# National Scan: Using Evaluation Information for Feedback and System Improvements

The **National Technical Assistance Center for Children's Mental Health** conducts an annual **National Scan** of children's services evaluation in each state and territory. Current information appears on our Web page at **www.dml.georgetown.edu/gucdc/eval.html**. The Scan contains data about evaluation process, instrumentation, feedback, personnel, and technical assistance needs. Our feature article in this edition of "Data Matters" profiles selected states using timely and informative **data reporting procedures**. Namely, we show examples of states that have made their evaluation information *useful* to their constituents for the purposes of program improvement and sustainability.

REPORT CARD

Vermont

The Vermont Performance indicator Project, within the Vermont Department of Developmental and Mental Health Services, distributes weekly mini data reports to a broad stakeholder group including consumers, advocates, service providers, managers, and analyts. Four times a year, representatives of the reports' diverse audience meet to discuss the meaning of the findings, next questions, and data quality. In addition, the Department collaborates with the University of Vermont Department of Psychology to provide data to interagency groups about children's services in their regions. Evaluation newsletters and community services reports are distributed widely to help manage, improve, and sustain regional systems of care. The University Evaluation Team also focuses increasingly on parent and community involvement in data interpretation, review of instruments, and piloting of consumer interviews. Interagency groups and State representatives evaluate the presentation of the community services reports, making suggestions for changes and improvements through a feedback questionnaire. Evaluation in Vermont is premised on the needs of the community and designed to encourage a data-friendly
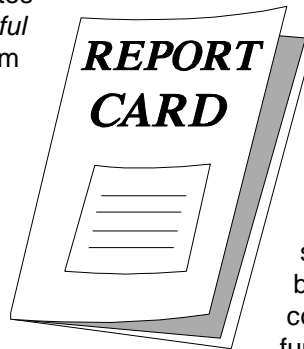
culture. For more information, please contact John Pandiani, Chief, Mental Health Research & Statistics: jpandiani@ddmhs.state.vt.us or Ted Tighe, University Evaluator: ttighe@ddmhs.state.vt.us.

Texas

Texas developed their evaluation system as an ongoing evaluation, providing managers and other stakeholder groups with up-to-date information about the children served and the quality of care received. One of the main objectives of the evaluation is to provide stakeholders with a mechanism to formulate questions about services, obtain services data, and apply the data to decision-making for program improvement. The process of reporting evaluation results involves collaboration between management and evaluation staff. Numerous outcomes are reported periodically to stakeholders including: improvement in behavioral-emotional functioning, improvement in community functioning, improvement in school functioning, and child and parent satisfaction with services and progress. A "Children's Mental Health Services Report" provides characteristics of the children served and the services received, and a "Contract Outcome Report" provides statistics related to consumer satisfaction and child functioning. For more information, contact Serie Spicer, Children's Services Program Specialist: Serie.Spicer@mhmr.state.tx.us.

Ohio

A Mental Health Outcomes Task Force in Ohio has designed a new client outcomes evaluation system that emphasizes continuing quality improvement—focusing on finding out who people are and what they need, then translating their needs into services. Their final report, Vital Signs, emphasizes the importance of measuring outcomes from the perspective of the consumer and family as well as the provider. "If this information is not useful at the provider

One of our heroes in the world of evaluation is Michael Quinn Patton, author, teacher, and consultant. In his book, Utilization-Focused Evaluation (Sage Publications, 1997), the clear message is **evaluation ought to be useful**. On this important principle, we have focused this issue of **Data Matters**. From advocacy efforts of the Federation of Families for Children's Mental Health to the evaluation reporting mechanisms of states across the country, we hope to demonstrate the power of useful data in the hands of people who know how and when to use it.

Patton says the challenge of evaluation use is "**matching the right information to the right people**." We wish you luck in this match-making, and hope to share some valuable resources to make evaluation data as appealing, strategic, useful, inviting and informative as possible.

Federation of Families
The **World** of Evaluation

Elaine Slaton
Federation of Families for Children's Mental Health

The **Federation of Families for Children's Mental Health** believes that the unique, experience-based perspectives of families whose children are to be served by systems of care can bring powerful and strategic improvements to systems through their use of evaluation. The potential for building a better world through the involvement of community members in evaluation has been supported since at least the 20th Century when researchers collaborated with mothers in Mother Centers to conduct evaluations in the U.S. and Germany. Today, evaluation training for community members is among the recommended strategies for ensuring cultural competence in health organizations according to the U.S. Department of Health and Human Services, Office of Minority Health.

A Federation of Families initiative offering evaluation skills training to families, includes the following three courses.

Level 1, *The World of Evaluation: How to Understand It,* is a three-day course that offers families instruction in understanding the major types of evaluation, key terms, visual displays, research articles, using evaluation information to improves services, and the relationship between evaluation and advocacy. The goal of the first course is to prepare family members to use evaluation results for advocacy purposes.

Level 2, *The World of Evaluation: How to Work In It,* requires certification in Level 1 as a prerequisite. This three-day course includes how an evaluation question is created; the design of an evaluation project; measurement selection; collection, analysis, and interpretation of data; dissemination of findings; and an understanding of the influences on each phase in the process. Family members completing this course should be able to effectively participate in and make strategic decisions about their involvement in evaluation projects.

Level 3, *The World of Evaluation: How to Lead It,* will require certification in Levels 1 and 2 and will offer skills to family members who chose to lead evaluation projects from start to finish. This course should be available in late 2001.

This initiative and the materials were developed, like all Federation projects, with an ear to families in the field. Family members and family organizations from diverse geographic, educational, experiential, and cultural backgrounds have served as advisors, reviewers, testers, and consultants to this program. The Research and Training Center at Portland State University, the National Training and Technical Assistance Center at Georgetown University, MACRO International, and Dakota Enterprises have provided technical support and expert consultation to this initiative. In addition, the courses have been designed to be co-trained by a family member and an evaluator, modeling an essential partnership for systems change.

Participants in the courses have been extremely pleased with the materials, the pace of the presentations, and their changed attitudes about evaluation. Some comments include:

"Research and evaluation before now was very boring and too technical. Now, I am excited about going back and using this knowledge with [other family members]."

Speaking Data-Eze:
A Social Marketing Workshop

Louise Peloquin & Rolando Santiago, Ph.D.,
Center for Mental Health Services
Brenda Foster, Vandguard Communications
Sandra Spencer, WeCare Services, NC

Representatives of: the **Child, Adolescent and Family Branch** of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, **Caring for Every Child's Mental Health Campaign**, and the **Federation of Families for Children's Mental Health** developed an exciting pilot workshop conducted last Spring. The goal of the workshop was to enlighten participants about the important roles that evaluators, communicators, and families play in caring for every child's mental health. Much of the content was drawn from the national social marketing campaign launched in June 1999 at the White House Conference on Mental Health. The workshop also utilized an informative publication, "**Making Health Communication Programs Work: A Planner's Guide**," produced by the Office of Cancer Communications, National Cancer Institute, National Institutes of Health (available on-line at: http://rex.nci.nih.gov/NCI_Pub_Interface/HCPW/HOME.HTM).

The workshop included three sections. In the first section, **Learning a New Language**, we learned common terms used by Evaluators (like "statistics," "informed consent," and "significant difference"), Family Members ("family-driven," "culture," and "partnership"), and Communicators ("audience segmentation," "impressions," and "Op-Ed"). We also learned the importance of using child-first language and eliminating acronyms in our communications.

In the second section, **Planning a Campaign**, the workshop focused on the major stages in a campaign from planning and strategy selection to developing materials and refining the program.

In the final section, **Going Public**, participants learned about interview skills, sound bites, tips for radio and television segments, and principles of public speaking, including:

(1) "**KISS**:" **K**eep **I**t **S**hort and **S**imple,
(2) **Personalize what you are saying** (personal stories show your enthusiasm for the subject),
(3) **Provide an analogy** (something to which your audience can relate easily), and
(4) **Wear pleasing, appropriate attire** (so your words are the focus, not your clothes).

For more information about the development of the workshop, please contact Louise Peloquin at the Center for Mental Health Services: (301) 443-3898, <peloquil@samhsa.gov>.

Data Through a Cultural Lens:
Practices to Support Culturally Competent Use of Evaluation Data

Larke Nahme Huang, Ph.D.
Georgetown National TA Center

Strategic use of data involves matching the right content and the most effective presentation format for the targeted recipients to accomplish the intended objectives. Competent use of data with culturally diverse populations, in particular communities of color, requires attention to several challenges:

1. **Define the population precisely.** This may include race/ethnicity, country of origin, acculturation, educational background, socioeconomic status, and language proficiency. There is much variability and heterogeneity within groups, e.g., more than 50 ethnic groups comprise the Asian American Pacific Islander (AAPI) population; over 600 federally and state-recognized tribes with distinct traditions and cultures make up the American Indian population, so caution is required in drawing conclusions and generalizations.

2. **Develop collaborations with the target community.** Community members should be involved in the planning, design and implementation of the evaluation, in the data collection and analysis, and in information dissemination. As the deputy director of the Native American Healthy Nations Initiative indicated, *"the solutions aren't in the universities and think tanks… they're in the local community."* Community leaders may be more informed about effective methods for data dissemination and use than outside evaluators.

3. **Facilitate buy-in.** It is critical to have an in-depth knowledge of the target population, to anticipate areas of resistance, and to understand community concerns and suspicions regarding evaluation and data. *"Comprehending that the census – a series of intrusive questions from a government agency– might actually help their people is difficult for many Hmong"* cites Malay Lo Thao, Census Bureau liaison to the Asian community in metropolitan Detroit.

4. **Provide timely feedback/results in clear, useful formats conveyed through culturally appropriate methods.** *"Most outside researchers take the data and are never heard from again,"* stated Justin MacDonald, Ph.D., Society of Indian Psychologists. Strategic use of data includes a plan for returning to

Federation

"I rate the entire conference, presenters, materials, activities, groups to be excellent and well worth the trip. Very up-beat. Humorous, quality data presented. The team that put this all together did a wonderful job. If I were to grate this, they would get 'H' for Honor or an A+++++++."

"Your light-hearted approach made it easy to digest a lot of information. There was no judging of how much one knows. We were all encouraged to learn and express our views."

As families recognize the potential of this powerful "tool" called evaluation, they are more likely than ever to use and apply existing evaluation results in their advocacy.

The Federation can offer individualized workshops or courses to meet your unique project, organization, or community needs. For more information about scheduling workshops in your area or current offerings (pending funding), please contact Elaine Slaton at the Federation of Families for Children's Mental Health: (703) 684-7710, or Email her at eslaton@ffcmh.org.

On-Line Resources:
Using Data

American Evaluation Association, <www.eval.org/>
The AEA is devoted to the application and exploration of evaluation in all its forms.

National Center for the Dissemination of Disability Research (NCDDR), <www.ncddr.org/>
NCDDR was funded as a research and knowledge dissemination project on issues related to disability.

National Neighborhood Indicators Partnership, <www.urban.org/nnip/>
Sponsored by the Urban Institute and others, this project furthers the development and use of neighborhood-level information in local policymaking and community building.

United Way Outcomes Resource Network, <www.unitedway.org>
The Resource Network's purpose is to provide outcome measurement resources and learnings.

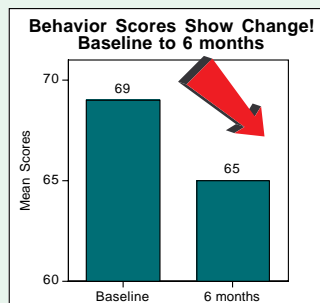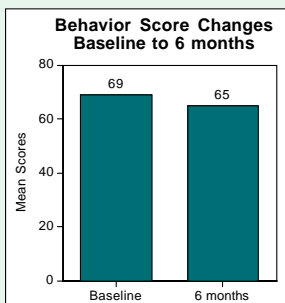**W.K. Kellogg Foundation Evaluation Handbook, <www.wkkf.org/Publications/evalhdbk/default.htm>**
The Kellogg Foundation's Evaluation Handbook shows how evaluation leads to better programs, learning opportunities, and knowledge of what works.

More Than Meets the Eye:
Our Justified Distrust of Statistics

Maria Woolverton & Michelle Woodbridge, Ph.D.
Georgetown National TA Center

Mark Twain said, "There are three kinds of lies: lies, damned lies, and statistics." In **How to Lie with Statistics** (1954), a classic by Darrell Huff, the author shows how statistics can "sensationalize, inflate, confuse, and oversimplify." He offers timeless and comical advice on deceiving audiences by employing questionable sampling procedures, distorting graphs with deceptive scales or clip art, and encouraging unwarranted conclusions through exaggeration or statistical intimidation.

It is easy to lead audiences astray by misapplying graphical techniques. Here is an example:

Behavior Score Changes Baseline to 6 months

Mean Scores — 80, 60, 40, 20, 0
69 (Baseline), 65 (6 months)

Behavior Scores Show Change! Baseline to 6 months

Mean Scores — 70, 65, 60
69 (Baseline), 65 (6 months)

Both of these graphs represent **the same data**, but they achieve very different messages through a number of techniques: scale differences, clip art, and influential titles.

How do we avoid being deceived --or deceiving others with statistics?
We offer some simple words of caution:
1. **Use tools properly.** Examine the methods of any study, and be sure that the number of cases (the "N"), the measurements (instruments and statistical tests), and the definitions are clealy and accurately described. Be sure that graphs reflect the data without exaggerations.
2. **Don't jump to conclusions.** Results may be based on a small number of cases, an inappropriate measure, or insignificant findings. Be sure to ask questions of the data and ignore irrelevant information. Don't be misled or intimidated by statistical jargon or sophisticated analyses.
3. **Don't let pressure of deadlines/results allow you to overlook details or ignore important processes.** Results should be discussed with multiple stakeholders during multiple conversations before any interpretation of data is presented. Statistical significance should never be confused with practical significance.

Developing Theories of Change

For Local Service Systems

Mario Hernandez, Ph.D. and Sharon Hodges, Ph.D.
Florida Mental Health Institute, University of South Florida

Developing local service systems is challenging work that requires a clear link between ideas about how a system can be built and the actual strategies implemented locally. Creating this clear link can be accomplished through the use of theory-based frameworks. These frameworks are tools that can guide communities through the process of articulating their ideas about the best approaches for developing local service systems. Local stakeholders can benefit from using theory-based frameworks because they make explicit links between their ideas or theories of change, the strategies they plan to implement, and the outcomes they hope to achieve. Theory-based frameworks support implementation efforts as well as strategic planning and evaluation processes by helping stakeholders reach consensus about the populations they plan to serve, strategies they implement, and the results they expect to achieve.

> **Theories of Change make evaluation more accessible and understandable to stakeholders**

What is a Theory of Change?

A theory of change is the articulation of the underlying beliefs and assumptions that guide a service delivery strategy and are believed to be critical for producing change and improvement in children and families. Theories of change represent beliefs about what children and their families need and what strategies will enable them to meet those needs. They establish a context for considering the connection between a system's mission, strategies and actual outcomes, while creating links between who is being served, the strategies or activities that are being implemented, and the desired outcomes.

A theory of change has two broad components. The first component of a theory of change involves conceptualizing and operationalizing the three core frames of the theory. These frames define:

- **Populations**: who you are serving.
- **Strategies**: what strategies you believe will accomplish desired outcomes.
- **Outcomes**: what you intend to accomplish.

The second component of a theory of change involves building an understanding of the relationships among the three core elements and expressing those relationships clearly. The theory of change is defined by the three core elements and the relationship that exists between them.

The Relevance of Theories of Change to Evaluation

Evaluators are responsible for assessing the implementation and impact of service system changes, regardless of whether a local theory of change has been clearly articulated or the relationships among the three core elements of the theory are well-understood. Having a clear link between ideas and action serves as an organizing principle for information collected through the evaluation.

A common problem facing evaluation efforts is that service strategies and evaluation strategies are often developed and implemented independently of one another. In order for outcomes to have the maximum impact on system/service development, there must be a high degree of integration between system/service development strategies and the efforts of the evaluation. The development of a theory of change promotes the integration of evaluation and system/service development. Well articulated theories of change can aid evaluation efforts in several ways:

- Theories of change help system and program staff better understand the kind of evaluation information they need to make day-to-day decisions.
- Theories of change help the evaluator develop research questions that focus measurement on changes that can occur given the particular strategies that are operative at the system, program, and client level.
- Because they facilitate understanding the link between strategies and the achievement of outcomes, theories of change facilitate the integration of data from broader evaluation and accreditation requirements into local evaluation efforts.
- Theories of change help move stakeholders from being passive collectors and reporters of information to active users of information for system planning and service delivery.
- Ultimately, having a theory of change helps those implementing strategies to understand assumptions and expectations that guide their decisions, actions, and resulting accomplishments.

The Evaluator's Role in Developing Theory-Based Frameworks

Evaluators can play an important role of eliciting the local theory of change by facilitating the process of developing a theory-based framework. Evaluators can take the role of helping local stakeholders reach consensus through discussion of the key elements of a theory of change and how these elements relate to one another. The process of developing a theory-based framework makes the results of evaluation more relevant to stakeholders by focusing the evaluation on answering key questions relevant to the local theory of change.

For more information, please contact Mario Hernandez at hernande@hal.fmhi.usf.edu

Use that Data: National Scan

level, then we have failed. We hope providers will be able to use this data to better shape their practices," says Dee Roth, co-chair of the outcomes pilot study. In a separate but related project, Ohio's regional Consumer Quality Review Teams independently assess consumer feedback and synthesize it for use in internal Mental Health quality improvement efforts. For more information, contact Dee Roth, Chief, Program Evaluation & Research: rothd@mhmail.mh.state.oh.us.

Michigan

The Michigan Mission Based Performance Indicator System (MMBPIS) is a statewide quality management system for children's mental health services. Each community mental health provider must meet individual performance objectives negotiated with the state's Department of Community Health (DCH). Site visits (conducted by DCH teams), performance indicator data (submitted by all providers including access, efficiency, and outcome indicators), demographic data, cost reporting, and consumer satisfaction surveys (mailed to a sample of families twice a year) comprise the methods use to monitor quality of services for children and their families. Reports are distributed to providers, DCH administration, and the legislature. Those

For more state profiles, see our database at:
http://www.dml.georgetown.edu/gucdc/eval.html

providers found to have achieved significantly positive outcomes are reviewed for possible identification as **best practice** to be disseminated throughout the state; those with negative results are reviewed for sanctions, plans for improvement, or contract termination. For more information, contact William Allen, Deputy Director, Mental Health & Substance Abuse Services: (517) 335-0196.

Florida

Timely, accurate, and effective data reporting and analysis to determine current performance is a guiding principle of the Florida Department of Children and Families. Modification and redesign of the service delivery system—consistent with knowledge and information gained as part of ongoing review and analysis—is a component of this process. For example, information about people receiving state-supported behavioral healthcare services is used to inform decisions about service effectiveness. Outcome measures reported by individual provider agencies are also aggregated across the state to create Performance Budgeting Reports to the Florida Legislature to monitor approximately $350 million of the Florida Department of Children and Families' annual budget. For more information, please contact Jennifer Shepard, Department of Children and Families: jennifer_shepard@dcf.state.fl.us.

Using Data to Improve Community Health and Neighborhood Development

Two recent projects have emerged with an emphasis on building community capacity to use information effectively—thereby influencing the process of positive community change and policy development. One, the **National Neighborhood Indicators Partnership**, is administered by the Urban Institute with support from the Annie E. Casey and Rockefeller Foundations. Partner organizations in a dozen neighborhoods are working under this project to develop automated information systems that include indicators on child, adolescent, and family well-being such as vital statistics (births, deaths, health), employment, crime, educational performance, and property conditions. Most importantly, the focus of the project is to "democratize information with modern technology:"
   • **To build community capacity to assess their informational needs,**
   • **To strengthen their social and technological communication networks, and**
   • **To build skills to use information for community change.**
The project's Web site details partners' progress and

provides informational resources: **www.urban.org/nnip/index.htm**.

Another project, the **Community Health Status Report**, is funded by the Health Resources and Services Administration (**HRSA**), U.S. Department of Health and Human Services, and is a collaborative effort of the Association of State and Territorial Health Officials (**ASTHO**), the National Association of County and City Health Officials (**NACCHO**), and the Public Health Foundation (**PHF**). Modeled after the vision and goals of **Healthy People 2010**, the reports detail a gamut of indicators for over 300 counties across the country including health behaviors, primary and preventive care, access to services, deaths and births, populations at risk, life expectancy, and environmental health. A unique offering of the reports is the comparison of counties to their peers (other counties of similar size, composition, and density) and the national average. The statistics have been collected by grouping multiple years of indicators from the communities in order to provide stable measures. State and local health departments can provide more information, and the project encourages dialogue among community partners about the assessments. The Health Status Report for your county and others is available on-line at: **www.communityhealth.hrsa.gov**.

Thanks Ron Bialek, Public Health Foundation, & Peter Tatian, Urban Institute, for providing information for this article.

Promising Practices
in Using Evaluation Information:
A New Monograph Series

Michelle Woodbridge, Ph.D. & Larke Huang, Ph.D.
Georgetown National Technical Assistance Center

We are thrilled to announce the unveiling of the new **Promising Practices in Children's Mental Health 2000 monograph series** of the Comprehensive Community Mental Health Services for Children and Their Families Program. The writing of all three volumes in this series was funded by the Child, Adolescent and Family Branch of the Center for Mental Health Services (**CMHS**), Substance Abuse and Mental Health Services Administration (**SAMHSA**), United States Department of Health and Human Services.

Volume II of the series, "**Using Data to Manage, Improve, Market, and Sustain Children's Services**," was authored by Michelle Woodbridge and Larke Huang of the Georgetown University National Technical Assistance Center for Children's Mental Health. A summary of this volume is presented below:

Providers and evaluators of mental health services to children and their families are often challenged by the task of translating evaluation findings into clear and meaningful reports that can illustrate the resources, gaps, expenditures, and outcomes of their programs. The broad range of data typically collected by providers of public services includes demographic descriptions of clients, service utilization, system costs, consumer satisfaction, and behavioral and emotional indicators. Effective analysis, interpretation, and presentation of these data elements require a blend of science, art, technology, and communication skills. Once produced and disseminated, however, evaluation reports can be powerful tools for improving service delivery, marshalling public support, validating managerial decisions, and sustaining emotional and financial involvement in the service systems.

The purpose of this monograph is to describe promising

practices in the use of evaluation data at sites funded by the federal Center for Mental Health Services as part of the Comprehensive Community Mental Health Services for Children and Their Families Program. The sites showcased in this monograph have been developing and implementing their evaluation programs for at least five years as a requirement of their federal funding. These selected systems of care have been deemed some of the most successful in going beyond their funding obligations to become true data-driven systems committed to: (a) gauging the effectiveness of their local services through strategic data analysis, (b) instilling timely and consistent evaluation feedback mechanisms into their practices, and (c) responding to evaluation findings with data-based decision making and system improvements. It is the intent of this monograph to share a wealth of ideas and experiences from these sites about using local data in ways that can impact the delivery, management, and sustainability of community-based services for children and families.

Selected promising practices sites using evaluation data effectively include:

Community Wraparound Initiative, Illinois
Families First/Access, Vermont
KanFocus, Parson, Kansas
Multiagency Integrated System of Care (MISC), Santa Barbara, California
Stark County Family Council, Ohio
Texas Department of Mental Health and Mental Retardation Children's Services (DMHMR)*
Wings for Children and Families, Inc., Maine
(*Note: Texas DMHMR is not a federally-funded system of care site)

Additional Volume II documents may be ordered from:
National Technical Assistance Center
for Children's Mental Health
Georgetown University Child Development Center
3307 M Street, NW, Suite 401
Washington, DC 20007
Phone: (202) 687-5000; Fax: (202) 687-1954
Attention: Mary Deacon
deaconm@gunet.georgetown.edu

The entire three-volume series (including Volume I "Cultural Strengths and Challenges in Implementing a System of Care Model in American Indian Communities" by authors at the National Indian Child Welfare Association and Volume III "For the Long Haul: Maintaining Systems of Care Beyond the Federal Investment" by authors at the Bazelon Center for Mental Health Law) may be ordered from:

Center for Effective Collaboration and Practice
American Institutes of Research
(888) 547-1551 or (202) 944-5400
http://www.air.org/cecp/

We hope you find these resources timely, instructive, and helpful.
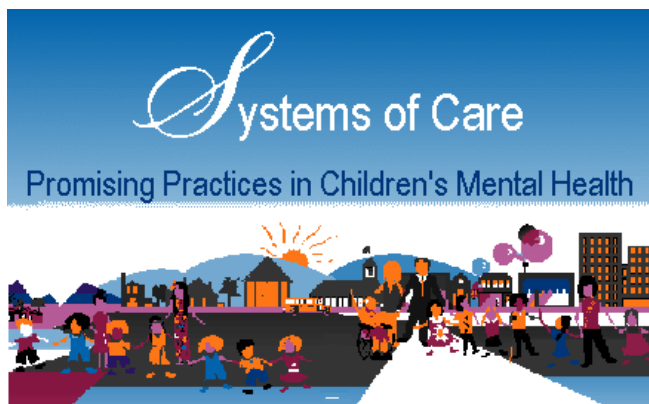
Cultural Lens

the ethnic community to present the data, to host a give-back ceremony, and to show appreciation and respect for what has been shared with the evaluators/ researchers. It is advisable to use multiple methods to convey results: concisely written and translated reports, gatherings and focus groups at community-based institutions such as churches, community centers or schools, and existing community-based vehicles for information dissemination. In order to maximize the utility and potential impact of data, it is essential to learn about the most effective, appealing and accessible methods of communicating results in particular communities.

5. **Consider acculturation and biculturalism in interpretation and utilization of the data**. These concepts may influence explanations of the results, thus, it is often useful to request reviews of the interpretation of the data from colleagues familiar with the specific cultural group prior to dissemination of data reports. Alternative explanations for the outcomes may be related to the culture of the group. Additionally, level of acculturation or degree of biculturalism may affect responsiveness and understanding of the data among the targeted recipients.

6. **Know when to aggregate the data from a heterogeneous sample and still maximize external validity**. There is significant within group heterogeneity in the Hispanic, AAPI, African American and American Indian populations. Combining subgroups within each of these populations may be inappropriate and lead to misinterpretation of findings.

7. **Avoid deficit model interpretations.** Historically, when comparisons were made between ethnic minority groups and the white majority population, differences were attributed to deviance or undesirable characteristics among the minority groups. Utilize a balanced approach to interpretation and utilization of the data highlighting areas of both strength and weakness.

In a recent publication by the American Psychological Association, **Guidelines for Research in Ethnic Minority Communities** (January, 2000), a consistent theme was the need for interpretation and dissemination of research and evaluation findings that are meaningful and relevant to the four ethnic minority populations and that reflect an understanding of their cultural, and sociopolitical context. This requires challenging historical notions, traditional methodologies and ethnocentric perspectives, and questioning how one's own values affect the conduct, design, and implementation of the study and interpretation and utilization of the data.

For more information:

Guidelines for Research in Ethnic Minority Communities, Council of National Psychological Association for the Advancement of Ethnic Minority Interests. Washington, DC: American Psychological Association. <www.apa.org>; 202-336-6029.

Cross, T., Earle, K., Echo-Hawk, H., & Manness, K. (2000). Cultural Strengths and Challenges in Implementing a System of Care Model in American Indian Communities. Systems of Care: Promising Practices in Children's Mental Health, 2000 Series, Volume I. Washington, DC: Center for Effective Collaboration and Practice, American Institues of Research. <www.air.org/cecp>; 888-547-1551.

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