fill out the survey completely with the participant or at least verify that all questions were filled out when the survey was handed back. It appears from patterns in the data that some surveys were completed in groups and then not checked for valid and complete data entries.
      i. This resulted in considerable missing data that varied from surveyor to surveyor.
   b. The top box indicating whether the data collection was being completed in a single family residence, apartment, or public housing area was left blank in approximately 15 percent of cases. In some cases, we were able to logically determine with confidence what the area should have been and entered the data accordingly. In other cases, this crucial variable was left blank.
      i. Those self-identifying may have indicated they are in an apartment/rental when they were actually in public housing. This type of error was the reason for door-to-door surveying with emphasis on the surveyor maintaining control of the process.
   c. Some staff were entering total adults in the household and not total living in the household
      i. Number of children in the household was often left blank (18.3% missing). In fact, one surveyor only indicated a total of two children for all surveys completed.
   d. The number of years in the Liberty City community was left blank in approximately 34 percent of cases.
   e. Question 7 asking if the participant was interested in owning a home should only be marked N/A if the participant was currently living in a home they were purchasing. However, N/A was used for renters in too many cases. One surveyor left this question blank in over half of the surveys completed.
   f. There are many groups of surveys from the same surveyor that have literally the same verbiage in the strengths and weaknesses sections for 4-15 surveys in a row. For instance, "too much drugs," "more affordable housing" "too small" or " building more" were entered identically in many consecutive surveys.
   g. Incomplete addresses, especially zip codes, and telephone numbers were common. Some surveyors collected very few phone numbers making spot checks for data validity impossible.
   h. For some surveys multiple responses were checked where only one should be checked. This is also an indication of letting the participant fill out the survey without review. In each case, we chose the response with the higher indication of a problem. For instance, if on question 6 regarding general condition of the home, if the respondent checked 'good' and 'needs work' we chose 'needs work.'

3. Discussion with Strategic Partners staff indicated concern from the surveyors that the inclusion of the concept mapping mini-survey with the housing survey would decrease participation or affect the number of surveys completed. However, this is not apparent as only approximately 40 percent of the mini-surveys have useable numeric data, approximately 10 percent are completely filled out, and 40 percent were not filled out at all. One surveyor had 100 percent blank mini-surveys. The

emphasis was obviously far more on the housing survey. This is consistent with the training that emphasized the housing over the concept mapping survey.

Analysis Results

Analysis will include a discussion of results for each question followed by a discussion of crosstabulations between questions. Simple statistics were used to detect the presence of significant differences between groups when feasible. The questions were divided for analysis into three sections. Section 1 included questions on current living status and situation. Section 2 is on housing interest and impediments. Section 3 discusses demographics. Whenever possible the results are summarized in tables for easier understanding. The crosstabulation section crosses within and between the sections to drill down on the data for a more complete understanding.

Section 1: Current Living Status and Situation

Table 1 summarizes questions one through six. Missing data constituted only a small proportion of each question and should not affect validity of the results. An important point to note is that 59 identify as homeowners and 55 indicate that they are at risk of foreclosure. However, this is not a one-to-one relationship. For those indicated to be in a single family home only 18 of the 55 foreclosure risks are identified. Twelve participants in public housing and 18 renting in apartments also indicated that they were at risk of foreclosure. Thus, the question does not appear to have been well understood by participants.

Table 1: Current Living Status and Situation Univariate Results			
Question #	**Geographic Area Surveyed**	**n**	**%**
N/A	Public Housing	309	36.9
	Apartment/Renter	294	35.1
	Single Family Home	193	23.0
	Missing	42	5.0
1	**Current housing status**		
	Homeowner	59	7.0
	Renter	597	71.8
	Living with others	142	16.9
	Homeless	32	3.8
	Other	2	0.2
	Missing	6	0.7
2	**Living in public Housing, Section 8 or other government assisted**		
	Yes	344	41.1
	No	490	58.5
	Missing	4	0.5
3	**Currently in or at risk of foreclosure**		
	Yes	55	6.6
	No	779	93.0
	Missing	4	.05
4	**Need or receive financial support to stay housed?**		
	Yes	489	58.4

Table 1: Current Living Status and Situation Univariate Results			
	No	317	37.8
	Missing	32	3.8
5	**Make monthly housing costs without missing other payments?**		
	Yes	430	51.3
	No	401	47.9
	Missing	7	.08
6	**General Condition of Current Residence?**		
	Excellent	40	4.8
	Good	497	59.3
	Needs work	241	28.8
	Poor	52	6.2
	Missing	8	1.0

Section 2: Housing Interest and Impediments

Table 2 summarizes housing interest and impediments. Almost half of all participants are interested in buying a home. However, 38 of the participants that are currently homeowners answered this question as yes, no, or not sure when they should have answered N/A since they are already in a home. This does not dramatically change the results but should be noted.

Table 2: Housing Interest and Impediments Univariate Results			
Question #	**Interested in buying a home?**	**n**	**%**
7	Yes	362	43.2
	No	155	18.5
	Not Sure	95	11.3
	N/A	159	19.0
	Missing	67	8.0
8	**What has kept you from buying?**		
	Credit Issues		
	Yes	305	36.4
	No	370	44.2
	Missing	163	19.5
	Monthly Income		
	Yes	308	36.8
	No	367	43.8
	Missing	163	19.5
	Cash for Down Payment		
	Yes	329	39.3
	No	346	41.3
	Missing	163	19.5
	Haven't Found a Home I Liked		
	Yes	21	2.5

Table 2: Housing Interest and Impediments Univariate Results			
	No	653	77.9
	Missing	164	19.6
	Don't Know What to do to Buy a House		
	Yes	93	
	No	582	
	Missing	163	
9	**If you were to Buy a house, what type would you like to buy?**		
	Single family home	291	34.7
	Townhome	141	16.8
	Condominium	65	7.8
	Not sure	259	30.9
	Missing	82	9.8

Section 3: Demographic Information

Table 3 summarizes some but not all of the demographic information. The number of missing values for years in Liberty City reduces its usefulness. Further, the number of individuals whose age and years in Liberty City were identical was nearly 100 percent for some surveyors with considerable variance for others. There is also concern, as noted in the validity section, of the accuracy of number of children in household and it is suspected that the number of children is underrepresented.

Table 3. Demographic Information						
	n	**Missing**	**Mean**	**s.d.**	**Minimum**	**Maximum**
Age	739	99	39.2	10.5	14	73
Years in Liberty City	555	283	30.1	15.1	0	73
Number living in household	781	57	3.5	1.7	0	11
Number <18 in household	685	153	1.4	1.3	0	8

The majority of individuals with a zip code entered were from the 33147 zip code (71.4% for those with a zip code). Unfortunately, 68.7 percent of respondents did not have a zip code entered. Of the 838 participants, female respondents constituted 68.3 percent and males 31.4 percent. Three respondent surveys were missing both names and gender and could not be determined.

Crosstabulations

Crosstabulations are used to investigate how responses to some questions cross-reference or interact with other questions. The first crosstabulation completed investigated whether there were significant differences in responses for government housing, needing financial support, ability to pay all bills, housing condition, and desire to purchase a home by current housing status (homeowner, renter, living with others) (Table 4)). For housing status, homeless and other were not included in this analysis due to low numbers. All analyses were significant using the chi-square statistic for investigating categorical data. Homeowners are much less likely to require government housing assistance and slightly less likely to need financial support. Those indicating transience (living with others) are the most likely to need

financial support and support in paying housing and other bills. They are also the least likely to label the condition of their residence as excellent or good. However, they are the most likely to indicate a desire to own their own home, even more then renters.

Table 4. Analysis of Current Housing by Current Situation							
Variable	**Value**	**Homeowner**		**Renter**		**Living with Others**	
		n	**%**	**n**	**%**	**n**	**%**
Government housing assistance	Yes	5	8.5	277	46.6	53	37.6
	No	54	91.5	318	53.4	88	62.4
Need financial support	Yes	29	50.0	335	58.5	93	67.9
	No	29	50.0	238	41.5	44	32.1
Pay housing and other bills	Yes	31	52.5	328	55.5	53	37.6
	No	28	47.5	263	44.5	88	62.4
Condition of current residence	Excellent	3	5.1	30	5.1	4	2.8
	Good	48	60.3	355	60.3	81	57.0
	Needs Work	7	29.7	175	29.7	45	31.7
	Poor	1	1.7	29	4.9	12	8.5
Interest in owning own home	Yes	21	39.6	249	45.6	78	57.4
	No	17	32.1	114	20.9	17	12.5
	Not Sure	2	3.8	72	13.2	15	11.0
	N/A	13	24.5	111	20.3	26	19.1

Table 5 summarizes the second crosstabulation. The current housing status is crosstabulated with impediments to home ownership to see if there are noticeable differences. It is obvious that the participants that do not currently own a home are in need of assistance at all levels of the financial process. Credit issues are an impediment for many participants and it is unknown whether this is a larger issue than noted since many may have had little opportunity to build sufficient credit for a loan. Lack of purchase knowledge was unexpectedly low across current housing status.

Table 5. Analysis of Current Housing by Perceived Impediments to Home Ownership							
Variable	**Value**	**Homeowner**		**Renter**		**Living with Others**	
		n	**%**	**n**	**%**	**n**	**%**
Credit issues	Yes	11	37.9	232	47.9	80	35.5
	No	18	62.1	252	52.1	44	64.5
Monthly income	Yes	12	41.4	214	44.2	64	51.6
	No	17	58.6	270	55.8	60	48.4
Cash for down payment	Yes	8	27.6	243	50.2	62	50.0
	No	21	72.4	241	49.8	62	50.0
Lack of purchase knowledge	Yes	1	3.4	62	12.8	21	16.9
	No	28	96.6	422	87.2	103	83.1
Residence choice to buy	Single Family	18	47.4	213	38.2	47	36.7
	Townhouse	13	34.2	91	16.3	30	23.4
	Condominium	2	5.3	47	8.4	13	10.2
	Not sure	5	13.2	207	37.1	38	29.7

The final crosstabulations looks at the differences between demographics across current housing and living context. Table 6 summarizes gender of participant by current housing status, government housing assistance, need for financial support to stay housed, ability to pay bills, and housing costs each month. Results are markedly similar across gender except for being recipients of government housing assistance. Males are much less likely to receive housing assistance. The comments regarding housing made by males reinforce this finding as multiple male respondents noted the lack of section 8 housing assistance for males.

Table 6. Summary of Gender x Current Housing Status and Situation					
Variable	Value	**Male**		Female	
		n	%	n	%
Current housing status	Homeowner	18	7.3	41	7.5
	Apartment/Renter	182	74.0	412	75.0
	Living with others	46	18.7	96	17.5
Government housing assistance	Yes	77	31.4	258	47.1
	No	168	68.6	290	52.9
Financial support to stay housed	Yes	144	60.5	313	59.3
	No	94	39.5	215	40.7
Pay bills and pay for housing	Yes	130	53.3	282	51.7
	No	114	46.7	263	48.3
Condition of current residence	Excellent	8	3.3	29	5.3
	Good	170	69.4	314	57.8
	Needs Work	54	22.0	172	31.7
	Poor	13	5.3	28	5.2

Age, number of members in households, and the number of children less than 18 years of age are examined in relation to current housing status, government housing assistance, need for financial support to stay housed, ability to pay bills and housing costs ea month and is summarized in Table 7. There is a slight gradation in age by current housing status. Homeowners are likely to be slightly older while those living with others approximately eight years younger. Further, those living with others are likely to be in a larger household, understandable as their presence would increase the household size, and have more children. Those in need of government support for housing are slightly younger and have more in the household and more children. This trend does not hold for needing financial support or for being able to handle both housing and other costs. Finally, those in housing conditions that are poor or needing work are likely to have larger numbers in their household as well as more children.

Table 7. Summary of Age and Household x Current Housing Status and Situation							
Variable	Value	Age		# in Household		# Children <18	
		Mean	s.d	Mean	s.d	Mean	s.d
Current housing status	Homeowner	44.1	11.3	3.1	1.3	0.9	1.0
	Apartment/Renter	39.5	10.5	3.4	1.6	1.4	1.3
	Living with others	36.0	9.9	4.0	1.8	1.7	1.4

Table 7. Summary of Age and Household x Current Housing Status and Situation							
Government housing assistance	Yes	38.7	9.7	3.8	1.6	1.8	1.3
	No	39.6	11.2	3.3	1.6	1.2	1.3
Financial support to stay housed	Yes	40.0	10.4	3.5	1.6	1.3	1.2
	No	38.3	10.5	3.5	1.7	1.5	1.4
Pay bills and pay for housing	Yes	39.2	10.8	3.3	1.5	1.3	1.3
	No	39.4	10.3	3.7	1.8	1.5	1.4
Condition of current residence	Excellent	35.0	9.2	3.0	1.5	1.6	1.5
	Good	39.0	10.1	3.3	1.5	1.2	1.2
	Needs Work	41.4	11.6	3.9	1.7	1.8	1.5
	Poor	38.1	11.5	4.1	2.0	2.1	1.5

If the work group requires other analyses of this data, please contact Dr. Walby. This information is a descriptive effort with limited interpretation and, when necessary, explanation to avoid misinterpretation. This was deliberate to avoid influencing the work group beyond explaining the findings.