



Université d'Ottawa • University of Ottawa



Université d'Ottawa • University of Ottawa

FACULTÉ DES ÉTUDES SUPÉRIEURES
ET POSTDOCTORALES

FACULTY OF GRADUATE AND
POSTDOCTORAL STUDIES

Afroditi TSAROUHAS

AUTEUR DE LA THÈSE - AUTHOR OF THESIS

M.A. (Education - conc. Measurement and Evaluation)

GRADE - DEGREE

Faculty of Education

FACULTÉ, ÉCOLE, DÉPARTEMENT - FACULTY, SCHOOL, DEPARTMENT

TITRE DE LA THÈSE - TITLE OF THE THESIS

Understanding organizational context for the evaluation of training outcomes :
A multi-site case study in the community mental health sector

B. Cousins

DIRECTEUR DE LA THÈSE - THESIS SUPERVISOR

CO-DIRECTEUR DE LA THÈSE - THESIS CO-SUPERVISOR

EXAMINATEURS DE LA THÈSE - THESIS EXAMINERS

T. Aubry

C. Miles

J.-M. De Koninck, Ph.D.

LE DOYEN DE LA FACULTÉ DES ÉTUDES
SUPÉRIEURES ET POSTDOCTORALES

DEAN OF THE FACULTY OF GRADUATE
AND POSTDOCTORAL STUDIES

**Understanding organizational context for the evaluation of training outcomes:
A multi-site case study in the community mental health sector**

Afroditi Tsarouhas

Dissertation submitted to the School of Graduate and Postdoctoral Studies

of the University of Ottawa

in partial fulfillment of the requirements

for the degree of Master of Arts

Department of Education

September 2004



Library and
Archives Canada

Bibliothèque et
Archives Canada

Published Heritage
Branch

Direction du
Patrimoine de l'édition

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

ISBN: 0-494-01621-3

Our file Notre référence

ISBN: 0-494-01621-3

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.


Canada

Abstract

The evaluation of training models has evolved from Kirkpatrick's (1959) four level model and Brinkerhoff's (1987) six stages of effective human resource development to Guskey's (2000) five critical levels of professional development. This evolution responds to the changing needs of organizations. Analyses of organizational contexts is gaining in importance given that these analyses point to the specific aspects of organizations which require attention to enhance the likelihood that training outcomes will be successfully implemented (Bennett, Lehman & Forst, 1999).

The study formally tests the factors outlined in the third level (organizational support and change) of Guskey's (2000) model. These factors make up the conceptual framework in order to explore and assess the contextual congruence of organizational context to determine whether the current context is conducive to the successful implementation of training outcomes. The study further examines the applicability of Guskey's (2000) third level factors outside educational settings as well as other relevant factors that may not have been considered. Guskey's (2000) third level factors are partially tested to ascertain whether they are adaptable within the community mental health sector.

A purposive sampling method was used to select four organizations in the mental health sector that have received training related to Concurrent Disorders. Twenty-two participants were interviewed. Interviews were coded and analyzed using Guskey's factors as the conceptual framework as the guide. The multi-site case study procedures by Miles and Huberman (1994) are applied.

The findings of this exploratory study suggest that when organizational supports are present within an organization and staff is aware of their presence, then they are more likely to implement training outcomes. Organizational constraints that serve as an impediment to

training related changes are also identified; they include time, transportation, workload, and communication factors. Two additional factors not included in Guskey's third level emerge as a result of this multi-site study: 'collaboration with clients (program consumer)' and 'communication within and across organizations (regarding the innovation).' This study further suggests that it is important to evaluate organizational contexts prior to the implementation of training outcomes in order to enhance the likelihood of successful change.

Acknowledgements

The process of writing this thesis has been a journey that has come with many highs and lows unfortunately, there seemed to have been many more lows. This has been a humbling experience which has taught me that “there is no substitute for hard work” (Thomas Edison).

I would like to thank all the participants in the community mental health sector for participating in this study; this thesis would never have been possible without them. Next, I am thankful for the expertise and support that Brad Cousins my supervisor has contributed to my study. I also appreciate the patience and encouragement that my committee members Tim Aubry, Carol Miles and Brad Cousins have shown me throughout this process.

I would like to thank friends who have made this process a little less lonely. I appreciate the support, encouragement and patience that Mike and Tara have extended me throughout the writing of this thesis. I am also thankful to Dino who has been a great friend and editor. He has been supportive and encouraging throughout my degree. Dino has always challenged and pushed me to grow, his belief in me has been priceless.

Last but not least I would like to thank my family who have always supported me even when I have chosen to take a road less travelled.

Table of Contents

Abstract	ii
Acknowledgements	iv
Table of Contents.....	v
List of Tables	vii
List of Figures	viii
 Introduction.....	 1
Research terms	4
Overview of thesis.....	4
Literature Review	6
Training	7
Professional Development.....	7
Evaluation Purposes and Processes	8
Evaluation	8
Formative and Summative Evaluation	8
Training Evaluation.....	9
Consequences of Evaluation	10
Quantitative, Qualitative and Mixed Methods Designs.....	11
Stakeholder Involvement.....	11
Models of Training Evaluation.....	12
Kirkpatrick's Model: 'Four Level Model'	12
Brinkerhoff's Model: 'Six Stages of Effective Human Resource Development'	13
Guskey's Model: 'Five Critical Levels of Professional Development Evaluation'	14
Importance of Context	16
Comparing the Models	17
Strengths of Guskey's Model.....	19
Focus and Research Questions	20
Context for Research.....	24
Community Mental Health Organization (CMHO) Concurrent Disorders Project	28
CMHO Planned Concurrent Disorders Training Program	29
Methods.....	31
Site selection and participants	31
Instruments and material	32
Procedure.....	33
First Round - Interviews.....	33
Second Round – First Feedback Opportunity.....	33
Third Round - Second Feedback Opportunity	34
Plan of analysis: coding.....	35
Data Quality	37
Validity Issues	37
Cross case analysis tables.....	37
Presentation of findings: Cross case analysis	39
Background Characteristics.....	39
Funding sources.....	39
Involvement in the Concurrent Disorders Program (CDP)	40
Staff.....	40
Organizational policies.....	41
Resources	43
Government support.....	43
Positively Viewed Resources	43
Site Resources that Require Improvement	44
Allocation of time/Provision of time	47
Provision of Time -CDP.....	48
Time delay in starting the CDP	49

Time delay in starting the CDP	49
Time provided for professional development.....	49
Time management and professional development: an issue of workload	50
Organizational openness to experimentation and alleviation of fear.....	51
Hiring innovative people	52
Process for innovation.....	52
Respondents are open and collaborate in innovation	52
CMHO's aim to serve the community:	53
Collegial support	55
Support of the CDP and Staff.....	55
Communication regarding CDP	55
Decision making and support.....	56
Individual personalities and view of change	56
Supervisor's leadership and support for professional development	58
Limitations in professional development and innovation.....	58
Higher level administrator's support of knowledge sharing.....	59
Recognition and acknowledgement of staff success	61
Formal recognition	62
Informal recognition.....	64
Collaboration with clients (program consumer).....	64
Communication within and across organizations regarding innovation.....	66
Difficulties communicating.....	67
Discussion/Conclusion.....	70
Are Guskey's factors applicable outside the education sector?	71
What additional factors require consideration?	72
Study Limitations	73
Implications for research.....	74
References.....	76
Appendix A.....	84
Appendix B.....	85
Appendix C.....	87
Appendix D.....	93
Appendix E	94
Appendix F.....	97

List of Tables

Table 1: Guskey's Model: 'Five Critical Levels of Professional Development Evaluation'.....	15
Table 2: Various working capacities of respondents	32
Table 3: Summary of 'organizational policies' factor	42
Table 4: Summary of 'resources' factor.....	47
Table 5: Summary of 'allocation of time/provision of time' factor	51
Table 6: Summary of 'organizational openness to experimentation' factor	54
Table 7: Summary of 'collegial support' factor	57
Table 8: Summary of 'supervisor support for staff's professional development' factor.....	59
Table 9: Summary of 'higher level administrator's support of knowledge sharing' factor	61
Table 10: Summary of 'recognition and acknowledgement of staff successes' factor	63
Table 11: Summary of ' collaboration with clients (program consumer)' factor	66
Table 12: Summary of 'communication within and across organizations regarding innovation	69

List of Figures

Figure 1: Level 3 of Guskey's professional development evaluation model: Factors that contribute to context conduciveness in the evaluation of training.....	23
---	-----------

Introduction

Organizations in the public and private sectors increasingly recognize training and professional development as a valued part of the activities needed for organizational growth. In order to remain competitive within their sector, many companies are increasing their budgets to educate employees through training (Carnavale, 1995). Despite the value that is placed on training and professional development, in times of budgetary constraints, the scarce resources needed to support such activities are rarely justified. As a consequence, the evaluation of training has captured the interest of program evaluation scholars and practitioners, training developers, and organizational administrators.

Among the first models developed specific to the evaluation of training was Kirkpatrick's (1959) "four level model". Despite the model being over forty years old, the approach is the most extensively cited and widely used in various fields. Critics of the approach argue that it is atheoretical, in that it provides little more than a descriptive taxonomy of training outcomes, rather than a holistic and practical model that can be applied (Holton, 1996). It has also been suggested that the use within this model, the "implied relationship" from one level of evaluation to the next is not explicitly supported by sound logic, and it has never been tested empirically (Alliger & Janak, 1989).

Perhaps in response to these or similar criticisms of Kirkpatrick's (1959) model outlined above, other models of training evaluation have emerged over the years. Brinkerhoff (1987) developed a cyclical model of training evaluation that systematically relates identified organizational needs for training development, implementation and evaluation. This model elevates the importance of contextual variables as relevant within training evaluation and, thereby, expands on and adds value to the model developed by Kirkpatrick (1959). However, Brinkerhoff (1987)'s approach does not provide the fine distinctions among training outcomes

apparent in the Kirkpatrick (1959) model. Moreover, Brinkerhoff (1987)'s cyclical framework is particularly suited to within organization training evaluation, focusing mainly on the needs of a specific business, industry or organization, rather than being a four-level taxonomy of training outcomes as indicated by Holton (1996).

To date, training evaluation models have been used primarily as a measure of participant satisfaction (the level referred to as, "reaction", in Kirkpatrick's model), rather than as an assessment of an organization's return on investment (Goldstein, 1986). Although participant satisfaction is important data to be collected, collecting data beyond this point is also warranted.

The lack of empirical research in evaluation (Cousins & Earl, 1999; Mark & Henry, 2003), and the evaluation of training models remind us of the need and importance of improving and adding to evaluation theory (Cousins, & Earl, 1999; Smith, 1993) by conducting empirical studies of evaluation practice (Cousins & Earl, 1999).

The empirical evidence that does exist indicates that there is little in the sense of systematic evidence for the effectiveness of the evaluation of training. According to Mark and Henry (2003) evaluation tends to be conducted by evaluators who use very unsystematic methods such as; their personal experiences, through reading and training and their personal intuition.

Although there has been extensive use of the evaluation of training models as is indicative with Kirkpatrick's and Brinkerhoff's models and their practical use has been widely discussed over the years, there have not been large amounts of empirical research evaluating the effectiveness or utility of these models under varying conditions. Recently, Guskey (2000) published an approach based on years of work evaluating professional development within the education sector. Similar to Brinkerhoff's stage-level model, Guskey's approach elevates the

importance of context as a mediator of training outcomes. In addition, Guskey, similar to Kirkpatrick, specifies levels of training outcomes for evaluation, but identifies five levels of outcome instead of Kirkpatrick's (1959) four levels. Level three of Guskey's (2000) model, organizational support and change, highlights context as important, in terms of having an effect on outcome evaluation, as well as informal assessment prior to training. The construct of transfer climate, also referred to in the literature as organizational context, is pivotal to organizational support and change (Goldstein, 1993). Transfer climate refers to the contextual variables, such as organizational supports within the organizational setting that influence whether or not employees can take what they have learned in one environment and transfer them to another (Bennett, Lehman, & Forst, 1999). Due to the importance of transfer climate or organizational context, trainers and evaluators are beginning to emphasize it as an integral part of the evaluation of training process (Broad, 1997). Since few empirical examples in the published literature deal with the issue of organizational context, further empirical consideration and analysis of it will help to clarify the role of context in facilitating training outcomes. Such clarification will assist trainers and evaluators in identifying areas within a specific organization that may require attention, in order to foster successful implementation of training (Bennett, Lehman & Forst, 1999) and training outcomes. A deeper understanding of the role of context might also significantly facilitate training design and delivery. Research conducted to date is predominately exploratory in nature, and there are not enough confirmatory studies. The present thesis is both exploratory and confirmatory in nature. The research study is exploratory in that it attempts to explore the context and it considers possible additional factors and, it is confirmatory in that the research is intended to confirm the applicability of Guskey's factors within another context (Mark & Henry, 2003). The present exploratory study proposes to examine the relationship

between context conduciveness and the intended training outcomes. Factors outlined in level three of Guskey's (2000) model (organizational support and change) will be used as a guide. The context for the study will be the community mental health sector, specifically mental health-related organizations that will be involved in a training evaluation initiative.

Research terms

Key terms that will be reviewed here and referred to in this research are: evaluation, training, transfer of training/learning and context. Evaluation is the use of systematic inquiry to make judgements about program merit, worth and significance and to support program decision-making (Cousins, 2003). Nadler (1984) defines training through three separate constructs: training (acquiring knowledge and skill related to work), education (learning skills for a specific future job), and development (personal growth). Ford and Baldwin (1988) define the transfer of learning as, "the maintenance of learned material over time and the generalization of learned material back to the organization (p.63)."

Bennett et al. (1999) agree that the measurement of learning within training evaluation is important, and they argue that the identification of contextual variables could be considered important barriers or facilitators in the transfer process. For the positive aspects of the transfer of learning to take place, there is a need for the organizational context or factors within the trainee's environment to be conducive in allowing training to take place. According to Wexley and Latham (1980) and Adams (1967) learning is mediated by the context in which it is intended, that is, the organizational setting.

Overview of thesis

An overview of the chapters that follow throughout the research will be outlined briefly. The literature related to the evaluation of training is reviewed in Chapter 2. In Chapter 3, a brief

background of the training initiative related to Concurrent Disorders that drives the current evaluation initiative is provided. Research questions specific to this study are proposed as well. Chapter 4 presents the methodology for the study, including site and participant selection, instruments, materials and procedures. Research findings are reported in Chapter 5. In Chapter 6, the significance of these findings is discussed in terms of the research questions, study limitations are set out, and the research, theoretical and practical implications of this study are considered.

Literature Review

There is a burgeoning literature related to training, professional development, evaluation purposes and processes (i.e. formative and summative evaluation, training evaluation, and evaluation methodology). This chapter provides a review of this literature and an overview of current training evaluation frameworks. The significance of Guskey's (2000) model will be elucidated.

Training

The literature abounds with the expectation that training will lead to improvement; U.S companies corroborate this by spending \$55-\$60 billion dollars annually (Workforce Economics, 1997). Despite this trend, recently there has been a decline in the percentage of allocation of corporate budgeting toward training (Bassi & Cheney, 1996). Furthermore, some companies have been known to evaluate training programs solely for the purposes of assessing return on investment (ROI) (Phillips, 1996).

Examination of perceptions of training represent a movement towards an empowered work culture (Morris, 1996), or a culture of continuous organizational learning, vis-à-vis the acquisition of skills enabling employees to grow professionally (Gayeski, 1996; Wick & Leon, 1995). Some organizations believe that training is a way in which to show their employees that they care for their development, growth and advancement (Fitz-enz, 1988). The long-term intention is to enhance performance and productivity (Bennett et al., 1999), and to improve organizational effectiveness and competitiveness within the labour market (Barnow, 1986; Eddy, Glad & Wilkins, 1967). Cousins and MacDonald (1998) promote the importance of considering the impact of training within an organizational framework, taking into account specific contextual variables within that organization, since there is an increasing trend in thinking about

how training contributes to organizational performance (Bridges, 1994; Gale, 1994; Michalski, 1999).

Training has a variety of definitions. These definitions depend on the perspective and needs of organizations and people engaging in training activities. Nadler's (1984) perspective of training is the most holistic, compared to other definitions within the literature; it is separated into three constructs: training (acquiring knowledge and skill related to work), education (learning skills for a specific future job), and development (personal growth). Nadler regards human resources development as an organized learning experience within a specific time period in which there is an expectation that there will be an improvement in job performance. Although this is the expectation, other aspects of the literature on training (e.g., Eddy, Glad & Wilkins, 1967) also stipulate that in order for a positive transfer of learning to take place, there is a need for the organizational context or factors within the trainee's environment to be conducive to allowing training to take place. This positive transfer of learning is also demonstrated in how the outcomes of training are to be implemented or observed within the organization. Baldwin and Ford (1988) acknowledge these important aspects, yet they do not clearly outline the specific factors within an organization, such as particular constraints or abilities that have the capacity to affect the transfer of training.

Professional Development

Training and professional development are related in that training is one of many activities within the more generic domain of professional development. While training is an intentional process designed to bring about positive change and improvement, the definition of professional development is broader. It is often characterized as being systematic within a series of job-embedded learning experiences (Sparks, 1994; Sparks & Hirsch, 1997) that are based on a continuous and on-going process (Lieberman, 1995; Loucks-Horsley et al., 1987).

It includes opportunities for thinking, discussing and experimenting with new strategies, as well as within different environments. According to Guskey (2002), “professional development is about a systemic change effort and change is considered to be a prerequisite to improvement (p.2).”

Although Guskey (2000) refers to professional development within the context of education, it is pervasive in all domains of practice, and it is beneficial to measure progress within other contexts.

Evaluation Purposes and Processes

Key concepts that need to be reviewed for understanding in the present study are: evaluation; formative and summative evaluation; training program evaluation; quantitative, qualitative and mixed methods designs; and stakeholder involvement.

Evaluation

Although there is no agreed upon definition of evaluation, Cousins (2003) indicates that evaluation is the use of systematic inquiry to make judgements about program merit, worth and significance and to support program decision-making.

Formative and Summative Evaluation

Two major functions or purposes of the evaluation of programs are formative and summative (Scriven, 1967). Formative evaluations are used as a way to diagnose problems that may exist within a program, in which the evaluator is taking on a “constructivist” role in suggesting ways to improve it (Owen, Lambert & Stringer, 1994). Summative evaluations involve a judgement about the program’s overall worth and merit, and provide support in the decision-making process (Chambers, 1994; Posavac, 1997; Scriven, 1991); this type of evaluation will be central to this study since knowledge gained from the evaluation is intended to be used to improve existing training programs.

In the context of training evaluation, formative evaluation is used in order to identify problem areas in an effort to come up with suggestions for improvement or to apply corrective measures to the activities prior to and during program implementation (Guskey, 2000).

Formative evaluation is an important component in how programs being implemented will be evaluated. In this instance, the evaluation of training assesses the likelihood that training will be implemented successfully and why that may be the case.

Training Evaluation

In the context of the evaluation of training, the literature indicates that the focus of evaluation should be change, and that these changes should be measurable in order to assess their contribution to observed results (Goldstein, 1986; Lewis, 1996). Every organization ventures into training in some form or another, in order to meet some intended goal or objective, for the purpose of organizational growth. Specific organizational requirements related to training are that learning is acquired, and at some point, transferred back to the organization. In relation to this requirement, Ford and Baldwin (1988) define transfer of learning as, “the maintenance of learned material over time and the generalization of learned material (back to the organization) (p.63).” Bennett et al. (1999) agree that the measurement of learning within training evaluation is important, and they argue that the identification of contextual variables could be considered important barriers or facilitators in the transfer process. In terms of the probability of the transfer of learning occurring, literature throughout the years has found (e.g., Wexley and Latham, 1980; Adams, 1967) that learning is mediated by the context in which it is intended, such as the organizational setting. Previous research indicates that the most dominant barrier to training transfer is the lack of positive reinforcement by trainees’ supervisors for the newly acquired skills. Newstrom (1987) supports the notion that organizations need to support and validate trainees for these skills in order for training to be transferred. Trainees will not use or find the

training useful if there is no organizational system in place that validates (or supports) and allows for the transfer of skill and knowledge back to the workplace (Newstrom, 1987).

Consequences of Evaluation

Fross, Cracknell, and Samset (1994) suggest that the more people within the organization taking part or involved in the evaluation, the more likely it is that the findings will be utilized to affect program improvement (Huberman, 1993; Posavac, 1997, p.252). Consideration regarding the consequences and use of evaluation has attracted a great deal of attention within evaluation scholarship in recent years. It is commonly agreed within the evaluation literature that four intended uses/consequences of evaluation are: conceptual, instrumental, symbolic and process uses.

‘Conceptual use’, as a consequence of evaluation, is learning about programs and its effects based on findings from the evaluation. The conceptualization and the logic and knowledge gained from the process and the level of reasoning involved in making decisions.

‘Instrumental use’ is the use of evaluation findings for supporting decisions or actions related to evaluation findings. This use considers data generated from evaluation when making and supporting decisions, typically for the function of education (Cousins & Leithwood, 1986). Finally, ‘symbolic use’ refers to the political or persuasive use of evaluation data to influence, for example, funding decisions (Shulha & Cousins, 1997). All evaluations will have some sort of symbolic use (i.e., monetary or structural), which changes as a function of the purpose of and reasoning for the program, and the intention behind evaluating it.

‘Process use’ refers to the individual changes that occur in the thinking and behaving of stakeholders (a person or group who have a stake in the outcome of the evaluation) as a result of their involvement in the decision-making process, it also encompasses the organizational changes that result from the evaluation process (Patton, 1997). It occurs quite independently

from the use of findings and has much to do with taking part in the evaluation process. It is the previous definitions that deal specifically with the findings of the evaluation.

Quantitative, Qualitative and Mixed Methods Designs

The type of design used in collecting data for the evaluation, and a wide variety of other factors have been shown to influence the use or consequences of evaluation (Cousins & Leithwood, 1986). Evaluation involves systematic inquiry and empirical observation. There are a wide variety of methods that can be used for these purposes, which may be loosely categorized as: quantitative, qualitative and mixed methods designs (Waysman & Savaya, 1997). According to Waysman and Savaya (1997) quantitative data are collected when, "the information or data that is being collected are based on post-positivist assumptions, that are considered to be objective and, therefore, observable and measurable. By contrast, qualitative research methods, which will be the method of use within this study, are utilized when the research questions demand collecting data that are part of a constructivist point of view, which takes each individual's subjective experience into account. Mixed methods designs have emerged as an option from the perceived benefits of mixing both of these methods, in order to conduct a superior study, which can assess complex social phenomena.

Stakeholder Involvement

Stake (1995) states that stakeholders play various roles within program evaluation and this depends on what the evaluation is attempting to assess. According to Stake (1995), stakeholders are the primary users of the evaluation; they are the providers of relevant information in how the evaluation will be framed, the source of information for data collection, or the audience for which the evaluation report is intended. Typically, stakeholders have some interest in the program that is being evaluated and they consider it in terms of their personal vested interest. Collaboration of stakeholders within the evaluation processes will help increase

the likelihood that stakeholders will carry out the effects of the evaluation as intended (Worthen, Sanders, & Fitzpatrick, 1997).

Models of Training Evaluation

Having considered training and professional development, as well as the purposes, procedures and consequences of evaluation, we now turn to a discussion of the models of training evaluation. The three models of training evaluation that are of interest are: Kirkpatrick's (1959) 'four level model', Brinkerhoff (1987)'s 'six stages of effective human resource development,' and Guskey's (2000) 'five critical levels of professional development'. Kirkpatrick's (1959) and Brinkerhoff (1987)'s models have been used extensively for evaluation purposes, whereas Guskey's model is relatively new and has not yet been formally tested. To follow, there will be a brief description for each of the models and then a comparative analysis leading to the model of interest.

Kirkpatrick's Model: 'Four Level Model'

Kirkpatrick's 'four level model' was developed in 1959 and has been popular for the past forty plus years within the evaluation of training field, particularly within the private sector. This model was intended for use in performance improvement through training, and focused on evaluating long-term benefits for organizations, in terms of financial gain. To date, this model is still widely used and is a leader in the evolution of the theory, practice, and research that is associated with training (Michalski, 1999).

The four levels in Kirkpatrick's (1959) model are: 'reaction,' 'learning', 'behavior' and 'results'. The first level of Kirkpatrick's model is 'reaction', it assesses how well trainees like a particular training program, by measuring their feelings of satisfaction (Kirkpatrick, 1996). 'Learning' is level 2, this level attempts to measure the knowledge, skills and attitudes acquired or improved through training (Birnbrauer, 1987). The third level of the model is 'behavior', this

measures the extent to which participants will transfer training to their jobs (Kirkpatrick, 1996). 'Results' is level four of the model, this level attempts to assess the objectives or the results of the training program that are desired.

Brinkerhoff's Model: 'Six Stages of Effective Human Resource Development'

While Kirkpatrick's (1959) model is used for assessing satisfaction, knowledge, transfer of learning and results of the training program for the organization, it does not assess organizational context where training will be transferred. The second model, Brinkerhoff's (1987) 'six-stages of effective human resource development' (HRD), is a cyclical model that focuses on organizational needs for the design and implementation of the training program to be evaluated. This model is typically used in the private sector and is adaptable to specific organizational contexts within this sector.

The first stage of the model, 'evaluate needs,' indicates the need to evaluate the organization's goals. Stage two is 'evaluate HRD design,' which sets up an appropriate program design, taking into consideration the needed skills and knowledge for the human resource development endeavour. 'Evaluate operation' is the third stage of the model. This stage intends to examine the implementation of the program design and how it fits with the specific organizational context (Brinkerhoff, 1987). Similar to Kirkpatrick's (1959) 2nd level, the fourth stage is 'evaluate learning,' which assesses immediate outcomes, such as changes in learning, through workplace performance. Stage five evaluates the 'endurance of learning,' which assesses the application of learning, as it relates to immediate outcomes which are identifiable in the workplace, and ensures that the learning is headed toward a payoff for the organization (Brinkerhoff, 1987). The last stage of this model, stage six is 'evaluates the payoff,' this stage assesses organizational benefits resulting from training.

Guskey's Model: 'Five Critical Levels of Professional Development Evaluation'

Guskey's (2000) model is of interest in the proposed study because it includes the most direct examination of context. This approach takes into consideration positive aspects of the other two approaches, and compensates for some of their deficiencies by implementing more rigorous methods for evaluation. Guskey's 'five critical levels of professional development evaluation' model predominantly focuses on evaluating professional development programs within the educational context and is based on years of field work in the Kentucky education system.

The first stage of Guskey's (2000) model is 'participants' reactions,' which assesses whether or not participants liked the program, if they thought their time was well spent, and if the material made sense to them. For a visual depiction of the stages in Guskey's (2000) model see Table 1. 'Participants' learning' is the second stage of the model, which measures whether or not participants acquired the intended knowledge and skills. The third stage, 'organizational support and change,' is the stage of interest for the proposed exploratory research. This stage assesses the extent to which contextual factors are associated with the organization's overall climate and procedures, and the extent to which these contextual factors are conducive to the intended training outcomes.

In taking context into account, this stage adds value to Kirkpatrick's (1959) framework as he does not mention or consider context within his model. (Guskey, 2000). Stage four, 'participants' use of new knowledge and skills,' assesses how effective the participants are in applying this new knowledge and skill to their jobs. This level of the model measures the learning acquired within the specific organizational context that will be used within the organization, otherwise known as the transfer of training. The last stage, stage five of the model is 'student learning outcomes,' this stage attempts to evaluate the impact that teacher's (the

assumed trainees) training has on student learning. This stage takes professional development to a higher, more sophisticated level, by assessing the participant's ability to transfer knowledge and skills by teaching others (students). This final level is a point of departure from the prior models in that it defines organizational benefits in educational terms (i.e., student learning). While Guskey's (2000) model has been developed within the education sector it has implications for training evaluation elsewhere as well.

Table 1
Guskey's Model:
'Five Critical Levels of Professional Development Evaluation'

Level 1	Participants' reactions
Level 2	Participants' learning
Level 3	Organizational support and change
Level 4	Participants' use of new knowledge and skills
Level 5	Student learning outcomes

The present study proposes to do exploratory research of various organizational contexts outside the field of education, using level three of Guskey's (2000) model, 'organizational support and change,' as a guiding framework. The significance of this level within this study has to do with the theory or hypothesis that transfer climate or organizational context has a substantial impact on the evaluation of training outcomes.

Importance of Context

Traditional views of training evaluation indicate that, in the past, the main cause for change and transfer of learning within the organization was training alone. Training was considered to be the sole cause of changes occurring within an organization, by measuring the change in employees' attitudes or behaviors, rather than also examining contextual factors within the organization (Goldstein, 1993; Kirkpatrick, 1996). However, various studies have been carried out over the past thirty years hinting at the significance of context on training outcomes. Research in management style, which is one example of a contextual factor within an organization, indicates that when supportive leadership exists (i.e. sponsorship to training and discussions prior to the training program), this contributes positively to the transfer of skills (Huczynski & Lewis, 1980). As well, studies by Baumgartel and his associates (Baumgartel & Jeanpierre, 1972; Baumgartel, Reynolds & Pathan, 1984; Baumgartel, Sullivan, & Dunn, 1978) indicate that when trainees' perceived the workplace as favorable (i.e. where they perceive freedom in their work and a supportive environment) they were more likely to apply the new knowledge to their work settings. These studies indicate that contextual variables, such as management style and employee perceptions of the organization climate influence training outcomes, just as much as the nature of the training itself.

Another study by Bennett et al. (1999) also found that successful transfer of training plays a role in employee's perceptions of organizational support. This study focused on examining the relationship between the transfer climate and the quality of the criteria to orient customers, which was used as a way of assessing transfer of learning from training to the organization and training outcomes. Bennett et al. (1999) indicated that employees who attended the training were more likely to transfer training and increase their work with customer orientation if they had perceived that the organizational climate was being supportive. Those

who perceived a lack of support by the organization actually had a decrease in the customer orientation criterion to a level lower than the control group, who were not exposed to the training.

In the past, context was seldom considered as a variable that contributes to the intended outcomes of training evaluation. The aforementioned studies have highlighted the importance of context as an influential factor affecting training outcomes and overall organization growth. Guskey considers change to be highly contextualized and is cognizant of the fact that “what might work in one setting won’t necessarily work in another (Guskey, 2002, p.2).” Therefore, level three of Guskey’s (2000) model, ‘organizational support and change,’ is of particular interest in this study because of its consideration of organizational context, and the extension of its use toward non-educational work settings.

Comparing the Models

All three approaches demonstrate the importance of using models to guide the evaluation of training programs. Kirkpatrick’s (1959) and Brinkerhoff’s (1987) models are mainly applicable for their use within the private sector and, ultimately, they are concerned with the organizational benefits of evaluation ultimately in terms of monetary benefits. On the other hand, Guskey’s (2000) model has been utilized so far only within the public sector, namely in the area of education. Guskey’s (2000) model tends to be concerned with the outcomes, which are defined in terms of non-monetary (client service) organizational goals. The growing trend of governments funding of public sector programs also involves accountability of spending; Guskey’s (2000) model tends to take into account the need to consider finances, as well as client service in relation to training outcomes.

Kirkpatrick's (1959) model has been characterized as taxonomic due to its classification qualities (Kirkpatrick, 1996). The model poses practical challenges in that, as it progresses from level to level, more work and expense are required (Kirkpatrick, 1996). The abstract nature of level four limits its attainability in terms of practical use, which is another common criticism (Birnbrauer, 1987). Additionally, it does not take into direct consideration the type of organizational context in which the learning will be applied, and which can directly affect training transfer.

Brinkerhoff's (1987) cyclical framework model integrates Kirkpatrick's (1959) model; in addition, it focuses on the needs, goals and design of the training program. However, while Brinkerhoff's (1987) model does empirically address the concept of context in understanding training outcomes, it only does this within the private sector context. Additionally, it does not consider the impact of context on training outcomes as fully as Guskey's (2000) model does. Another limitation of this model is that it is overly concerned with whether or not the training meets its organizational needs, and the organization measures this in terms of what is reaped monetarily in the long-run. The model is also limited, at least in practice, to within organization training program development and evaluation; it does not extend to the possibility of being developed and implemented with other organizations which could then be compared. Some of the limitations of Kirkpatrick's (1959) and Brinkerhoff's (1987) models have been addressed within Guskey's (2000) model, and there has still been some retention of the positive aspects of these two models. The next section will further explain these strengths, and why Guskey's model (2000) seems to be the most effective model for use in the current study.

Strengths of Guskey's Model

Guskey's (2000) model is more holistic in its use in the evaluation of training, as compared to Kirkpatrick's (1959) and Brinkerhoff's (1987) models. His stages are more clearly outlined with various possible methods for each level of evaluation assessment, which creates more flexibility in its use for training evaluation. Despite only having been subjected to limited empirical testing and being restricted to the education sector, it seems useful and adaptable to other organizational settings, external to education. Guskey's (2000) model capitalizes on adapting various levels such as organization support and change similar to Brinkerhoff's (1987)'s evaluate operation stage, except that Guskey outlines the contextual factors for how to assess the support and change environment of the organization. Guskey uses features of the other models that are considered to work well and, then he adds new levels such as student learning (which considers the transfer of learning to others, such as the students, it is not solely the transfer to the workplace or context) which makes the model innovative. Most recently, Guskey (2002) proposes to reverse the order of his model in starting the planning process. According to Guskey (2003), "if we start the planning process by making clear what we want to accomplish with students, evaluation efforts will be a whole lot easier and our efforts are likely to be a whole lot more successful"(p.749).

Of particular interest, in terms of innovation, is level three of Guskey's (2000) model, "organizational support and change," in which Guskey expands on Brinkerhoff's comparable stage of 'evaluate operation.' Both of the stages look closely at the organizational context in which change is to take place. Brinkerhoff (1987) assesses the organization to get a sense as to whether change will transfer to the context and Guskey uses this as an opportunity to evaluate the organizational context using specified guidelines (factors) in order to get a sense of the

organizational context for its conduciveness in supporting change. In this way, Guskey (2000) integrates the concept of organizational context, which Brinkerhoff (1987) applies in his model toward the private sector, and instead, applies it to the public sector of education. Guskey's (2000) model accomplishes this by informally analysing organizational contexts in which outcomes are to occur, in order to ensure context conduciveness for implementation of training outcomes. Guskey (2003) states that "often we do everything right from a professional development perspective, but then we send people back into organizations that are not set up to support them to do what we are asking them to do." (p.749). This study will extend the use of Guskey's (2000) outlined factors, to examine whether they are applicable across contexts, outside the public sector of education.

Focus and Research Questions

Relatively few empirical studies have used a qualitative contextual analysis as a means for evaluating training. Bennett et al. (1999) believe that it is important to conduct a needs assessment of the organizational climate before and after implementation of a new training program, this is applying a contextual analysis, in order to ensure the program's success. According to Guskey, context is an important component, as it takes into account the specific "organization, system, or culture in which the professional development takes place, as well as where the new learning will be implemented" (Guskey, 2000, p.75). Although an analysis of the context is not a mandatory step in the evaluation of training, given the costs associated with training, it seems feasible to ensure that the organization is ready and able to support the specified changes that training will bring to it.

The present thesis is an exploratory study that examines the concept of context congruence as it relates to training outcomes within a domain outside of the education sector,

namely within the community mental health sector. The contextual factors outlined by Guskey (2000) will be used as a basis for evaluating the likelihood that training intervention is conducive to the context in which it is to be implemented. The factors outlined specifically in level three of Guskey's (2000) model, 'organizational support and change,' make up the conceptual framework (see Figure 1) for guiding the present research. The factors within the conceptual framework are listed below, they are:

- organizational policies (assessing if the policies of the organization are in conjunction with the new innovations' goals and objectives).
- resources (assessing if adequate resources are available to implement training within the organization)
- protection from intrusions (determining if the work environment allocates time for the planning of training, outside of regular work duties)
- provision of time (assessing whether or not adequate time is provided to encourage professional development).
- openness to experimentation and alleviation of fear (assessing the openness to learning and experimentation of the organization with this new innovation)
- collegial support (assessing how supportive and encouraging the efforts of colleagues are in implementing change)
- supervisor's leadership and support (assessing how supportive and encouraging supervisors are in the efforts their respondents display towards professional development)
- higher-level administrators' leadership and support (assessing whether or not administrators support respondents in opportunities of knowledge sharing with professionals in other organizations)

- recognition of success (assessing whether or not respondents improvements will be acknowledged and honoured, in order to maintain motivation and give encouragement)

The study is exploratory in nature and examines the influence of the above factors by interviewing various individuals at different levels within the respective organizations prior to having a planned training initiative within the community mental health sector. It is through the interviews reviewing the conceptual framework that an assessment of the organizational context conduciveness for change will be made. The research will allow for a partial test of Guskey's (2000) framework within a relatively heterogeneous environment (multiple organizations/sites) outside the education domain and within the community mental health sector, as opposed to, Guskey's present use of a homogeneous environment within the education sector.

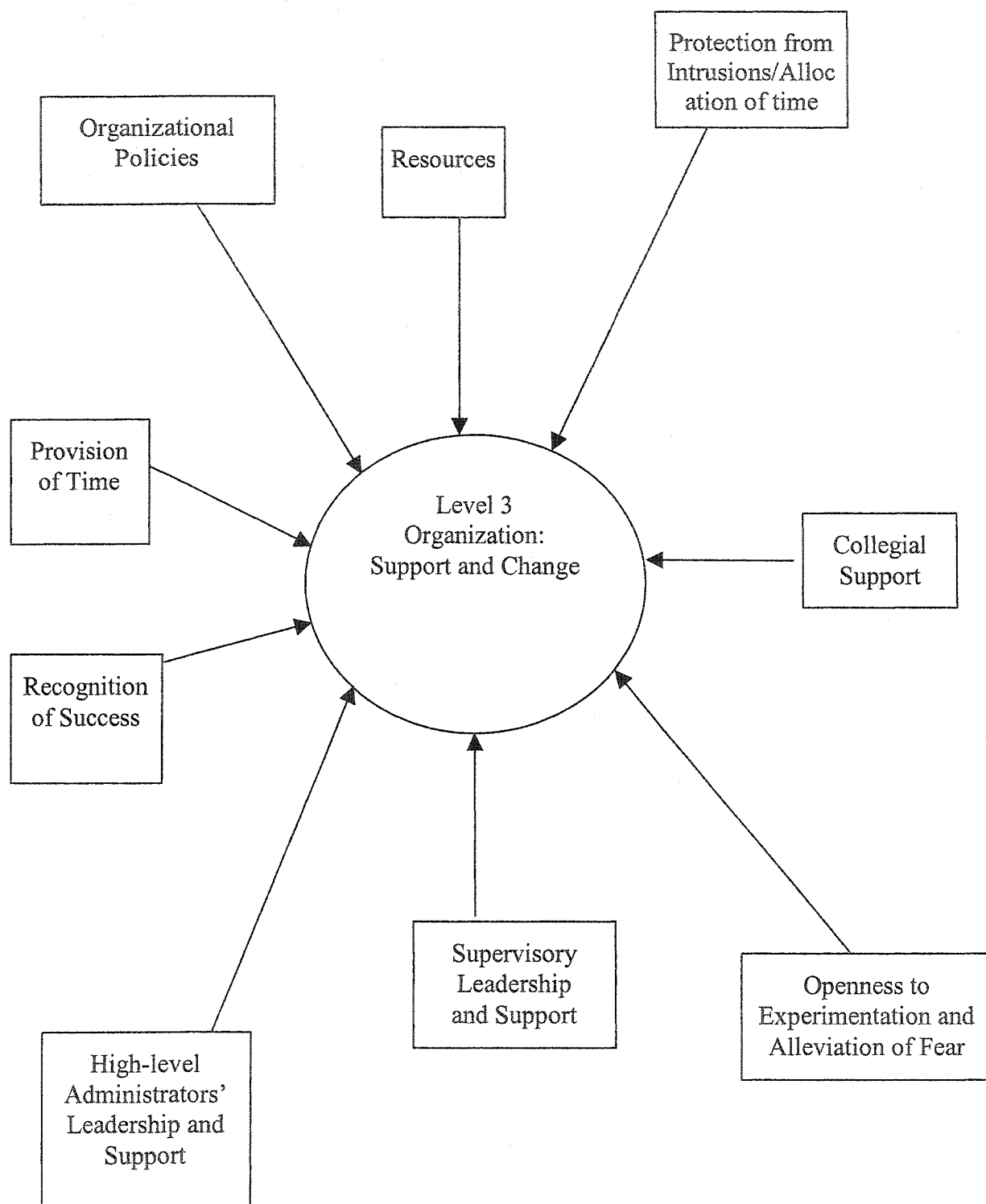


Figure 1

Level 3 of Guskey's professional development evaluation model: Factors that contribute to context conduciveness for the evaluation of training

The key research questions guiding this exploratory study are:

1. To what extent do Guskey's context factors apply to a non-educational context?
2. What additional factors may require consideration?

Context for Research

The proposed research is part of a larger training initiative related to Concurrent Disorders programming funded by Human Resources Development Canada (HRDC). The target population for this programming consists of individuals who are typically at risk of becoming homeless because they have a concurrent disorder (an individual with a mental illness and a substance abuse issue). The initiative looks to ensure that programming is being successfully implemented; an important aspect of this initiative is to assess whether knowledge and skills transference has transpired in a "train-the-trainer" program related to Concurrent Disorders. In this specific program, organizations send one or two staff members to be trained to acquire skills and knowledge in Concurrent Disorders and then to subsequently train other staff in their organizations. Put simply, the "train-the-trainer" program allows staff members to bring new skills and knowledge back to their organizations and train others.

The successful implementation of concurrent disorder programming is of significance; studies carried out throughout the nineties indicated that there are high numbers of homeless individuals in our society and that there is a distinct link between homelessness and mental illness (Tolomiczenko, 1998). Homelessness has been defined as "people who were not housed for seven or more nights in the month prior to the study, and who had no prospect of housing in the next month" (Tolomickzenko, 1998, p.3). The cost of homelessness in 1992 in the Metro Toronto area was \$38 million dollars and, by 1997, this amount had risen to \$56 million dollars (Main, 1998). According to Main (1998), the number of homeless individuals in the Toronto

area was estimated as 28,000 people. These daunting figures provide staggering evidence for the significant social and economic impact of homelessness.

While homelessness is related to mental illness, studies also indicate that there is a link between homelessness and substance abuse issues. As aforementioned, the term 'concurrent disorder' in relation to homelessness is defined by Drake, Mercer-McFadden, Mueser, McHugo and Bond (1998), "as individuals who are strongly predisposed to becoming homeless due to a mental illness and a substance abuse problem, in which there is a non-compliance to treatment (p.590)." Tolomiczenko's (1998) study established that the prevalence of alcohol dependence and abuse for single homeless persons in shelters was 33%. About half of this sample had a serious or acute problem with alcohol, and three quarters were dependant on alcohol and demonstrated various mental disorders, such as mood disorders (56%), psychotic disorders (7%) and post traumatic stress disorder (12%) (Tolomiczenko, 1998). Wasylenki and Tolomiczenko (1998) confirm that a large number of those who are homeless also have psychiatric problems. When the rates of mental illness and drug abuse are combined (concurrent disorder), the rates of homelessness rose to 86% for this study (Wasylenki & Tolomiczenko, 1998) indicating that there are sufficient numbers of individuals within the homeless population who are inflicted with specific problems that require specialized support and care in order to maintain housing.

Farrell et al.'s (1999) study suggest links between homelessness, substance abuse and mental illness; they offer a breakdown of statistics on homeless males and females in terms of the prevalence of both substance abuse and mental illness. An estimate of the frequency of daily substance abuse among the homeless indicated that: 19% of males and 7% of females abuse alcohol and 25% of males and 11% of females abuse street drugs (Farrell, Aubry, Klodawsky & Pettey, 1999). Farrell et al. (1999) also found that, overall, mental health problems were also

prevalent in this homeless population: 17% of males and 52% of females reported experiencing mental health problems in the past year; 12% of males and 39% of females reported being given a psychiatric diagnosis in the past year; and 60% of males and 74% of females were identified with a diagnosable mental health problem in the past year. As Farrell et al. (1999) point out, alcohol and drug abuse can compound the effects of mental illness and may lead many to homelessness.

Other studies recently carried out also demonstrate that there is a strong finding that association between homelessness and early childhood sexual and/or physical abuse. This finding could account for the increased rates of mental illness within the homeless population. This unresolved childhood abuse could lead to psychological issues affecting mental health. According to Wasylenki and Tolomiczenko (1998), the rates of childhood sexual abuse for women with psychiatric problems who were homeless, as compared to the general population, was 48.5% vs. 12.8%, and for men, the rates were 16% vs. 4%. In terms of physical abuse, the rates for homeless women, in comparison to the general population, were 51% vs. 21%, and for men, they were 38% vs. 31.2% (Wasylenki & Tolomiczenko, 1998). This suggests that those who are homeless tend to face significant challenges that are difficult to respond to; front line workers need to be trained to address these issues.

The study by Wasylenki and Tolomiczenko (1998) examined access to community or psychiatric facilities by this population. They found that only 6% of the homeless population had spent time in a psychiatric hospital prior to being homeless (Wasylenki & Tolomiczenko, 1998). They concluded that these individuals do not like how the system works; they also stay away from emergency departments knowing that they will eventually be admitted into the hospital at some other point in time (Wasylenki & Tolomiczenko, 1998).

In a qualitative study, Goering and Morrell-Bellai (1998) examined further specific risk factors that lead to homelessness. They identified several main risk factors, including: loss of a job or inadequate income to pay rent, drug and/or alcohol abuse, and mental illness. Life stressors were also found to play a role in becoming homeless, such as: death of a loved one, legal problems, illness of a loved one, break-up of a relationship, debt, physical abuse, being robbed, and the reduction of benefits (Goering & Morrell-Bellai, 1998). Additionally, 42% of the sample indicated that they thought that they had no one they could count on for social support (Goering & Morrell-Bellai, 1998). This lack of perceived social support is a major perpetuating factor in the social isolation and stress felt by those who are homeless; this factor underlies many of the other reasons for homelessness, making it difficult for these people to get the help they need (Goering & Morrell-Bellai, 1998).

Concurrent disorders create complex issues in the lives of the homeless; these difficulties challenge our capacity to meet this population's needs given the additional resources that are required to provide sufficient support and care. Link, Rahav, Phelan and Nuttbrock (1997) found that the stigma of mental illness and substance abuse had lasting effects on well-being even after completing a program aimed at improving symptoms and level of functioning. This study points to the need for health care professionals to be aware of feelings or thoughts associated with this stigma and other issues related to concurrent disorders to more fully and effectively improve their functioning and quality of life.

In light of the growing social and economic needs of the homeless population, more attention is now being directed toward them by both government and private, community agencies. Toronto Public Health stipulates that since substance abuse increases the risk for other serious problems, such as homelessness, there is a need to facilitate and coordinate services and

access to delivery of new models for concurrent disordered individuals (Patychuk, 1998). This need is perpetuated by the issue that concurrent disordered individuals tend to be homeless and tend to lose needed social supports; for example, the combination of having a mental illness and a substance use issue will at some point form erratic behavior that may get them barred from shelters (Tolomiczenko, 1998).

Community Mental Health Organization (CMHO) Concurrent Disorders Project

The (CMHO) Concurrent Disorders Project was initiated on the basis of HRDC funding to address the complex program and service delivery needs of this population. The treatment philosophy underpinning this project has been one of harm reduction as opposed to the traditional abstinence based approach. Abstinence-based approaches in addiction services may set out unrealistic expectations (King, 2001) for individuals with concurrent disorders. The CMHO Concurrent Disorders Project is informed by Mueser, Drake, Noordsay, and Fox (2000), they integrate harm reduction treatment approach for individuals from a concurrent disordered population with the long-term goal being abstinence.

Mueser et al.'s (2000) integrated harm reduction treatment approach, known as the 'persuasion and active treatment group', addresses both the mental health and substance use issues of clients concurrently; it involves various stages: engagement, persuasion, active treatment and relapse prevention. The CMHO Concurrent Disorders Project has been designed to address both the substance abuse and mental health aspects of clients are primary issues serviced at the same time. In terms of engagement, the approach requires a persistent and consistent long-term relationship between clients and their outreach and community support workers (King, 2001). The CMHO Concurrent Disorders Project only includes clients in established relationships with case managers from the lead organization in this study; an early engagement group is established for this purpose and groups consist of facilitators from the mental health and

addiction fields. The second stage, persuasion, is the stage in which the worker persuades the client that substance use is a problem. A non-judgmental peer support group helps clients to realize that their substance use is an obstruction in achieving desired goals (Mueser & Noordsay, 1996). Within the CMHO Concurrent Disorders Project, group members facilitate this stage as suggested by Mueser et al. (1996). Active treatment is the stage in which clients are motivated to reduce substance abuse, and treatment focuses on teaching skills to remain sober in order to facilitate relapse prevention. An active treatment group exists as part of the CMHO Concurrent Disorders Project to facilitate this stage. The groups are effective in building a common need for support with others who have similar problems (King, 2001).

CMHO Planned Concurrent Disorders Training Program

The 'CMHO Planned Concurrent Disorders Training Program' originated in order to further respond to the needs of this population. The purpose of this project is to implement an in-depth and on-going training program to those working with this population. In 1998, the Canadian Mental Health Association first began training service providers who work with this population, which has now led to the current training program being put into place. Through this training program, the intended skills and services required to help this population will be offered as part of a larger training program for front line workers, which also involves other social service organizations. There is a need for specific expertise and updated training in order to meet the needs of this population (Mowbray et al., 1996).

The delivery mode of the program is a "train-the-trainer" framework, equipping trainers with the ability to deliver the training program to others within their own and other organizations (Keip, 2001). The "train-the-trainer" format has been designed to allow staff from other organizations an opportunity to learn skills and knowledge required to work with this population

and be able to transfer these skills to other individuals within their organizations. The “train-the-trainer” program will be a two-day training program.

The CMHO Concurrent Disorders Project serves as the research context for this study. This study will examine the organizational contexts of mental health organizations prior to the implementation of training outcomes (i.e. new skills, knowledge) related to a “train the trainer program” to assess the likelihood that training outcomes will be successfully transferred to and within those organizations. The contextual factors outlined in Level 3 of Guskey’s (2000) professional development model will guide this empirical inquiry into the organizational contexts of four community mental health organizations (CMHOs). Guskey’s (2000) model has not been previously applied to settings outside the public sector of education.

Methods

This chapter provides an account of the research methodology of this study, including site description, participants, instruments used and procedures. The present research is an exploratory study using a qualitative research strategy. Methods used were based primarily on the multi-site case study procedures described by Miles and Huberman (1994). The guiding conceptual framework made up of Level 3 factors from Guskey's (2000) model (see Figure 1) are used as a guide for exploring the data collected from each of the organizational sites in order to answer the research questions identified in Chapter 3.

Site Selection and Participants

Twenty-two participants were interviewed from four organizations (CMHO1, CMHO2, CMHO3, CMHO4). A purposive sampling method was used given that these four organizations are mental health organizations involved in the Concurrent Disorders project. Each of the organizational sites is located within a major urban Canadian city. All participants in the study are social service employees that work within a mental health agency or an addictions agency. Respondents that were interviewed worked in various capacities, such as: outreach workers, case managers, supervisors, facilitators, project coordinators and executive directors (see Table 2).

Coordinators of the concurrent disorders program identified the names of the facilitators at the various agencies. The researcher contacted the facilitators and invited them to participate in the study. After the facilitators were interviewed, the snowball technique for sampling was used in order to identify further participants for the study. The researcher asked the facilitator to identify the name of one peer and one supervisor from their site that could be approached for the interview. Each organization's executive director was also interviewed. The purposive sampling method was used to select the case managers that were interviewed from the lead organization,

hereinafter referred to as CMHO1. The other study sites are referred to as CMHO2, CMHO3 and CMHO4.

Instruments and Materials

This research was conducted as part of a larger training evaluation initiative. Ethics approval for data collection was obtained (see Appendix A). An interview guide consisting of a set of structured questions was prepared in order to capture respondents' perceptions of the organizational context. The interview guide questions were prepared using Guskey's (2000) factors and the conceptual framework. Organizational documents from each of the participating agencies were collected as background information for each of the sites.

Table 2

Various working capacities of respondents

	CMHO1	CMHO2	CHHO3	CMHO4
Facilitator	1	1	1	1
Outreach Workers	0	1	1	1
Case Managers	6	0	0	0
Project Coordinators	1	0	0	0
Supervisors	1	1	0	0
Executive	1	1	1	1
Totals	10	4	4	4

The questions for the interview guide were adapted into two versions: one for facilitators and the other for peers and supervisors of the facilitators (Appendix B). The interview questions were pilot tested with respondents from the lead organization to ensure that the questions were clear and would elicit clear responses with the goals of the study in mind. The principal researchers for the lead evaluation initiative had extensive expertise in evaluation within the community mental health sector and they also reviewed the interview guides to ensure that the

questions were clear and would assess the factors in the conceptual framework. The interview questions were open-ended to allow respondent's leeway in their responses.

Procedure

First Round - Interviews

Each participant was contacted by the researcher and was provided an explanation regarding the research. Participants were then presented with a consent form; the consent form was signed prior to being interviewed (see Appendix C). A mutually convenient time to conduct the interview was then established.

After each of the facilitators was interviewed, the researcher asked each of them to identify a supervisor and a colleague from the organization that would also be interviewed. The case managers were randomly selected from a list that was provided by the lead organization. Interviews lasted between 20 and 60 minutes, and they took place in an agreed upon office location. Participants were assured that their interview tapes would be kept in a safe place in the researcher's office and that the content of those tapes would only be disclosed to members of the immediate research team. Each interview was transcribed verbatim. Participants were also assured that the proper names of individuals or organizations would not be disclosed in any written research concerning the project, thereby ensuring anonymity. Organizational documents concerning the services that the agency provides were collected as background descriptions for each site. A case summary report was prepared for each organization; the case summary report included excerpts of interviews organized according to the conceptual framework (factors).

Second Round – First Feedback Opportunity

The purpose of the second round was to provide respondents with a case summary report to acquire their feedback on whether the summary was representative of their view of their organization. The case summary report and a request for feedback (see Appendix D) was sent by email to all respondents, except in the case of case managers who were contacted directly via

telephone. A reminder telephone call was made to all respondents to ensure an appropriate response level. Respondents were also given the opportunity to provide feedback by telephone. Despite the reminder phone calls to all respondents, some respondents in the research study chose not to comment on the summary reports.

At least two of the participants from each of the sites provided feedback regarding the case reports. Most of the feedback was clarification of written text in the case summary. In one case a respondent asked that a point in the summary be left out because “it made the organization look bad”. The researcher did not oblige but did explain that they would indicate that this was the perception of one participant.

Third Round- Second Feedback Opportunity

After having integrated comments and revising the summary reports, a second version of the summary reports was prepared and sent out to respondents for the purpose of stimulating more feedback and responses from participants who had not previously provided feedback. This second feedback opportunity was considered the third round. All respondents who expressed interest in reviewing the first case summary report were provided this version. Respondents who had not initially provided comments in the second round commented on the summary. Response rates for CMHO2 and CMHO3 increased from 50% to 75%. The response rate for CMHO4 was 50%, no additional respondents commented in the second version of the summary. CMHO1, who had 10 respondents in total, had six respondents provide feedback, for a response rate of 60%. Although most of the respondents had indicated initially that their intent was to participate in viewing the summaries, not all responded to provide feedback in the two rounds when given the opportunity. A 63.6% response rate was established for the study. It has been noted and will be discussed that those who did come forward to respond feedback may have differed in some manner from those respondents who did not.

The feedback was integrated and the summaries were finalized.

Plan of analysis: coding

All taped interviews were transcribed. The researcher then read through all of the interview data three times in order to get an idea of possible topics or themes that may have arisen. A list of “start codes” consisting of Guskey’s (2000) factors were derived from the conceptual framework in addition there were emergent sub codes used to qualify the factors in a more categorical fashion (see Appendix E). These codes are considered first order coding or conceptual ordering. In addition, if relevant themes had emerged which extended meaning from the initial factors within the conceptual framework, these were then considered sub codes. The researcher began coding (i.e. assigning units of meaning to the descriptive or inferential information compiled during a study) (Miles & Huberman, 1994, p.56) the transcripts by using a pencil to mark associated “chunks” of text related to the factor or factors from the conceptual framework. Chunks of texts to be analyzed were specified portions of text varying in size (words, phrases, sentences or whole paragraphs) which were connected or unconnected to a specific factor within the conceptual framework.

Additional factors emerged from the data after the researcher realized that there were chunks of text that did not adequately correspond to the factors in the conceptual framework. Subsequently, sub codes emerged from these new factors. The additional first order codes and sub codes were then added to the list of start codes.

A research associate was trained to rate interview text using the codes generated for this study. First, the researcher introduced the research associate to the conceptual framework and provided him with the definitions for each of the factors. The associate was also informed that the ‘chunks’ of text were related to the factor or factors identified in the list of codes. The research associate coded the text using the list of start codes and was asked to code one interview from each of the sites except for CMHO1, where, the research associate was asked to code two interviews. The researcher attempted to ensure through a random selection process that text from at least one individual’s interview from the various organizational positions of interviewees (i.e.

facilitator, peer, supervisor, executive director and case managers) was used in the coding process. Therefore, the reviewers did not code all of the data.

Shortly after the research associate completed the coding, a meeting was set up between the researcher and the associate in order to assess the degree of inter-rater agreement for coding. Inter-rater agreement was used as a test of the reliability of the coding scheme (derived from the conceptual framework). Reliability was addressed differently for factors and sub codes. Concerning the factors, the researcher and the research associate went through and compared chunks of text in terms of factor codes that were assigned. Response codes were compared to determine inter-rater reliability; the level of agreement between judges for the coding of factors was determined using Cohen's kappa coefficient, which was calculated at .70. When coding the sub codes, the researcher and research associate reviewed them. When different sub codes were assigned, discussion took place until a consensus was reached about an appropriate sub code. Text that was not coded (i.e. the research associate was unsure as to what the code should be) was indicative sometime of possible emerging factors.

The researcher then coded the rest of the data and the analysis files were ready to be prepared. The data was partitioned for analysis into two files, the within site analysis and the cross-site analysis. For the purpose of the within site analysis, interviews were coded; by organizational site (CMHO1, CMHO2, CMHO3 or CMHO4), by the type of respondent interviewees were (facilitator=fac, peer=peer, supervisor=sup, or executive director=ed), and by numbering the respondents interviewed within their jobs. Interviews were also coded using terms such as influence (INFL), either positive (+) or negative (-), to identify the presence or absence of evidence for a factor. If the evidence was mixed a (+) and (-) symbol was indicated. If interview text were coded for more than one factor, the relevant text would be represented under each of the factors. For the cross case analysis file, the second file, the data were compiled using each of the within site files and compiling them using each of the factors as a heading.

Verbatim quotations were used to represent evidence for the presence of a factor for both the within and the cross case analysis. This data was used to compile case summary reports that were organized according to the conceptual framework in preparation for cross-case analysis.

Data Quality

All interviews were tape recorded, except for one interview in which the participant refused to be recorded; the respondent did, however, allow notes to be taken during the interview. The tape-recorded interviews were of adequate quality and were transcribed by the researcher. In total, the study resulted in the production of 178 pages of single spaced interview transcripts.

In the researcher's judgment, the respondents were highly cooperative; no one refused to take part in the study or to withdraw during the study. Respondents all gladly signed informed consent forms to be part of the study (Appendix C) in which confidentiality was assured.

Validity Issues

All interview data collected were used in the analysis. Four researchers collected interview data for this study. The issue of potential bias was addressed by having a common interview protocol with the same probes included in each. Interviewing various members of the same agency allowed for an inclusion of different perspectives of the organizational context and thereby provided a basis for corroboration of context portrayal.

Case summary feedback opportunities during a second and third round of feedback enhanced the validity of the data and minimized researcher bias in the interpretation of data.

Cross case analysis tables

Tables were used to display the data. Tables were displayed by factor and each site was represented with a positive symbol (+) or negative symbol (-) to indicate the presence or absence of influence of evidence for that factor. Numbers or counts were used to keep track of

respondents who had evidence for or against this. Tables and results for the cross case analysis are presented in Chapter 5.

Presentation of findings: Cross case analysis

This chapter presents results from a cross case analysis of the various sites and will be useful to address the research questions related to the applicability of Guskey's (2000) model and the possibility of emergent factors (see Appendix F for the within case summary reports). Case profiles in Appendix F were fed back to respondents as a validity check for the data. In the current chapter data reported includes background characteristics of the sites and a summary of factors identified using the conceptual framework (see Figure 1). As well, the chapter ends with a description of the two new factors that emerged in the present study.

Background Characteristics

The four sites were different in terms of the populations that they predominantly serve. Their clientele, however, are mostly socially marginalized in some manner, and tend to have mental health and addictions issues with a potential risk of becoming homeless. All the organizational sites have provided care to the community for between 30 and 50 years. CMHO1 is the oldest of the agencies at 50 years and its focus is primarily on helping the population with health issues related to persistent mental illness. CMHO2 and CMHO4 have been around since the 1970's and CMHO3 was established in the late 1960's, early 1970's. Each organization's mandate includes the provision of services to clients with addictions. CMHO1 took the lead on the concurrent disorders project and it is this organization's primary clientele that is being served.

Funding sources

The CMHOs involved in this study receive funding from different sources. CMHO1 is funded for this project through the HRDC and receives much of its funding through the provincial government. CMHO2 tends to be funded through the Province of Ontario. CMHO3 is funded through the Ontario Ministry of Health. CMHO4 receives its funding through the Ontario

Ministry of Health, the Ministry of Community and Social Services and the Regional Municipality of Ottawa-Carleton and Citizenship and Immigration Canada.

Involvement in the Concurrent Disorders Program (CDP)

All sites are involved in the CDP. As mentioned, CMHO1 is the lead organization that has received funding from HRDC to collaborate with the other agencies on this project. At each of the agencies where the CDP groups take place, the groups are co-facilitated by one mental health and one addiction worker. Clients participate in the program based on a referral given to them by case managers of CMHO1, so only CMHO1 clients are eligible for the CDP groups at the time of the study. CMHO2 indicates that they are motivated to take part in the CDP as a means of offering effective programming without having to make financial contribution. By offering this programming, the organization is able to form community partnerships in order to maximize on the strengths and potential of the different organizations. CMHO2 and CMHO3 partnered up with the mental health programs for the CDP to provide motivational support and counselling, although, they have been strictly abstinence-based in their approach, they tend to be flexible with new approaches such as the harm reduction approach in order to help their clients. CMHO4 has used the harm reduction approach in the past and it has proved to be successful so, staff is open to using it.

Staff

CMHO1 has 60 staff working at the organization, including health care providers as well as administrative staff. Ten of the staff at this organization was involved in the CDP. CMHO2 has 34 staff and there is one addiction worker who is involved in the CDP. CMHO3 has 75 full and part time staff and they rely heavily on the 85 volunteers that help them within their programming. CMHO4 has over 50 staff members that include health care providers and

administrative respondents. CMHO2, CMHO3 and CMHO4 all have one staff person involved in the CDP as a co-facilitator for the groups.

Factors from Guskey's Third Level

Organizational policies

The 'organizational policies' factor attempts to assess whether or not the policies of a given organization are conducive or aligned with the new innovation's goals and objectives. All respondents at the four CMHO sites indicate that the CDP initiative goals are aligned with the organization's policies and mission. Site participants contribute this good fit to indicate two possibilities; one is that, the CDP is a good program because it attempts to meet the specific needs of the client population and, the other is that the approach associated with the CDP, harm reduction, is considered to be an appropriate approach for doing this.

The lead organization for the CDP, CMHO1, indicates that the reason for becoming interested in the program is that so many of their clients have concurrent disorders. One respondent at CMHO1 indicated that the CDP goals are directly aligned with those of the organization by saying that, "...we are a cutting edge agency, there is a lot of expertise within our agency to develop new programs to research new programs, to feel out the clients needs in the community and to respond to those needs." CMHO2 participants indicated that it is the CDP that has allowed them to make the change they need in order to help their concurrent disordered clients. The program was considered to be an important beginning to addressing the needs of the clients with concurrent disorders; in the words of one respondent, "...the size of the program could very well be doubled and tripled based on our clients' needs." Similarly, CMHO3 indicates that their mission is to help people in accessing services in order to reduce the barriers for getting the services and treatment that are needed for this population. One interviewee at CMHO4 indicated that the CDP is a "great fit" with his/her organization because it is "meeting

the emerging needs of people in the community, with innovative programs.”

In terms of the harm reduction approach used at the CDP and it’s alignment with current CMHO organizational policies, CMHO2, CMHO3 and CMHO4 respondents viewed the approach as consistent with their organization’s service and program delivery policies prior to their involvement in the CDP. CMHO3 respondents perceived that the CPD’s harm reduction approach had a positive influence in helping people living in the community with mental health issues and they also attest that such an approach is beneficial and consistent with organizational beliefs. According to CMHO4, the harm reduction approach is both helpful and realistic in providing services to concurrent disorder clients because it reduces harm that is associated with use. Respondents indicated that they believe in the harm reduction approach because it was useful and successful in the past, such as the case of the Needle Exchange (i.e. a harm reduction program that provides substance users with clean needles and safe disposal of them).

Table 3 provides a summary of the ‘organizational policies’ factor. All sites have indicated that the CDP initiative goals are aligned with their organizations’ policies and mission. The Table reflects the positive influence of this factor across the various sites.

Table 3

Summary of the ‘organizational policies’ factor

Organizational Policies	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	10 (+) Positive alignment of organizational policies and the CDP	4 (+) Positive alignment of organizational policies and the CDP	4 (+) Positive alignment of organizational policies and the CDP	4 (+) Positive alignment of organizational policies and the CDP

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Resources

The 'resources' factor attempts to assess the adequacy of the available resources within an organization so that training could be successfully implemented and knowledge and skills transferred. The facilities and supports for conducting the CDP groups are perceived to be adequate by the sites. According to CMHO2, the funding associated with any new program and training is perceived by respondents to be a problematic issue because the organization typically does not have the available funds to implement new programs.

Government support

CMHO2, CMHO3 and CMHO4 indicated that the resources they received to participate in the CDP are adequate due to government financial funding. CMHO3 points out that a good amount of resources were offered for the pilot project and that this was an added incentive to participate in the project. Typically, these organizations' other programs are underfunded and there is a concern that funding will be withdrawn or innovations will be required to sustain the CDP at some future point. For example, CMHO3 has had a funding freeze for 10 years and expressed concern related to funding continuity for the CDP; "how will the organization continue offering such a program to a population who so desperately has shown a need for it?" Participants from CMHO2 are concerned about sustainability and the need to implement innovative strategies to secure funding for programming. One respondent at CMHO2 indicated that despite this, "...we've been adding all kinds of programs...we've coped...we decided that if we want to get funding and we won't get it from the Ministry then obviously we need to go out and find some way and that is how we have gotten many of our programs started in the last few years."

Positively Viewed Resources

Some CDP resources are identified as positive influences in the successful

implementation of the CDP. CMHO1 indicates that the group rooms and the provision of lunch is seen as a positive factor in terms of resources. Facilities, such as group rooms, are considered to be a good place to hold the CDP groups. CMHO1 also indicates that the resource of providing lunches for the CDP clients is considered important for the success of the group. One interviewee indicated that "...the food offering is a way to show members that they are welcome in many cases the meal is another way in which members are assured to attend the group and they will get a meal from it if nothing else."

CMHO3 considered the recreational activities and transportation resources as important resources in implementing the CDP. It is through recreational activities that the group is "exposed to things like bowling to allow group members to get accustomed to socializing that would bring people into their lifestyle and help them make changes." Transportation of clients by facilitators or case managers enhanced access to the groups. In the words of one respondent from this site, "...from what I observed and again I saw it at this site is that I thought the supports and facilities were excellent in that there was a lot of support in the clients getting here, and, that there was the actual practical support around transportation."

Site Resources that Require Improvement

Some resources that are part of the CDP were considered by certain sites to require additional improvement. CMHO1 and CMHO2 viewed instructional materials as requiring alterations. CMHO1, CMHO2 and CMHO4 identified a need to upgrade the venue in the future. CMHO2, CMHO3 and CMHO4 had issues with current transportation resources. CMHO3 highlighted difficulties with budgetary allocations toward salaries.

CMHO1 and CMHO2 share the view that instructional materials for the CDP need to be altered. Instructional materials related to mental illness and substance use issues were found to be insufficient by these CMHOs. For example, CMHO1 respondents considered the

instructional materials, particularly a video that is used as part of the program, for the harm reduction approach lacked balance between mental health and addictions issues. According to one respondent, "...the materials tend to focus on addictions and to be more abstinence-oriented." Another respondent was concerned about the content of instructional materials in terms of the underlying harm reduction philosophy to treatment; "the 12-step model where people talked about how they coped with the problem was very abstinence oriented, so it didn't quite fit with the concurrent disorders model" (based on a harm reduction approach). CMHO2 indicated that access to television, a video cassette recorder and a blackboard for instructional purposes needs to be improved to ensure this equipment is readily available for instructional purposes.

The venue was considered by CMHO1, CMHO2 and CMHO4 to require some improvements. A CMHO1 interviewee indicates that "...the venue may have been too noisy (i.e., phones ringing and people coming and going) to work well with clients." Another site respondent added "...that it did not have enough natural light, and that is needed." CMHO2 identified the need for a lounge space for clients "...so that clients could sit and have a cup of coffee and/or a snack before the group begins." CMHO2 also highlighted the importance of having additional rooms in another agency given shortages of rooms in their agency to run current programs. CMHO4 referred to the importance of having the same meeting space available for the same group.

CMHOs also raised concerns about the need to improve current transportation resources. Under the current program, case managers and facilitators transport clients to groups. CMHO1 case managers indicate that the time required for client transportation by them encroaches on the 1.5 hours allocated to each client per week for support and that funds should be allocated for

client transportation (i.e. bus tickets). CMHO2, CMHO3 and CMHO4 facilitators believe that client transportation directly interferes with the facilitators' time and opportunity to debrief with co-facilitators after the group session.

For CMHO3 salary was considered to be a problematic issue. The salary levels from the funding body did not adequately cover the salary paid to the full time staff person on the project. The organization did not wish to pay the staff person less than they regularly got paid, so, CMHO3 absorbed some of the cost by subsidizing the staff person's salary.

Table 4 provides a summary of the influence of the 'resources' factor across the various organizations.

Table 4

Summary of the 'resources' factor

Resources	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	10 (+)Adequate resources yet, improvements could be made	4(+)Adequate resources yet, improvements could be made	4(+)Adequate resources yet, improvements could be made	3(+)1(-) Adequate resources yet improvements could be made
Positively viewed resources	3(+)Group rooms 3(+)lunch provided	2(+) Government funding	3(+) Government funding 1(+) Recreational activities 2(+) Transportation	2(+)Government t funding 1(+) Administration
Resources requiring improvement	2(-) Instructional materials 2(-)Venue 4(-) Transportation	1(-)Instructional materials 2(-)Venue/cost 2(-) Transportation 2(-) Consultation/De briefing 2(-)Funding for programs	2(-) Transportation 2 (-) Consultation/ Debriefing-time 2(-)Cost-Salary	2(-)Venue 1(-) Transportation 2(-) Consultation/ Debriefing

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Allocation of time/Provison of time

Guskey's 'allocation of time/provision of time' factor relates to whether or not adequate time is being provided in order to encourage professional development within the organization.

All interviewed respondents perceived that each site has made the effort to provide staff the time to be trained for the CDP. The respondents interviewed at the various organizations had mixed perceptions of whether staff within the various sites had enough time to prepare to implement the CDP groups.

Provision of Time for the CDP

CMHO1 and CMHO2 indicate that the organizations are supportive of staff when it comes to dealing with the CDP although, when staff required additional time, staff had difficulty finding it.

In terms of facilitators, CMHOs differed in terms of their perception about whether there was sufficient time for facilitators to train, plan and organize for the CDP groups. Some respondents believed there was sufficient time for these activities. A CMHO1 respondent suggested that there was sufficient time; in his words, "...setting up group activities such as picking up and preparing food, and they provide time for respondents to get oriented with the project by providing them many hours to do research, and opportunities to take part in training on different topics as well as meeting with clients individually." Some CMHO3 interviewees perceived that facilitators were working at a regular pace and did not seem pressured. In the words of one respondent, "...[facilitators] worked at a comfortable pace and they seemed happy, so I'm assuming they had sufficient time." Overall, facilitators seemed to concur with the view that they had sufficient time to train and prepare for the group outside of their regular work duties. One facilitator claimed that he/she "...had a lot of up front time, a lot of opportunities to gather background information and it's been an ongoing process for the last 3 years...and there was an opportunity to pilot a group prior to starting this group." Finally, CMHO4 perceived that the facilitators involved in the CDP had enough time for the training, planning and organizing of the CDP groups. The presumption was that the facilitators had the time because no complaints were heard from them.

Some respondents believed there was a lack of sufficient time for facilitators. Of those at CMHO3 who indicated that facilitators did not have enough time, one respondent indicated that during the beginning stages of the CDP, facilitators had overwhelming demands on their time,

“...it seems to have been really rushed, which is a big challenge.” Some of the CMHO2 respondents indicated that facilitators required more time to set up the CDP groups. Respondents perceived that the facilitator did not have enough time to complete all tasks and responsibilities required for the CDP.

Transportation was one issue that CMHO1 respondents revealed as requiring a lot of time. Transportation of clients, although viewed as importance in terms of client attendance, was deemed to consume considerable time and adding additional burden to heavy work loads.

Time delay in starting the CDP

CMHO1 indicated that facilitators did have a time delay in getting the groups up and running. The reason given for this delay was the difficulty in identifying suitable agencies to access people with addictions and a mental illness for the CDP groups.

Time provided for professional development

All organizations perceived that adequate time has been provided for professional development. CMHO1 encourages individuals to take time for professional development, to learn about best practices, new approaches and training of staff. One respondent verified this support of professional development by saying that “...you will be given time to integrate that into your practice and time to think about what it means in terms of your own longer-term career development.” The perception is that CMHO2 provides staff the opportunity and time that is needed to take part in training, such as the in-service training being provided by CMHO1 for the CDP. CMHO3 indicates that the organization provides staff 10 days a year for educational activities/conferences. Respondents from this CMHO believe the organization values new ideas and learning and they support this because it is considered important for work with clients. Respondents from CMHO4 indicated that professional development is supported and that management encourages staff’s growth and areas of interest by “encouraging them to take on a

short term contract or facilitating some way that they can work by volunteering, through team work or a work group.”

Time management and professional development: an issue of workload

Although all organizations involved in the project agreed that time is provided for professional development, workload issues diminish the likelihood of their participation in professional development related activities. CMHO1 perceives that when training is provided for a new program there should also be “...adjustments made to the workload of staff.” Some respondents indicated that additional time is required for professional development because of heavy caseloads and it was difficult for them to take time away from another activity.

CMHO3 respondents indicated that the organization provides and encourages them to use 10 days for professional development activities, but are mostly unable to take advantage of these opportunities because of heavy workloads. CMHO4 respondents concurred that professional development is impeded by work demands.

Table 5 provides a summary of the influence of the ‘allocation of time/provision of time’ factor across organizations.

Table 5

Summary of the 'allocation of time/provision of time' factor

Allocation of time/Provision of time	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	6(+)2(-) Facilitator had enough time for training except for time delay of CDP groups	2(+)2(-) Facilitator had enough time for the CD groups	2(+)Facilitator had enough time to train 1(-)respondents unaware of whether facilitator had enough time	4(+)Facilitator had enough time to train
Provision of time for p.d	4(+)time provided for p.d 4(+)support of learning of best practices 4(-) transportation takes time 2(-) delay in starting groups	2(+)time provided for p.d 2(-)limitation of training because of cost	2(+)time provided for p.d 10 days/yr for educational activities/conferences 1(-) debriefing	2(+)time provided for p.d 1(+)encourage staff's growth and their areas of interest (encourage them to take on short contracts)
Time management: an issue of workload	1(-)time needed because of heavy caseload 1(-)time from other activities	2(-)time management, workload and transportation	2(-) caseload interferes with p.d.	2(-) caseload interferes with p.d

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Organizational openness to experimentation and alleviation of fear

Guskey's (2000) 'organizational openness to experimentation and alleviation of fear'

factor concerns openness to learning and experimentation of the organization. Respondents from all sites perceived their organizations as open to learning and experimenting with new approaches in order to support their clients.

Hiring innovative people

CMHO1 and CMHO4 respondents perceive that the culture of the organization is very open and that this helps to attract staff who are also open-minded. A respondent at CMHO1 indicated that it is this culture of openness which has an advantage over other agencies because "... people who like to develop new things and like to move forward and are on the cutting edge of the work that we do here." Similarly, CMHO4 reports that they go out of their way to hire staff that is open-minded. Respondents indicated that staff is able to think outside the box in coming up with new ways to help clients.

Process for innovation

CMHO3 and CMHO4 have implemented processes to integrate new innovations into their organizations. To achieve this end, CMHO3 holds management meetings to assess the issues of time, cost and effort around programming. One respondent reported that when it comes to innovations, the organization will "...keep on top of new developments in order to help improve the programs." CMHO4 has an official process for exploring new ideas for implementation. First, they will discuss ideas with staff in a meeting and then management and the executive director will assess whether they are a suitable strategic direction for the organization; as well, there will be a discussion at the board level where a final decision will be made. CMHO4's most recent involvement is with a performance appraisal system which implements a 360-degree evaluation review process for staff's involvement in innovation.

Respondents are open and collaborate in innovation

All organizations' staff takes part in the planning of the innovations they wish to implement. CMHO1 respondents are an integral part of the strategic planning session. CMHO2 employs staff meetings as a forum for sharing and discussing projects and new innovative ideas.

By having CMHO2 staff take part in these plans, their ideas are supported and “all innovations that come into the organization are something that a counsellor has at one time proposed.” Respondents at CMHO2 are very experienced and the culture is such that the flexibility and freedom for innovative ideas is an incentive for them to stay with the organization. One respondent indicated that staff turn over is low, less than 5%, despite salaries that are only in the 50th percentile for social service work. Despite a funding freeze over the past decade, CMHO2 is still open to providing new programs and learning to find ways to expand their programming; in the recent past, they they have had to move office space to accommodate for all the additional programming they offer. CMHO3 respondents also perceive openness and innovation in their organization; according to one interviewee “...staff come up with new ways of doing things and this allows staff a fair amount of flexibility in planning things.” Respondents at CMHO4 indicate that their organization is open to innovation and that they are the decision makers around whether innovations will be implemented. In this CMHO, respondents are responsible for coming up with new programming ideas and “...staff usually make the decision as to whether they are going to try it out.”

CMHO's aim to serve the community

CMHO1, CMHO2 and CMHO3 respondents aim to serve the community through the provision of programs and services that are responsive to the needs of the concurrent disorder population. CMHO1 has committed to finding ways to better serve the community and they do this “...by responding to the needs of the community as they come up, so there is a definite agency thrust to recognize new needs and to work towards trying to exercise those to the clients.” CMHO2 also serves the community by branching out and providing new programs. CMHO3 has adopted a flexible approach to programming; as one respondent puts it, “they have been flexible in the different ways they look at offering services for people with concurrent

disorders and they are open to offering activities and providing one on one service.”

Table 6 provides a summary of the influence of the ‘organizational openness to experimentation’ factor across organizations.

Table 6
Summary of the ‘organizational openness to experimentation’ factor

Organizational openness to experimentation	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	8 (+) Organization open to offering new ways to serve the community	4(+)Organization open to offering new ways to serve the community	4(+)Organization open to offering new ways to serve the community	4(+)Organization open to offering new ways to serve the community
Hiring innovative people	3(+)Open minded staff			2(+)Open minded staff involved in decision making
Process for innovation	3(+)Staff part of the strategic planning	1(+)Expands for new programs despite funding freezes	1(+)new innovations (meeting at management level to communicate)	2(+)new ideas, improvements at staff meetings 1(+) 360 system
CMHO’s aim to serve the community	4(+)Attempt to provide programs and services for a given population	2(+) Attempt to provide programs and services for a given population	2(+) Attempt to provide programs and services for a given population	2(+) Attempt to provide programs and services for a given population

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Collegial support

Guskey's (2000) factor of collegial support addresses the level of effort that colleagues show one another in terms of support and encouragement when it comes to implementing change. All respondents perceived that their colleagues were supportive when innovations or changes were being implemented. Openness was viewed as a critical personality factor that influenced whether staff was supportive when change is implemented. CMHO3 and CMHO4 respondents view their organizational culture as supportive and conducive to collaboration; they utilize a team approach to discuss problems and potential solutions at team meetings.

Support of the CDP and Staff

All respondents perceived support for the CDP within their organizations. CMHO1 respondents indicated that they supported the CDP and other new projects that required implementation and change within the organization. Although CMHO2 and CMHO3 colleagues are also perceived as being supportive of the initiative, they are not always present when innovations are being implemented within their organizations due to heavy work demands that limit their awareness of program activities. In all CMHOs, colleagues are generally collaborative and supportive in the implementation of the CDP program. CMHO2 respondents support each other in the CDP by "talking to the facilitator and providing the support needed in the efforts to implement the groups within the organization." CMHO3 and CMHO4 facilitators perceive that they can discuss CDP related issues with other facilitators, but that other staff in the agency was also available for support. CMHO4 staff also supports each other through informal means, such as hallway discussions.

Communication regarding CDP

All CMHOs hold regular meetings to provide progress reports related to the CDP groups. CMHO1 and CMHO4 staff use weekly meetings to solicit input about client support strategies.

CMHO3 and CMHO4 hold regular CDP team related meetings where staff can discuss and debrief with others about client problems and solutions when in need of support around problems and potential solutions.

Decision making and support

CMHO2 respondents perceive themselves as playing an essential role in the decision-making process. CMHO3 tends to use a bottom up decision-making process; staff plays an important part in this process because they initiate program ideas.

Individual personalities and view of change

Individual personalities may influence staff's view of organizational change. CMHO1 respondents tend to show enthusiasm for experimenting with new techniques, particularly when an individual has a personal interest in innovation. As one respondent put it, "...if the new techniques and approaches don't fit into their view of the world then there is less enthusiasm for the project". Another respondent noted that staff's perceptions of their own capacity may mitigate their view of change; in his/her words, "...some respondents are not confident in their capacities and this may translate into resistance." The respondent explains that this resistance by the individual "...has more to do with the perceived threat to the individual and how it relates to their job and not so much to the change that is intended to be implemented." According to CMHO3 respondents, collegial support of innovation has an impact on how individuals in the organization deal with change. Another respondent identified personality as a key factor in staff's view of change; each individual "has their own personality and some people really like change while others are more conservative about it. Some people tend to not get involved in new projects but they are excellent at what they do...so, they gradually take on some of the enthusiasm for new ideas." CMHO4 respondents held a similar view about the impact of individual differences on the perception of change in their organization.

Table 7 provides a summary of the influence of 'collegial support' factor across organizations.

Table 7
Summary of the 'collegial support' factor

Collegial support	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	8(+) 2(-) Supportive colleagues for innovation and change	3(+)1(-) Supportive colleagues for innovation and change	3(+)1(-) Supportive colleagues for innovations and change	3(+)1(-) Supportive colleagues for innovations and change
Support of the CDP	4(+)Supportive of the CDP implementation and success	2(+)Supportive but not always physically present –due to caseload	1(-)Supportive but not always physically present –due to caseload 3(+)Someone available for discussion	3(+)Facilitators able to discuss the CDP issues with staff
Communication re: the CDP	4(+)Set up of weekly meetings to get feedback	2(+)Set up meetings for CDP group progress	3(+)Maintain collaboration among staff through regular team meetings 2(+)Staff involved in the decision making process	2(+) Maintain collaboration among staff through regular team meetings
Individual personalities and view of change	1(+)1(-)based on individual personality and perception of change and innovation		1(+/-)based on individual personality and perception of change and innovation	1(+/-)based on individual personality and perception of change and innovation

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

(+/-)= mixed perception of the evidence

Supervisor's leadership and support for professional development

Guskey's (2000) factor of 'supervisor's leadership and support' addresses how supportive supervisors are towards staff professional development and ensuing innovation. All respondents perceive that their supervisors are supportive and encourage professional development.

According to a CMHO1 respondent, "the supervisor provides the needed support and assistance in pursuing professional development, by providing regular meetings to discuss progress in the program." Support of professional development and innovation is also reflected by another respondent who stated that, "...if respondents are interested in trying out new things supervisors will give them the time to do that" and "...I've been here for 8 years and I cannot remember an instance where they did not support change, in fact where they didn't embrace it, and didn't encourage it." CMHO3 staff perceived supervisors as supportive of innovation as well; the supervisor "gives lots of room for trying out new ideas as well as bouncing new ideas off her and talking about challenges and opportunities and is perceived to be someone who listens and keeps abreast of respondents' work in order to bounce ideas off her and talking about challenges and opportunities." A CMHO3 respondent notes that within his/her organization, management encourages "...respondents to go to conferences and to experience different settings, management is always encouraging and they support new ideas." CMHO4 respondents were appreciative of their supervisors' involvement and interest in professional development and innovations.

Limitations in professional development and innovation

CMHO4 respondents identified high turn over of director's positions as an impediment to attend professional development opportunities and hinder innovations. Despite this limitation, the organization has been recognized as supportive and encouraging of change.

Table 8 provides a summary of the influence of 'supervisor's support for staff's professional development' factor across organizations.

Table 8

Summary of the ‘supervisor’s leadership and support for professional development’ factor

Supervisor’s leadership and support for professional development	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	8(+)2(N/A) Perception of encouragement and support by supervisors to develop professionally	3(+)1(-) Perception of encouragement and support by supervisors to develop professionally	3(+) 1(-) Perception of encouragement and support by supervisors to develop professionally	3(+) 1(-) Perception of encouragement and support by supervisors to develop professionally
Limitations regarding professional development	2(-)Heavy caseload takes time away from other activities (potentially professional development)	1(-)Limitation of how much training they can attend because of cost	2(-)Heavy caseload interferes with innovation, ways to implement programs - Resources are scarce	2(-) Turnover-high, limits p.d.

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Note: N/A indicates that this was not mentioned by the interviewee

Higher level administrator’s support of knowledge sharing

With this factor, higher-level administrators’ leadership and support is assessed to determine whether there is support for opportunities in knowledge sharing with professionals in other organizations (Guskey, 2000). Collaboration and communication with other organizations/agencies is considered essential to sustain positive working relationships (i.e. client referrals, funding contributions).

Overall respondents perceived higher-level administrators’ as open and supportive of opportunities to share knowledge with other professionals in other organizations. One CMHO1 respondent indicated that “...higher-level management is supportive and open to developing new

programs on an ongoing basis and that they expand their services in the community with other agencies.” In this setting, collaboration between addictions and mental health workers and supervisors from different settings has “...proven to be successful since it helps to serve the clients, and there is less chance that they [clients] will want to drop out.” At CMHO2, higher level administrators’ support for collaboration amongst agencies is considered positively; in the words of one respondent, “all of the service providers and all of the client agencies in a room together you also build a very strong relationship and very strong referral patterns....” CMHO3’s board is also supportive of inter-organization collaboration. CMHO3 believed that by “...taking part in the CDP initiative is important, it’s an opportunity to share with professionals in other organizations that we were willing to contribute financially to this project even though we did not really have the extra funds.” CMHO4 respondents perceive that higher-level administrators (the board) were open to inter-organization staff collaboration, knowledge sharing and valued staff innovations, particularly in relation to the CDP. In the words of one respondent, “The partnership between this organization and the lead organization is not just a partnership that works because of a government agency funding the partnership, it is an actual partnership that comes from hands on experience of working together with the agency.”

Table 9 provides a summary of the influence of ‘higher level administrator’s support of knowledge sharing’ factor across organizations see table (see Table 9).

Table 9

Summary of the 'higher level administrator's support of knowledge sharing' factor

Higher level administrator's support of knowledge sharing	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	7(+)Perception of respondents that administrators' encourage knowledge sharing and partnerships 3(+)Facilitators are expected and encouraged to train and to communicate with other agencies	3(+)Perception of respondents that administrators' encourage knowledge sharing and partnerships 2(+)Facilitators are expected and encouraged to train and to communicate with other agencies	4(+)Perception of respondents that administrators' encourage knowledge sharing and partnerships 2(+)Facilitators are expected and encouraged to train and to communicate with other agencies	4(+)Perception of respondents that administrators' encourage knowledge sharing and partnerships 1(+)Facilitators are expected and encouraged to communicate with other agencies
Need /Open to...	3(-)Need to expand services and collaborate with other agencies in the community	1(+)1(-) A joint venture and supervision is available for CDP	2(+)Open to sharing knowledge with organizations who work with similar populations	2(+)Open to sharing knowledge and to collaborate with those they are working with

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Recognition and acknowledgement of staff's success

Guskey's (2000) factor of 'recognition and acknowledgement of staff success' is used to assess how staff achievement will be acknowledged and honoured in order to maintain motivation. Overall respondents believed that their organizations acknowledged staff effort. An interviewee from CMHO4 indicated that the organization recognizes their success and

“...they seem to want to make more of an effort in motivating and encouraging staff’s efforts especially when it comes to these innovations”.

CMHOs tend to have both formal and informal recognition mechanisms in place.

Although all organizations had some form of recognition, some sites do not have the time to set up formal recognitions. Some respondents were somewhat confused about the meaning of formal versus informal recognition.

Formal recognition

CMHO1 respondents perceived formal recognition as supervisor and employee acknowledgment. The organization hands out annual mental health service awards which recognize individuals, groups or organizations who have made a significant contribution to the mental health movement within the community. CMHO1, CMHO2 and CMHO3 use staff meetings as a means of recognizing staff achievements and success. CMHO1 uses staff meetings as a forum for recognizing personal as well as professional achievements; whereas, CMHO2 and CMHO3 use this forum for acknowledgement of professional achievements only. CMHO2 acknowledges staff contributions at it’s annual general meeting. CMHO2, CMHO3 and CMHO4 use staff performance appraisal as a means to recognize staff contributions (i.e. performance directly related to the development of new practices). CMHO4 appears to not have formal recognition procedures in place; however, they utilize their newsletter to recognize and acknowledge staff achievement and held a ‘pizza day’ to recognition accomplishments.

Table 10 provides a summary of influence of ‘recognition and acknowledgement of staff success’ factor across organizations.

Table 10

Summary of the 'recognition and acknowledgment of staff's success' factor

Recognition and acknowledgment of staff's success	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	7(+) Organization does what they can to acknowledge staff 2(-) Confusion between recognition types	3(+) Organization does what they can to acknowledge staff 1(-) Confusion between recognition types	3(+)1(+/-) Organization does what they can to acknowledge staff	3(+) Organization does what they can to acknowledge staff 1(-) Confusion between recognition types
Formal recognition	3(+) Acknowledgement from other employees and supervisors 2(+) Annual mental health service awards 2(+) Meetings	1(+) Acknowledgement of contributions at the AGM 3(+) Performance appraisal policies to develop new practices 4(+) Meetings	2(+) Acknowledgement of professional achievements 2(+) Performance appraisal policies relate to developing new practices	1(+) Performance appraisal policies, 360 evaluation 2(+) Newsletter 1(+) Pizza day for respondents 1(+) Letter of commendation 1(+) Work plan 1(+) Meetings
Informal recognition	3(+) 'pat on the back' 2(+) Pay change, Master's degree 2(+) Personal milestones 2(-) A brunch 2(-) Feedback of performance appraisals	1(+) 'pat on the back' 1(+) Meetings 2(+) Feedback for innovation 1(+) A lot of freedom in their work	2(+) Feedback for innovation 1(+) Notes and e-mails regarding a job well done	2(+) 'pat on the back' 1(+) Supporting staff 1(+) Meetings 1(+) Work plan and p.d. 1(+) Vision day for strategic planning

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Note: NP stands for data not present (+/-)=mixed evidence of influence

Informal recognition

A “pat on the back”, such as a verbal acknowledgement of a job well done, is considered to be an informal recognition and acknowledgement in CMHO1, CMHO2 and CMHO4. One interviewee at CMHO1 indicated that a “pat on the back” is indicated to be “... a form of reward I guess, or recognition, but it’s generally the idea of making people...giving people a sense of pride and loyalty to their organization and their job (sometimes it works).” Some CMHO2 and CMHO4 respondents viewed informal recognition as acknowledgement of good performance at a staff meeting. CMHO2 respondents differed in terms of their understanding of whether staff meetings were formal or informal mechanisms for recognition.

At CMHO1, various other informal mechanisms of staff acknowledgment were identified: including increased pay upon earning a Master’s degree, recognition of personal life events, such as a wedding party or a baby shower, and an informal brunch for outreach staff. A CMHO1 respondent added that informal recognition also transpires during performance appraisals. CMHO3 acknowledges and recognizes their staff’s achievement and successes through notes and e-mails. CMHO4 respondents perceived that their organization tries to informally recognize staff’s contribution by being flexible regarding staff’s interests, “...by allowing them to work in jobs that they show an interest in ...which is in a sense a reward to maintain staff’s motivation and give encouragement.”

Collaboration with clients (program consumer)

An emergent factor not considered in Guskey’s original level 3 factors is ‘collaboration with clients’ (i.e. reflects interaction between client (program consumer) and group facilitators about the CDP). To date, Guskey’s factors do not consider the “collaboration with clients or program consumers” as part of the “organization support and change” level of his model.

Clients are considered valuable stakeholders in the development, implementation and delivery of services; however, this input has not been formally considered in the CDP. Communication and collaboration between facilitators and consumer related to services will ensure the programming evolves according to client needs and service delivery strategies collaborative.

There are perceived barriers to collaboration in working client population. For example, some CMHO2 respondents indicated difficulties in collaboration with substance abuse clients was challenging. Agency staff found that "...there was some difficulty in that in the first few months when clients began to feel welcomed, administration support respondents occasionally had to contend with homeless concurrent disordered clients dropping in at unplanned times, under the influence of alcohol/drugs, and they [staff] were not accustomed to it." At CMHO3, clients were involved in the planning and organization of recreational events for the group (i.e. planning a lunch for the group). CMHO4 respondents stress the importance of being interactive with their clients to increase client comfort level, which may lead to more involvement in how the group is delivered. According to one facilitator from this organization, it is important to interact with clients for life skills building because "in life skill preparation, (it's) not just sitting and talking about stuff, ...they should have more of an active component in the development of these skills."

Table 11 provides a summary of the influence of the 'collaboration with clients (program consumer)' factor across organizations.

Table 11

Summary of the ‘collaboration with clients (program consumer)’ factor

Collaboration with clients (program consumer)	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	2(+)Need to collaborate and communicate with the program consumer	2(+)Need to collaborate and communicate with the program consumer	2(+) Need to collaborate and communicate with the program consumer	2(+)Need to collaborate and communicate with the program consumer
Important methods		2(+)Collaborating with clients in regards to their needs and how to work with them to be effective	1(+)Clients taking part in the planning and organizing of recreational events for the group	1(+)Being more interactive with program clients to increase client comfort level and involvement i.e., life skills building

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Communication within and across organizations regarding innovation

Another emergent factor not considered in Guskey’s original level 3 factors is

‘communication within and across organizations regarding innovation’. To date, Guskey’s

(2000) factors do not consider the ‘communication within and across organizations regarding

innovation’ as part of the ‘organization support and change’ level of his model. Communication

within and across organizations is considered to be key when implementing new innovations,

such as the CDP. Collaborative community partnerships are important in meeting the needs of

the concurrent disorder population; as one respondent states in reference to community partners,

“...we talk...on a regular basis, and people we have active referrals with back and forth...they

are involved with us in a partnership capacity within our programs.”

All of the organizations indicated the importance of valuing inter-organization communication across organizations about innovations. One CMHO1 respondent noted that the importance of continual communication "...you need to have in initiating anything for a project this size and magnitude;" this sentiment was echoed by CMHO2 respondents. According to CMHO3, communication is considered important because it allows for issues to be vetted and to discuss "...what's worked, what hasn't worked what are some of the plans for the future...". This respondent further noted that communication "...has been missing and that's something that should happen when we're to work together [agency collaboration]." In CMHO4, a lack of within organization communication was viewed as attributing to a low level of awareness about the CDP.

Difficulties communicating

Although communication is valued by CMHO1, CMHO3 and CMHO4 respondents, they do not believe it is not always possible to communicate about innovations due to time constraints related to other work activities. The reality of time constraints makes keeping up with innovations difficult; as one CMHO1 respondent put it, it's "hard to keep track of ...and sometimes you catch yourself wondering if you knew this was happening, and you wonder if you should have been more up to date with this." Another respondent in management indicated that there was room for improvement when it comes to communication, "...for this project, myself and other managers could have improved communication by synthesizing information and seeking out answers to let people [staff] know what was going on, but I can understand how communication breaks down." A CMHO3 facilitator outlined time constraint barriers in terms of limitations to knowledge sharing about different organization projects; in his/her words, "we are divided...some counselors are running normal groups and others are running more specialized

groups like the concurrent disorders group and counselors are so busy they don't have the time to be interested in other groups." CMHO4 echoed concerns about the impact of time constraints on communication; staff have difficulties keeping informed about new programs/innovations being implemented in their agency. Inter-organization communication is complex according to some of the CMHO4 respondents; they expressed a lack of awareness about how other organizations are adapting the CDP within their organization.

Table 12 provides a summary of the influence of 'communication within and across organizations' factor across organizations regarding innovation'.

Table 12

**Summary of the 'communication within and across organizations regarding innovation'
Factor**

Communication within and across organizations regarding innovation	CMHO1	CMHO2	CMHO3	CMHO4
OVERALL	4(+)Need to value communication when implementing new innovations *especially when it comes to this size and magnitude	1(+)Need to value communication when implementing new innovations *in order to set up the program	2(+)Need to value communication when implementing new innovations *in order to set up the program	1(+)Need to value communication when implementing new innovations *communication within and across organizations
Difficulties communicating	4(-) Communication lacking- time constraints 3(-) Remembering – difficulties due to tracking innovations		2(-) Communication lacking- limitations/constraints	1(-) Communication lacking –other program involvement 1(-)Unknown how other sites are implementing program

Number= the number of respondents who indicated influence of the factor

Evidence of the factor indicated by the symbol of (+) for positive or (-) for negative, in terms of influence

Discussion/Conclusion

This chapter provides a discussion of this exploratory study's research findings, as well, it addresses the research questions related to whether Guskey's (2000) factors are applicable outside the education sector and if there are additional factors.

Although evaluators have been known to typically use their own personal experiences or subjective methods in their evaluation practice, it has also become increasingly important to conduct empirical research on evaluation and to incorporate these changes or improvements that evaluators make in order to guide their evaluations. According to Mark and Henry (2003) there are occasional empirical studies that provide data for evaluation use except that these tend to be rare (Cousins & Earl, 1999; Mark & Henry, 2003).

An examination of the research within the area of evaluation indicates that there is a lack of empirical research in the evaluation of training models. The results of the present thesis provide empirical evidence supporting evaluation practice and theory of Guskey's model. Although evaluating client satisfaction is an important and valued step in evaluating training it is just as important to go beyond this measure of client satisfaction

As a first step this thesis has helped to expand evaluation theory and to provide guidelines to evaluation practice within the evaluation of training context. In terms of evaluation practice, the present research indicates and confirms the importance of analyzing and assessing the organizational contexts for the ability to uphold and support change efforts before committing to and contributing to implementing new innovations given the time, effort and monetary costs involved in evaluation. The present empirical research is also a partial validation of Guskey's model allowing for the possibility to extend evaluation theory. As mentioned previously, many evaluator scholars have indicated that there is a need to improve evaluation theory through the empirical study of evaluation practice (Cousins & Earl, 1999,

p.315). The findings of this research indicate two additional factors that Guskey had not considered which indicate that there are other relevant factors within the given context of the community mental health sector and the potential of additional factors which may be applicable in other contexts as well.

Are Guskey's factors applicable outside the education sector?

The four community mental health organization sites participating in this study aim to serve individuals who have been diagnosed with a concurrent disorder and are at risk of becoming homeless. The present study assessed for the presence of Guskey's (2000) Level 3 contextual factors; these factors had not been previously applied in settings outside the education sector. The evaluation of context (i.e. factors) and its conduciveness to supporting innovations is a significant task to ensure skills/knowledge transference (i.e. successful implementation of a training program) (Broad, 1997; Eddy, Glad & Wilkins, 1967). This study has found that Guskey's (2000) contextual factors are applicable to the community mental health sector. Results indicate that these factors are of significance in terms of the assimilation of innovation within organizations. Organizational context is, therefore, of significance in the evaluation of whether innovations acquired through a training program can be incorporated into the organization.

This study has found that there are contextual constraints (i.e. time, transportation, workload and communication concerns) that may require improvements to ensure skills transference to the organization. Finally, this study identified several obstacles in organizational contexts that may limit the transference of skills. Communication and sufficient time is necessary to ensure respondents can respond to new demands emerging from innovations. Open communication allows staff to be informed about innovations and professional development

opportunities are available to them. Workload is also an issue that organizations should examine prior to implementing a new program whether it be for those directly or indirectly (i.e. colleagues who provide support) involved in program and service delivery.

What additional factors may require consideration?

This study further found two new emerging factors not previously considered in Guskey's (2000) Level 3: 'collaboration with clients (program consumers)' and 'communication within and across organizations'. Collaboration and communication among organizations is considered essential to building a larger community support system for individuals with concurrent disorders. 'Collaboration with clients (program consumers)' emerged as a factor because of the importance each of the sites respondents' placed on collaborating and getting input from consumers. Soliciting client input is essential to ensure that this populations complex needs are addressed through the CDP. A few facilitators indicated that many valuable lessons have been learned by including clients in the planning and organization of activities.

The second factor that emerged from the data which requires consideration is 'communication within and across organizations'. This factor promotes open communication about new programs within and across organizations. Respondents identified the significance of this factor in terms of their capacity to assimilate innovations. Time constraints made it difficult for staff to be fully aware of new program details. Some respondents also indicated that time was limited for most staff and therefore effective communication regarding new programs was not always possible. 'Communication within and across organizations' is an important component for allowing the implementation of changes within and across CMHOs. Successful implementation of a training program will require a context that is conducive to the positive transfer of learning (Eddy et al, 1967).

In this study, 'communication within and across organizations' is deemed to be a significant factor in the assimilation of knowledge related to the training program. When working on implementing a new program across similar organizations it is important to have certain mechanisms in place to allow for the dissemination of information and the opportunity for knowledge sharing. Much value can be gained from agencies sharing strategies related to program implementation.

Study Limitations

There are several limitations to this study. The study methodology may be the source of several limitations. First, the small sample size (i.e. twenty-two respondents across four sites and three of the four sites only had four respondents) may have had an impact on the accuracy of the depictions of the organizations. Second, the use of the snowball technique may have contributed bias to the study. This technique introduces bias into the selection process, those initial participants who were asked to identify others would most likely select those who were most similar to them in terms of opinion and attitude with the organization and towards the CDP. Furthermore, the technique requires that participants identify additional participants for the study; this may have reduced the likelihood that respondents would speak candidly about their organizations because they may have felt that anonymity would not be assured. Third, the study used a purposive sampling method and only selected organizations within the mental health sector and part of the CDP as the research context. As a result, the analysis and findings related to this context may not be generalizable to other settings.

There may also be several limitations related to data gathering and analysis. In terms of the interviewing process, the respondents in the research study may introduce bias in the data by answering interview questions in a manner that makes them and/or their organization appear in a

positive light. Respondents may have provided responses that were socially desirable because they may believed that project funding is associated with the evaluation initiative; they may also have been concerned about a lack of anonymity, and therefore, would try to avoid providing controversial perspectives. Furthermore, the case summary reports were not verified for completeness by all respondents, which may jeopardize the trustworthiness of the data. Those that did come forward to respond to the request to comment on the summaries may have differed in some manner from those who did not, possibly biasing the summaries or findings for each site.

Implications of the Research

This research study suggests that the third level of Guskey's (2000) model 'organization support and change' is applicable to a non-education context, namely the community mental health sector. As a result, this study raises significant theoretical and research issues. In terms of research, it is possible, therefore, that Guskey's (2000) model may be applicable to other settings as well; research into the applicability of Guskey's (2000) Level 3 in other contexts is warranted. At the level of theory, two additional factors were identified which suggest that the model may require adjustments in different contexts and when using multiple and heterogeneous sites.

The additional factors identified in this study may be relevant for subsequent research initiatives. Further research studies might be conducted in various sectors/contexts so that the factors outlined by Guskey (2000) in organization support and change can broaden the factors as well as the contexts.

At the level of evaluation practice, this study suggests that an analysis and evaluation of the organization prior to implementing a new innovation may be useful to increase the likelihood that training outcomes will be transferred. Broad (1997) indicates the importance of organizational context, and the idea that trainers and evaluators have begun to emphasize it as an

integral part of the evaluation of training process. Guskey (2000, 2002) emphasizes the importance of context to have an effect on outcome evaluation, and considers an informal assessment of the organization prior to training. The front end analysis or needs assessment of an organization is an important first step to ensure that an organization is able to uphold and support change efforts; it is an important first step prior to committing and contributing monetarily to innovations. This study suggests a necessary revolution in evaluation practices by emphasizing and supporting the notion that contextual factors must be addressed to ensure training outcomes are assimilated within organizations.

References

- Adams, J.A (1967). Human memory. New York, N.Y.: McGraw-Hill.
- Alkin, M.C. (1991). Evaluation theory development: II. In M.W. McLaughlin & D.C. Phillips (Eds.), Evaluation and Education: At Quarter Century (pp.91-112). Chicago, IL: The University of Chicago Press.
- Alliger, G.M., & Janak, E.A. (1989). Kirkpatrick's level of training criteria: Thirty years later. Personnel Psychology, 42 (2), 331-342.
- Baldwin, T.T & Ford, J.K. (1988). Transfer of training: A review and directions for future research. Personnel Psychology, 41, 63-105.
- Barnow, B.S. (1986). Evaluating employment and training programs. Evaluation and Program Planning, 9, 63-72.
- Bassi, L.J., & Cheney, S. (1996). Changes in benchmarked training. Training & Development, December, 29-33.
- Baumgartel, H., & Jeanpierre, F. (1972). Applying new knowledge in the back-home setting: A study of Indian managers adoptive efforts. Journal of Applied Behavioral Science, 8 (6), 674-694.
- Baumgartel, H., Reynolds, M., & Pathan, R. (1984). How personality and organizational-climate variables moderate the effectiveness of management development programmes: A Review and some recent research findings. Management and Labour Studies, 9, 1-16.
- Baumgartel, H., Sullivan, G.J., & Dunn, L.E. (1978). How organizational climate and personality affect the pay-off from advanced management training sessions. Kansas Business Review, 5, 1-10

- Bennett, J.B., Lehman, W.E.K., & Forst, J.K. (1999). Change, transfer climate, and customer orientation: A Contextual model and analysis of change-driven training. Group & Organization Management, 24 (2), 188-216.
- Birnbrauer, H. (1987). Evaluation techniques that work. Training and Development Journal, July, 53-55.
- Bridges, W. (1994). Jobshift: How to prosper in a workplace without jobs. Reading, MA: Addison-Wesley.
- Brinkerhoff, R.O. (1987). Achieving results from training. San Francisco, CA. Jossey-Bass Limited.
- Broad, M.L. (1997). Transferring learning to the workplace: Seventeen case studies from the real world of training. Alexandria, VA: American Society of Training & Development.
- Carnavale, A.P. (1995). Enhancing skills in the new economy. In A. Howard (Ed.) The changing nature of work (pp.238-251). San Francisco, CA: Jossey-Bass.
- Chambers, F. (1994). Removing the confusion about formative and summative evaluation: Purpose versus time. Evaluation and Program Planning, 17, 9-12.
- Cousins, J.B., & Earl, L.M. (1999). When the boat gets missed: Response to M.F. Smith. American Journal of Evaluation, 20(2), 309-317.
- Cousins, J.B., & Leithwood, K. (1986). Current empirical research on evaluation utilization. Review of Educational Research, 56, (3), 331-364.
- Cousins, J.B., & MacDonald, C.J. (1998). Conceptualizing outcomes for the evaluation of management training in technology-based companies: A Participatory concept mapping application. Evaluation and Program Planning, 21 (3), 333-344.

- Creswell, J.W. (1998). Qualitative inquiry and research design: Choosing among five traditions. Thousand Oaks, CA: Sage Publications.
- Drake, R.E., Mercer-McFadden, C., Mueser, K.T., McHugo, G.J., & Bond, G.R. (1998). Review of integrated mental health and substance abuse treatment for patients with dual disorders. Schizophrenia Bulletin, 24 (4), 589-608.
- Eddy, D.G., Glad, D.D., & Wilkins, D.D. (1967). Organizational effects on training. Training and Development Journal, February, 15-23.
- Farrell, S., Aubry, T., Klodawsky, F., & Pettey, D. (1999). Describing the homeless population of Ottawa-Carleton: Fact sheets of selected findings, Centre for Research on Community Services, University of Ottawa, Ottawa, ON.
- Fitz-enz, J. (1988). Proving the value of training. Personnel, March, 17-23.
- Fross, K., Cracknell, B., & Samset, K. (1994). Can evaluation help an organization to learn? Evaluation Review, 18, 574-591.
- Gale, B.T. (1994). Managing customer value. New York, NY: The Free Press.
- Gayeski, D.M. (1996). From Atraining department@ to learning organization. Performance Improvement, 35 (7), 8-11.
- Goering, P., & Morrell-Bellai, T. (1998). Pathways project: Integrating qualitative and quantitative findings in describing pathways to homelessness. Paper presented at the conference of Mental Illness and Pathways into Homelessness: Findings and Implications, Toronto, ON. Retrieved April 29, 2002, from [http://www.camh.net/hsrcu/Documents/ HTML%20 Documents/pathways _proceedings.html](http://www.camh.net/hsrcu/Documents/HTML%20Documents/pathways_proceedings.html).
- Goldstein, I.L. (1986). Training in organizations: Needs assessment, development, and evaluation. Pacific Grove, CA: Brooks/Cole Publishing Company.

- Goldstein, I.L. (1993). *Training in organizations: Needs assessment, development and evaluation*. Monterey, CA: Brooks.
- Guskey, T.R. (2000). Evaluating professional development. Thousand Oaks, CA: Corwin Press, Inc.
- Guskey, T.R. (2002). Effectiveness and evaluation of professional development. Paper presented April 24, 2002 at the Michigan association for supervision and curriculum development. Retrieved December 12, 2003, from <http://www.edzone.net/~mascd/guskeynotes042402.html>
- Guskey, T.R. (2003). Enhancing and evaluating the effectiveness of professional development. Phi Kappa Delta, 28 (5), 748-750.
- Holton, E.F. (1996). The flawed four-level evaluation model. Human Resources Development Quarterly, 7 (1), 5-21.
- Huberman, M. (1993). The many modes of participatory evaluation. In J.B. Cousins, & L. Earl (Eds.), Participatory evaluation in education: Studies in evaluation use and organizational learning (pp.103-111). London, England: Falmer Press.
- Huczynski, A.A., & Lewis, J.W. (1980). An Empirical study into the learning transfer process in management training. Journal of Management Studies, 17, 227-240.
- Keip, E. (2001). Proposal to design and deliver training for the concurrent disorders project of the Canadian Mental Health Association. Canadian Mental Health Association, Ottawa-Carleton Branch, Ottawa, ON.
- King, M. (2001). We can do this: Treat homeless people of Ottawa who have a concurrent disorder, work to integrate Community Mental Health and Addiction Services in Ottawa. Canadian Mental Health Association, Ottawa-Carleton Branch, Ottawa, ON.

- Kirkpatrick, D.L. (1959). Techniques for evaluating training programs: A Four-part series beginning in the November issue (Vol.13, No.11) of Training and Development Journal (then titled Journal of the American Society of Training Directors, 13 (4), 28-32).
- Kirkpatrick, D.L. (1996). Great ideas revisited. Training and Development, January, 54-59.
- Lewis, T. (1996). A Model for thinking about the evaluation of training. Performance Improvement Quarterly, 9 (1), p.3-22.
- Lieberman, A. (1995). Practices that support teacher development. Phi Delta Kappan, 76 (8), 591-596.
- Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage Publications.
- Link, B.G., Strueninig, E.L, Rahav,M., Phelan, J.C. & Nuttbrock, L. (1997). On stigma and its consequences: Evidence from a longitudinal study of men with dual diagnosis of mental illness and substance abuse. Journal of Health and Social Behavior, 38, 177-190.
- Loucks-Horsley, S., Harding, C.K., Arbuckle, M.A., Murray, L.B., Dubea, C., & Williams, M.K. (1987). Continuing to learn: A Guidebook for teacher development. Andover, MA: Regional Laboratory for Educational Improvement of the Northeast & Islands.
- Main, T. (1998). A tale of two cities: Managing homelessness in New York City and Toronto. Paper presented at the conference of Mental Illness and Pathways into Homelessness: Findings and Implications, Toronto, ON. Retrieved April 29, 2002, from http://www.camh.net/hsrcu/Documents/HTML%20Documents/pathways_proceedings.html.
- Mark, M.M & Henry G.T. (2003). Toward an agenda for research on evaluation. New Directions for Evaluation, 97, 69-80.
- Michalski, G. (1999). Stakeholder variation in perceptions about training program evaluation. (Ph.D. Thesis in Education, University of Ottawa, 1999).

- Miles, M.B., & Huberman, A.M. (1994). An Expanded sourcebook: Qualitative data analysis. (2nd Ed). Thousand Oaks, CA: Sage Publications.
- Morris, L. (1996). Training, empowerment, and change. Training & Development, July, 74.
- Mowbray, C.T., Thrasher, S.P., Cohen, E., & Bybee, D. (1996). Improving social work practice with persons who are homeless and mentally ill. Journal of Sociology and Social Welfare, 23 (4), 3-24.
- Mueser, K.T., Drake, R.E., Noordsay, D.L., & Fox, L. (2000). Persuasion groups and active treatment groups, Chapter draft from: Severe Mental Illness and Substance Use Disorders: A Clinician's Handbook for Integrated Dual Diagnosis Treatment (Guilford Press, in preparation).
- Mueser, K.T., & Noordsay, D.L. (1996). Group Treatment for Dually Diagnosed Clients, Reprinted from Dual Diagnosis of Major Mental Illness and Substance Abuse, Vol.2: Recent Research and Clinical Implications. New Directions for Mental Health Services, 70. In R.E. Drake & K.T. Mueser (Eds.). San Francisco: Jossey-Bass, Inc. (pp.33-51).
- Nadler, L. (1984). Human resource development . In: L. Nadler (Ed.), Handbook of human resource development (pp. 1.1-1.47). New York, NY: Wiley.
- Newstrom, J.W. (1987). Confronting anomalies in evaluation: Reliability and other statistical mysteries are plain at last. Training and Development Journal, 47 (7), 56-60.
- Owen, J.M., Lambert, F.C., & Stringer, W.N. (1994). Acquiring knowledge of implementation and change. Knowledge: Creation, diffusion, utilization, 15 (3), 273-284.
- Patton, M.Q. (1997). Utilization focused evaluation (3rd ed.). London, England: Sage Publications.

- Patychuk, D., Lindsay, S., Stewart, B., & Ward, J. (1998). Panel discussion. Paper presented at the conference of Mental Illness and Pathways into Homelessness: Findings and Implications, Toronto, ON. Retrieved April 29, 2002, from http://www.camh.net/hsrca/Documents/HTML%20Documents/pathways_proceedings.html.
- Phillips, J. J. (1996). How much is the training worth. Training and Development, April, 20-24.
- Posavac, E.J., & Carey, R.G. (1997). Program evaluation methods and case studies (5th ed.). New Jersey: Prentice Hall.
- Scriven, M. (1967). The Methodology of evaluation. In R.E. Stake (Ed.), Curriculum Evaluation. (American Educational Research Association Monograph Series on Evaluation, No. 1, pp.39-83). Chicago, IL: Rand McNally.
- Scriven, M. (1991). Beyond formative and summative evaluation. In M.W. McLaughlin & D.D. Phillips (Eds.), Evaluation and education: At Quarter century. Ninetieth yearbook of the National Society for the Study of Education (pp.19-64). Chicago, IL: University of Chicago Press.
- Shulha, L.M., & Cousins, J.B. (1997). Evaluation use: Theory, research, and practice since 1986. Evaluation Practice, 18 (3), 195-208.
- Sparks, D. (1994). A Paradigm shift in respondents development. Journal of Respondents Development, 15 (4), 26-29.
- Sparks, D., & Hirsch, S. (1997). A New vision for respondents development. Alexandria, VA: Association for Supervision and Curriculum Development.
- Stake, R.E. (1995). The Art of case study research. California: Sage Publications.
- Tolomiczenko, G. (1998). Pathways project, neuropsychological and personality factors.

Paper presented at the conference of Mental Illness and Pathways into Homelessness:

Findings and Implications, Toronto, ON. Retrieved April 29, 2002, from [http:](http://www.camh.net/hsrcu/Documents/HTML%20Documents/pathways_proceedings.html)

[//www.camh.net/hsrcu/Documents/HTML%20 Documents/pathways _proceedings.html](http://www.camh.net/hsrcu/Documents/HTML%20Documents/pathways_proceedings.html).

Wasylenki, D. & Tolomiczenko, G. (1998). Pathways project, method and prevalence findings.

Paper presented at the conference of Mental Illness and Pathways into Homelessness:

Findings and Implications, Toronto, ON. Retrieved April 29, 2002, from, [http: //www.](http://www.camh.net/hsrcu/Documents/pathways_proceedings.html)

[camh.net/hsrcu/Documents/pathways _proceedings. html](http://www.camh.net/hsrcu/Documents/pathways_proceedings.html)

Waysman, M., & Savaya, R. (1997). Mixed method evaluation: A Case study. Evaluation

Practice, 18 (3), 227-237.

Wexley, K., & Latham, G.P. (1980). Developing and training human resources in an

organization. Santa Monica, CA: Goodyear.

Wick, C.W., & Leon, L.S. (1995). From ideas to action: Creating a learning organization.

Human Resource Management, 34 (2), 299-311.

Workforce Economics (1997). Company training and education: Who does it, who gets it and

does it pay off? 3 (2), 3-7. (ERIC Document Reproduction Service No., ED 411418).

Worthen, B.R., Sanders, J.R., & Fitzpatrick, J.L. (1997). Program evaluation: Alternative

approaches and practical guidelines. New York, NY: Longman Publishers.

Appendix B

Context conduciveness for innovation

Interview Guide: Facilitator

In this section we would like to explore with you aspects of the organization within which you work. We are particularly interested in the extent to which the organization is supportive of innovations such as (but not limited to) the current group treatment approach to treating those with concurrent disorders.

1. To what extent are the CDP initiative goals aligned with your organization's policies and mission? What if any discrepancies exist?
2. Are the facilities and supports for running the group program adequate? Can you suggest any improvements? (PROBE re: training resources, instructional materials for use in group, administrative support, consultation, office supplies, physical plant)
3. Are you encouraged to try new practices and strategies here? Are new ideas welcome and supported? Does the organization have a performance appraisal policy? How does the policy relate to developing new practices?
4. Do your colleagues show enthusiasm for experimenting with new techniques? Do your colleagues support your efforts to develop new practices? Are they collaborative? Do you often talk about ways to improve practices?
5. Is leadership within the organization supportive of change? Does your supervisor provide you with needed support and assistance when you are trying something new? Does he/she keep abreast of your progress with new initiatives?
6. Does the organization provide formal or informal mechanisms for recognizing the success of individuals? Please describe.
7. Did you have sufficient time to prepare for running the CDP groups?
8. Does the organization/environment permit time away from other work duties to plan for training? (Is the organizational environment conducive to permitting the planning for training?)
9. Do you have opportunities to discuss your progress with colleagues? Are you able to discuss problems and potential solutions with them?

Context conduciveness for innovation

Interview Guide: Facilitator Peer/Supervisor

In this interview we would like to explore with you aspects of the organization within which you work. We are particularly interested in the extent to which the organization is supportive of innovations such as (but not limited to) the current group treatment approach to treating those with concurrent disorders (CDP).

1. Please describe your understanding of the CDP initiative in terms of its goals and general approach to dealing with clients with concurrent disorders.
2. To what extent are the CDP initiative goals aligned with your organization's policies and mission? What if any discrepancies exist?
3. Are the facilities and supports for running the group program adequate? Can you suggest any improvements? (*PROBE re: training resources, instructional materials for use in group, administrative support, consultation, office supplies, physical plant*)
4. Are personnel encouraged to try new practices and strategies here? Are new ideas welcome and supported? Does the organization have a performance appraisal policy? How does the policy relate to developing new practices?
5. Do your colleagues show enthusiasm for experimenting with new techniques? Do your colleagues support your efforts to develop new practices? Are they collaborative? Do you often talk about ways to improve practices?
6. Is leadership within the organization supportive of change? Does your supervisor provide you with needed support and assistance when you are trying something new? Does he/she keep abreast of your progress with new initiatives?
7. Does the organization provide formal or informal mechanisms for recognizing the success of individuals? Please describe.
8. Do you think the facilitator had sufficient time to prepare for running the CDP groups?
9. Does the organization/environment permit time away from other work duties to plan for training? (Is the organizational environment conducive to permitting the planning for training?)
10. Did he/she have opportunities to discuss progress with colleagues? Is he/she able to discuss problems and potential solutions with them?

I agree to participate in the study.

(Signature of participant)

(Date)

(Printed name of participant)

I agree to participate in the study.

(Signature of participant)

(Date)

(Printed name of participant)

Appendix D

Name
Organization
Address

June 27, 2003

Re: Follow up to Concurrent Disorders Project Interview Study

Dear [Name]:

You will recall that some time ago I interviewed you and some of your colleagues about the concurrent disorders project and its fit within your organization. At this point I have prepared a summary case report for your organization. As mentioned in my prior correspondence, I am wanting to get your reaction to this case report to ensure its accuracy and validity.

Please find attached a copy of the summary case report. (If you would prefer to receive a hardcopy version of this 6 page document please contact me with your request.) This summary report is based on the interview data I collected as well as any relevant organizational documents. In the report I have taken steps to conceal the identity of your organization and the interview respondents.

I ask that you take some time to read through the summary case report and reflect on the accuracy of the document. My plan is to contact you by July 14 to arrange a short telephone meeting/conversation about the report at a time that is convenient to you. This conversation would be a brief discussion (15 minutes or so) of any comments/suggestions that you may have regarding the document. Your comments would be treated as confidential. If you prefer, I would be happy to receive your comments, in confidence, via email at afroditi8888@hotmail.com.

If you have any questions or concerns about this project please feel free to contact either me at 792-1852 or my thesis supervisor Brad Cousins at 562-5800 ext. 4036.

I would greatly appreciate your input in this matter and look forward to speaking with you.

Sincerely,

Afroditi Tsarouhas
M.A. candidate

cc. Brad Cousins

Appendix E

Data Analysis Codes

Start codes

Start codes were developed prior to data collection, they are based on the conceptual framework which has been adopted based on the factors outlined within the third level of Guskey's (2000) model.

Add-on codes-

Add-on codes emerged as data analysis progressed. Many of the add-on codes are refinements of start codes that already exist. Several add on codes emerged from new emergent factors that are being considered which are not apart of the conceptual framework.

Influence of evidence for the factor is indicated by (+) or (-)

(+)=Factor shown to be present (positive influence)

(-)=Factor not present which acts as a barrier (negative influence)

CULTURE-Organizational
Model/Approach

ORGANIZATION

Organization attitude/Policies/Support

Organization to innovation

Support from organization

Organization support for change

GOALS

Goals: Organization Supports

Goals: Organization Goals

Goals: Organization Policies

FACILITIES

Facilities: Food provision

Facilities: Instructional material

Facilities: Physical plant

Facilities: Administration support

Facilities: Transportation

Facilities: Assessment tools

Facilities: Organization supports

Facilities: Training

Facilities: Respondents experience

Facilities: Personal perspective

Facilities: Openness

Facilities: Cost

TIME

Time: for/with Clients
Time: Time Available
Time: Workload Management
Time: Transportation
Time: Day to day work

LEADERSHIP

Leadership: Higher Level Leadership Support
Leadership with Supervisors
Leadership leadership support
Leadership with Supervisory Leadership
Leadership from colleagues

RESPONDENTS

Supervision with respondents
Collegial Support
Respondents experience: Education of Respondents
Perception of respondents
Respondentsing problems
Support to workers

OPENNESS

Openness to respondents learning
Openness to experimentation
Project creation
Experimentation of innovation

REWARD

Reward formal recognition
Reward informal
Incentive informal (encouragement)
Incentive formal (performance appraisal)
Rewards: Recognition for openness

CLIENT

Client behavior
Client learning (skills building)
Client input
Client-Program improvement

COLLABORATION

Collaboration with agencies
Collaboration organization supportive
Collaboration transportation

Collaboration/Communication with client
Collaboration/Communication with worker and client
Collaboration with colleagues
Collaboration with client
Collaboration with supervisor
Collaboration perception of respondents
Collaboration with support
Collaboration leadership with supervisory leadership

COMMUNICATION

Communication/Consultation with colleagues
Communication with agencies
Communication innovation
Communication open with higher level leadership
Communication open at all levels of organization
Communication with membership
Communication with respondents
Communication with supervisors

Appendix F

Summary Reports

Presentation of findings: Within site analysis

Summary analysis for the community mental health organization (CMHO) 1

Introduction

The CMHO1 promotes the mental health and emotional well being of people, it also values human dignity. CMHO1 advocates and provides client-directed services and programs for those who suffer from mental health issue, and their families. CMHO1 also works to enhance, promote and maintain the mental health of individuals and their communities by using education to help make society aware of mental health. This organization has been around for 50 years, and is considered one of the oldest and largest voluntary associations in Canada. There are over 60 staff working at the organization, and this includes a variety of health care providers as well as administrative respondents.

CMHO1 promotes research in mental health and they also collaborate with other organizations. The organization values: social justice for people; being responsible to inform the public about mental health; as well as to care for those with mental health issues; providing appropriate and adequate resources and supports; empowerment of individuals in determining choices for their lives; community integration for those affected with mental illness; promoting public interest around mental health; maintaining partnerships with consumers/survivors and their families regarding issues of mental health, service provision, and the community; excellence of programs, in order to meet the highest standards for community needs; accountability in the use of funds and creativity in response to change.

CMHO1 has five goals that they use as a guideline, including: 1) leadership within the mental health system (influence impacting the redesign of the Mental Health System to reflect the changing needs of consumers); 2) direct services (to provide and coordinate a range of client directed community support services to individuals with mental illness who are homeless or at risk of becoming homeless); 3) public education, health promotion and advocacy (to increase the awareness of the community regarding mental health issues, to get them actively involved in addressing these issues, and to achieve media attention and understanding of the issues related to mental health); 4) participation of consumer/survivors and families (to increase consumer/survivors and family participation in all aspects of agency activities; 5) to continue to increase opportunities for partnerships for consumer/survivors and family members and to encourage and support the development of self-help groups and networks); and 6) research and evaluation (to influence the development of research within the community mental health services which relate to the improvement of quality of life for those with severe and persistent mental health issues).

Involvement in the concurrent disorders project (CDP) came from an identified need from clients within the mental health and addictions agencies. Five addiction agencies are involved in the project. The project is co-facilitated by one mental health and one addiction worker. Clients participate in the program based on a referral given to them by case managers from CMHO1.

Case managers are involved in this program and are responsible for transporting clients to and from the program. CMHO1 has taken the lead for the CDP and 10 staff people are involved in the project.

Involvement in the CDP comes from the need that clients have for help in the mental health and addictions agencies. Many clients need the CDP and this organization has taken the lead in the project.

Goal alignment

Respondents of the study indicate that the CDP initiative goals are very much aligned with the organization's policies and mission. One respondent indicates that "...this program was begun because so many of our clients have concurrent disorders or have substance abuse issues." Another respondent indicated that goals are directly aligned with the organizational goals by stating, "...we are a cutting edge agency; there is a lot of expertise within our agency to develop new programs, to research new programs, to feel out the clients' needs in the community and to respond to those needs." The interviewee adds that the program "...provides direct service to individuals who have a serious mental illness and issues of homelessness." In this way, the goal of the project reflects the organization's mission to promote the best interests of those with mental health issues.

Resources

According to the respondents, funds for the CDP seem adequate. Facilities are based on the degree of availability of resources things such as, the group rooms within the addiction agencies considered to be an adequate place to hold the CDP groups. One respondent explained that it was beneficial for clients to attend the group in an addiction agency because "...clients get used to going to another type of agency and agencies also learn how to deal with clients that they haven't been able to serve before." According to some interviewees, resources such as provision of lunches for the CDP are important for the success of the group and the way in which the group functions. One respondent indicated that "...the food offering is a way to show members that they are welcome and in many cases, the meal is another way in which members are ensured of attending the group to get a meal from it if nothing else."

According to respondents, resources are considered abundant. One respondent indicated that "...we have been fortunate in the budget received from HRDC, we actually have money and a budget line to have supplies for the group, to buy food for clients, and transportation costs, and this is certainly not in the budget lines for other programs at all."

Despite the fact that most respondents indicated that they were content with the resources available for the project, some areas for improvement were identified.

One area that was identified as needing improvement was in the chosen venue for the Concurrent Disorders groups. One respondent indicated that "...the venue may have been too noisy (i.e., phones ringing and people coming and going) to work well with clients." Another comment concerning the venue was "...that it did not have enough natural light, and that is needed."

Instructional materials provided for the CDP were also considered to be inadequate by a few of the respondents. Although harm reduction materials were provided to respondents, two respondents indicated that they thought the material that was provided for the CDP lacked balance in terms of mental health and addictions. One respondent explicitly indicated that "...the materials focussed more on addictions and tended to be more abstinence-oriented as opposed to harm reduction." Another respondent indicated that "the 12-step model where people talked about how they coped with the problem was very abstinence oriented, so it didn't quite fit with the concurrent disorders model" (based on a harm reduction approach). A respondent indicated that a particular instructional video 20 to 25 minutes in length, it was considered too heavily addiction focused and it lacked the mental health perspective to be considered adequate for the CDP.

Another important resource that needs improvement in the CDP is transportation. Workers transporting clients to and from the group essentially helped facilitate clients to attend and take part in the CDP. The issue concerning transportation affects how case managers work with their clients. Since case managers only have 1 1/2 hours allocated for each client per week, transporting clients to and from the concurrent disorders group and sitting in with them takes up this weekly time that could be the only one-on-one time available for that week. Case managers that were interviewed indicated that funding for the CDP should include additional funds for transportation, especially things like bus tickets.

Allocation of time/Provision of time

The organization now has the opportunity to have a partner agency within the community that may assist the organization to provide facilitators the time to prepare for the CDP groups, and it provides the CDP groups the use of the venue at no charge. The assumption is that this arrangement for not having to pay money for venue may not always be available, there may be a time where payment will be required.

Some respondents perceived that time was being allocated toward planning and organizing of the CDP groups as well as, for the training of facilitators outside of regular work duties. However, other respondents indicated that they were not aware of whether or not facilitators had enough time and support for CDP preparation and implementation.

One respondent indicated that respondents had time for "...setting up group activities, such as picking up and preparing food, and they provide time for staff to get oriented with the project by providing them many hours to do research, and opportunities to take part in training on different topics as well as meeting with clients individually." Facilitators within the addiction and mental health groups were able to provide each of the clients with approximately 5 to 8 hours orientation time in preparation for their integration into the group. Facilitators working on the CDP indicated that the 5 to 8 hours was sufficient amount of time to prepare for the group. Those working on the program perceived that they "...had a lot of up front time, a lot of opportunities to gather background information and it's been an ongoing process for the last 3 years, starting with training. The training process was 3 days per month for a 1 1/2 year period and there was an opportunity to have a pilot group prior to starting this group." Although facilitators

perceived that they were given sufficient time to prepare for the CDP groups, they did indicate that it took longer than anticipated to get the groups up and running and this was due to the delay in identifying suitable agencies and accessing suitable clients with addictions.

Overall, the respondents interviewed, perceived that there was enough time to implement the CDP, although they also said that more time could have been spent towards the encouragement of professional development. Two respondents explained that the reason for not being encouraged by management for professional development has to do with the direct conflict with the time management/workload issues. According to respondents, if someone in the organization is interested in trying out new approaches, the organization would support them in their efforts. One respondent confirmed this by stating "...you will be given time to integrate that into your practice and time to think about what it means in terms of your own longer-term career development." This indicates that the organization encourages the allocation of time towards 'best practices' as well as ongoing training which typically takes 4 or 5 days per year and covers various topics. Another respondent further supported this by explaining that "...as professionals we do reading on our own and learn more."

The CDP requires a lot more work in terms of administration work and this is in addition to the work involving clients and groups. Some respondents were unsure if the facilitators had adequate support provided to them in this respect. Furthermore, other respondents had the perception that more time would have been useful for facilitators.

Other respondents expressed their concerns regarding their workloads, they indicated that when training is provided to staff for a new program, "there should be some adjustments made to the workload of staff", in order to accommodate for the extra time. Respondents had concerns regarding the amount of time that was allocated to them because they indicated that their caseloads were already heavy. "Training becomes an issue because of the time that it requires," and staff is not always enthusiastic with new programs like the CDP.

The issue of extra time requirements versus current workload has been raised, as well as the addition of needing to be able to adapt well to change when it comes to innovation. One respondent indicated that providing additional time to the CDP would have helped, in that "...more time would be more good time in terms of the contribution it would make." Other respondents indicated that the problem with additional time is that, with such a big workload, it would be difficult to find time without having to take time away from something else, and time, "...would not be subtracted in other areas." This demonstrates that some felt they needed extra time to account for extra responsibilities, while others could not see how additional time could be found because time could not be taken away from other tasks of work.

Organizational openness to innovation

The organization's openness to learning and experimentation with new innovations is imbedded within its culture. It allows for open discussions in order to learn more about issues in order to best serve the population and then "staff thrive on learning new things and in trying out new things, and the environment supports this." Respondents perceive that the culture of the organization "allows for innovation and tries new things so that ...strategic goals are planned to

respond to the needs of the most vulnerable population in our community.”

The organization takes a proactive approach in bringing new ideas and new approaches into the organization, and they are open to suggestions from the staff. Staff plays an integral part in directing the agency, because they are apart of the strategic planning session which is a 5-year cycle. It was stated that, “the culture of the organization is to be innovative and to try new things.” Another respondent indicated that, “as an organization, we have an advantage over other agencies because it seems that the organization attracts people who like to develop new things and like to move forward and they are on the cutting edge of the work we do here.”

A lot of research went into the CDP, and one respondent indicated that “change is always complex and its never smooth sailing, but in general I think this agency is 100% supportive of finding ways to better serve these people.” CMHO1 is perceived by its respondents to be a cutting edge organization which has thrust forward to recognize the emerging needs of their clients, and “...the organization works and responds to the needs of the community as they come up, so there is a definite agency thrust to recognize new needs and then to work towards trying to exercise those to the clients.”

Collegial support

Respondents support and encourage success of the CDP and other projects that require implementation and change within the organization. Staff tends to be collegial at this organization, they have weekly resource group meetings (1 ½ to 2 ½ hours in length) in which workers discuss issues regarding clients and they “...get feedback from co-workers about various client issues that may have arisen in the new programs.” The staff at this organization appears to collaborate in terms of problem solving and finding solutions for their clients; “...they take into consideration all the resources they have available, including working in collaboration with other staff.”

Staff in the organization demonstrates enthusiasm for experimenting with new techniques. Personal interest is a large motivator for “...if the new techniques and approaches don’t fit into their view of the world then there is less enthusiasm for the project.” Staff is interested in learning new things, and “...intellectually there is an interest to learn new things, but since we are all different, we have specific interests and therefore, we are enthusiastic about different projects.” There may be some confusion as to whether or not staff supports innovations because “...some respondents are not confident in their capacities and this may translate into resistance.” Two respondents indicated that resistance is based on the individual, one of the respondents further explained that resistance “...has more to do with the perceived threat to the individual and how it relates to their job and not so much to the change that is intended to be implemented.”

Supervisor’s support for staff’s professional development

The respondents perceive that “the supervisor provides the needed support and assistance in pursuing professional development, by having regular meetings to discuss progress in the program.” One respondents person indicated that it is this freedom that “...keeps me here instead of working somewhere else.”

Staff is supported by supervisors in their pursuit of professional development of interest, "...if staff is interested in trying out new things supervisors will give them the time to do that." The supervisors encourage staff to do projects that they are interested in and to learn new things; "I've been here for 8 years and I cannot remember an instance where they did not support change, in fact where they didn't embrace it, and didn't encourage it."

Higher-level administrators' support of knowledge sharing

Respondents perceived that the higher-level administrators were open and supportive of staff in creating opportunities to share knowledge with professionals in other organizations. It was perceived that they were open to sharing knowledge and experience with other organizations, especially when it was related to the CDP.

Facilitators are encouraged "...to communicate between agencies about the program." The collaboration between agencies aims to train individuals to work in partnership with as many individuals as possible.

Higher-level management is supportive and open to developing new programs on an ongoing basis and they expand their services within the community and with other agencies. The addictions and mental health workers work in collaboration on the CDP and it has proven to be successful because of its service to the clients. A respondent indicated that because of the successful service to clients, "there is less chance that clients will want to drop out."

Recognition and acknowledgement of staff improvements

Respondents perceived that they were encouraged and motivated by efforts the organization made in recognizing their various successes.

Formal recognition was perceived by organizational members to be acknowledged through supervisors or other employees. CMHO1 is considered to have many formal mechanisms such as the annual Mental Health Service Awards, which recognize individuals, groups, and organizations who have made significant contributions to the mental health movement in the Ottawa community.

Sometimes the manner in which people respond to their clients is considered a success and it is rewarded formally, however, workers see this as simply acting according to their job. According to one respondent, formal recognition "...is a form of rewarding I guess, or recognition, but it's generally the idea of making people...giving people a sense of pride and loyalty to their organization and their job (sometimes it works)." At staff meetings, if there are specific achievements for staff in the various programs they are recognized and acknowledged for these successes. In addition, the personal successes and individual life successes/events (e.g., wedding party, baby showers and Master's degrees) are also acknowledged at these meetings. Supervisors also provide feedback regarding performance appraisals within staff evaluations.

Informal recognition is offered to staff in the organization as well. An example of informal recognition is when terms of pay increase based on staff's graduation from their Master's degree. Another informal mechanism of recognition is when a brunch is offered for all the outreach staff for a job well done or informal praise is offered in the hallway of the organization for a job well done.

When respondents were asked about what their organization offered in terms of recognition of success, two respondents seemed confused. Respondents acknowledged that there is room for improvement in terms of increasing recognition of staff's successes. Confusion was evident when respondents could not make an accurate distinction between what was considered formal versus informal methods of recognition of success. Some respondents perceived that, "announcing when someone has achieved educational credentials or, within our resource group, sharing the successes and problems in our work," is informal and others considered these to be formal. The interpretation is confusing because some respondents indicated that there is no formal recognition, and this is considered to be deliberate because there is nothing as formal as "...the employee of the month like at McDonald's."

Communication within and across organizations about the innovation

Communication is something that this organization values very much. There is an understanding that on-going communication is important, although, some constraints exist. One respondent indicated that "...it is difficult to continue when there are things like staff issues on your mind, e.g., I'm down three staff and I have to cover for 85 clients, it's not necessarily what you're concentrating on, but unfortunately 6-9 months later people are scratching their heads and saying what's this all about anyway and they say, well we talked about this in September."

Some respondents indicated that the communication within the organization around projects is clear, "...but they [staff] seem so preoccupied with their work and then 4 weeks later it becomes significant and suddenly the day comes where something has to happen and people are surprised. In this evaluation it was supposed to happen, it was communicated and explained to respondents and when it happens people are surprised." There was one respondent that expressed that, "sometimes there are so many [new initiatives] that it is hard to keep track of the initiatives and sometimes you catch yourself wondering if you knew this was happening, and you wonder if you should have been more up to date with this, but there really isn't anything more you could get updated on."

Another respondent indicated that there is room for improvement in the area of communication, "...for this project, myself and other managers could have improved communication by synthesizing information and seeking out answers to let people [staff] know what was going on, but I can understand how communication breaks down."

Communication was considered to be key in that one respondent indicated that from this experience she "learned the most in terms of career, things like, how it is a bad idea to underestimate how much continual groundwork you need to do and how much continual communication you need to have in initiating anything for a project this size and magnitude."

Summary/Conclusion

Respondents at CMHO1 perceived that the organizational policies are congruent with the CDP. Resources at this organizational site were perceived to be available, allowing for the implementation of the CDP groups. Although funding for the program seemed adequate, there were some resources within the CDP that were perceived to be lacking. Additional funds allocated towards transportation (i.e., bus tickets) were seen to be beneficial in allowing clients to attend the CDP. This would help in alleviating a lot of transportation time for case managers.

Respondents perceived that there was enough time to implement the CDP, although they did indicate that there wasn't sufficient time provided to encourage professional development due primarily to competing time demands. It was indicated that there was insufficient time available for the planning of training outside of the regular duties for which respondents is responsible.

The organization's philosophy is to be open and to learn and experiment with new innovations, and this is integrated within the sub culture. Respondents view the organization as very open and they also know that there are certain limitations and constraints in maintaining this openness. Colleagues are considered by other staff members to be very supportive and encouraging of other respondent's efforts in implementing change, such as the case of the CDP groups. Collegial support is available at this organization and respondents provide the needed support and time to discuss difficult issues that may arise when trying new approaches.

Supervisors are perceived by respondents as being supportive and encouraging in the efforts respondents display towards professional development, especially in relation to new innovations/programs, such as the CDP. Supervisors, as well as board members of the CMHO1, are perceived as providing the leadership and support necessary to work well with other organizations in order to exchange information and share knowledge with other professionals in implementing the CDP groups.

Respondents indicated that the organization made an effort to recognize and honour their successes. The organization has tended to make more of an effort to motivate and encourage respondents through informal means so that conditions are suitable for implementing new innovations.

Communication within and across organizations regarding the innovation is highly valued by the organization, yet there is a need to work on communication to help improve the issue of competing demands on time.

Summary analysis for community mental health organization2 (CMHO2)

Introduction

CMHO2 is a non-profit agency that serves adults, adolescents and family members who are or have been affected by addictions, substance abuse or problem gambling. This clientele tends to be homeless and marginalized in many ways. Services include individual and group addictions

so clients may realize major beneficial changes to their mental and emotional health, work, school, and family. The goal of the organization is to provide education and counselling to help clients to assess their current situation, to help guide them in prioritizing choices within their lives and to set goals within their addictions.

CMHO2 was established in the seventies. The service was provided with start-up funds from the Ministry of Health, to begin an outpatient treatment program for individuals struggling with addiction issues.

The organization is governed by elected members from the community that it serves. These members are former clients and interested citizens that come from the business and professional community. These elected members make up the board and they're responsible for beginning the first three-year strategic plan for the organization. They have led the organization towards new services without government funding and they also participated in the evaluation of the pilot project of the Concurrent Disorders Program.

CMHO2 is funded through the Province of Ontario and they have experienced budget cuts. This organization is also a registered charity that fundraises in order to supplement its financial resources. To offer programs, the organization relies heavily on the human resources of field placements, internships and volunteers who offer their time in support of clients. There are thirty-four staff members at CMHO2 and 5 managers within the organization.

In order to decrease expenses and offer effective programming, the organization forms community partnerships to maximize on the strengths and potential of the different organizations. The Concurrent Disorders Program (CDP) was considered a required program by the organization [CMHO2] and this was based on the large number of homeless clients who were coping with both mental illness and addictions.

CMHO2 runs five CDP groups at this organization's location. The facilitator is the staff person who works on these CDP groups. The facilitators' supervisor and the executive director of the organization are involved in the program and make themselves available should the facilitator require additional support.

Goal alignment

The organization is open to the harm reduction approach even though they have followed an abstinence approach for almost a decade. CMHO2 was ready for this change when the lead organization approached them for the Concurrent Disorders Program (CDP). The CDP is believed by the participants to be very conducive to the organization's goals, it is also considered to be a required program based on this population's needs. "Staff think that this project is just what they need in order to make a change for their concurrent disordered clients." The CDP is a program that is aligned with the goals of the organization, and one respondent demonstrated this by saying that "...the size of the program could very well be doubled and tripled based on our clients' needs."

The organization's mission is to decrease homelessness by providing stable support to homeless persons and access to housing. This organization understands the needs of those they are serving as well as the need to be sensitive when serving people with a mental illness. The organization is dedicated to meeting the populations' needs, one respondent indicated this desire by saying, "...this is a population that is desperate for any service that meets their needs, and all you have to do is get it into your head that their needs are somewhat different and get it into your heart that you want to do something about it."

According to management within this organization, goals associated with the CDP have a great deal to do with the specific ideology adopted by management. This ideology adopted by management is closely aligned with the goals of the organization which are to serve their clients. One respondent illustrated this philosophy by saying that there is a "myth about hard-to-serve clients, and I think that it doesn't exist; I think that quite often what happens is that there are traditional organizations that don't go out of their way to serve these clients."

The CDP is aligned with the work counsellors have been involved in and those working on the CDP program have already indicated that it has been successful, one respondent even claimed that "...clients are outreaching themselves." Another respondent indicated that they see "...the positive aspects in the clients we are helping...they are benefiting from the program..."

The organization's culture is one that is open to understanding they do all they can to meet the needs of the population they are serving. CDP groups are aligned with the goals of the organization and they do their best to accommodate the clients, they "...do it in a way that meets the clients needs and they are coming and they are staying in the groups."

Resources

The funding that is associated with having a new program up and running requires training, respondents perceive this to be a problematic issue because, typically, the organization would not have the funds available to implement a new program. Federal government funding has allowed for the implementation of the CDP and, this funding will be available for a limited period of time.

Respondents were of the view that the organization is under-funded and according to one respondent, due to the lack of funding, "we've been adding all kinds of programs...we've coped...we decided that if we want to get funding and we won't get it from the Ministry, then obviously we need to go out and find some way and this is how we have been able to get many of our programs started in the last few years." Respondents indicated that there is an understanding that there is a need to "...fundraise a whole lot more than we do to keep the programs that we have going." A few respondents indicated that there is a perception that innovative approaches in securing funding are required to ensure long-term availability of programs such as the CDP. Based on requests already put forward it is anticipated that there will be a long waiting list for this program. The concern was that once government funding has ceased, "how will the organization continue offering such a program to a population who so desperately has shown a need for it?"

Although respondents generally indicated that the facilities are adequate for the program,

others indicated that there are ways to improve the facilities to be more conducive to the clients' needs. For instance, "It would be nice to have a designated lounge area/space for group ...not a facilitator's office, so that clients could sit and have a cup of coffee and/or a snack before the group begins with access to a blackboard. There should also be access to a television and a VCR in order to be able to refer to a topic that needs to be depicted to the group."

There have been additional costs incurred for the agency based on the CDP. Initially it was not anticipated that the groups would actually meet at the organization. Before long there were three groups running instead of one and so there was a shortage of rooms. The organization had not budgeted for this so, they needed to make arrangements with another agency. Another resource that was not initially anticipated as part of the project was the transportation of clients back to their homes after group took place, intruding on the facilitators' ability to debrief after the session.

Resources are available for the CDP because government funding has been made available. Respondents indicated that their organization is under-funded and that resources for the program would not be available if it were not for the funding they had received. Although resources are considered to be adequate suggestions have been made in how improvements could be made. The organization has had to incur additional costs for office space in order to have the CDP groups take place and the debriefing time for facilitators after the session is difficult because of having to transport clients home.

Allocation/provision of time

The organization tries to provide respondents the opportunity and time required for training. Staff is provided with "...the time for quarterly in-service training with the partnering agencies that are part of the CDP." Staff appreciates the training that the lead organization has offered them. One respondent indicated this by saying, "you can be sure you will have to wait for 3 to 4 years before you have the opportunity to go for more training...because most of the training is in Toronto." Respondents also believed that all workers in the organization should be given the time to be trained in this area, and that, "...if the organization does not have the dollars for a program, then the organization has to reconsider how it is that they are getting involved in a program when they are unable to send people [provide them the time] to be trained."

Respondents also perceived a time management issue that would have to be further explored in order to ensure that professional development was encouraged without having to deal with the heavy workload and the insufficient time allocation for those running the program. This issue conflicts directly with the needed encouragement for professional development. Heavy workload and time constraints have been indicated by facilitators to be a hindrance in working with the various organizations.

According to some respondents at CMHO2, the facilitator for the CDP was working for 2 ½ days per week when the work to be done on the project actually required 3 ½ days. Since the facilitator was so busy going to other organizations, it was difficult to find the time to sit down and debrief with the other facilitators after the session thereby, limiting communication. The issue of some facilitators transporting clients after group was also perceived to be a factor

limiting the facilitator's available time for things such as debriefing sessions.

In addition, other respondents perceived that the facilitator was probably so overwhelmed with having to run six groups at the time that they did not have the time they needed to prepare for the groups. Two interviewees indicated that they believed that more preparation time for the groups and the debriefing session would be beneficial for facilitators.

Organization openness to experimentation

Respondents perceived that the organization is open to learning (training) and experimenting with new practices, although, they are not aware of how new practices are formally supported. Interviewees indicated that they acknowledge the fact that they receive informal support and encouragement in learning (training). The organization is open to new programs and they try to support new ideas staff members have regardless of the fact that they have not had their funding increased in the last 10 years. The organization also attempts to branch out within the community by providing new programs. The organization has expanded so much in the provision of programming, that they were forced to move their office because they had limited space based on their needs.

In relation to being open to experimentation, the organization provides a forum at staff meetings in which staff are able to discuss and share information on their projects as well as any new ideas they may have. It is these staff meetings that most of the innovative ideas emerge, and one respondent indicated that, "all innovations that come into the organization are something that a counsellor has at one time proposed." The organization also relies on the Ministry of Health database for innovations, "... but the database takes information in and then it does not make it useful and they have just spent another 3 years revising it, so the organization relies heavily on respondents' ideas."

According to respondents, "...the CDP in place now seems to be working well and has allowed the organization to expand [its] ability to help those with dual diagnosis outside of [its] collaboration with the leading agency."

The organization provides staff members the opportunity to input their ideas and also provides staff the latitude or flexibility in their work to try out new approaches and techniques. Some respondents indicated that the flexibility and freedom that the organization provides them is one of the attractions of working there. Evidence that flexibility and freedom is an added incentive for working at CMHO2 is that staff salaries are only in the 50th percentile within the community, and the staff turnover is less than 5%. According to one respondent "...we are able to do these innovations because respondents is very experienced," and so, staffs' openness to experimentation allow the organization to invest in well experienced staff that require little supervision. One respondent confirmed that the organization permitted individual growth by pointing out, "...I'm happy to be working here because it's a place where you don't get stagnant, and you are constantly given the opportunity to do something new and different if you want to, and that's great."

Collegial Support

Although colleagues within this organization are considered supportive, they are not always perceived to be present (physically) when innovations are being implemented.

It is perceived that there are many opportunities for staff to interact with their colleagues and those in the lead organization. Staff from both organizations met to update one another on how things are progressing within the CDP groups. Clients are discussed among colleagues and they collaborate in order to come up with solutions concerning clients' needs. Although the communication aspect of collegial support is perceived to be open and encouraging when it comes to the CDP, it was indicated that competing projects and demands on all staff's time make it difficult for staff to know and support the different colleagues projects on a day-to-day basis.

Staff displays helping behaviors that have been evident within the CDP by "talking to the facilitator and providing the support needed in the efforts to implement the groups within the organization." Although staff seems supportive toward the facilitator they could not comment as to whether the facilitator had enough time available to prepare for running the CDP groups, or even if they had enough time to discuss the progression of the groups with colleagues. Management, on the other hand, acknowledged a gap between the support that facilitators needed and the support that was provided.

The organization does encourage teamwork in relation to the CDP. Case managers are pivotal to the success of the program because they are the ones who ensure that the clients actually make it to group. As well, staff is essential in the decisions made within the organization, whether it is from the "bottom up" or from the "middle" and, therefore, the communication and support provided by colleagues is considered pivotal. Despite these statements, some staff tends to be more resistant of change while others will embrace change.

Supervisor's support for staff's professional development

According to respondents, the supervisors are perceived as supportive and encouraging of respondents' efforts towards professional development. Supervisors encourage staff to initiate or develop new programs and they perceive and expect that the supervisor will be available to assist them should they require support. One supervisor in particular, is very knowledgeable about the CDP and according to one respondent, this is considered to be a sign of support for the facilitator.

Supervisors are supportive of respondents' efforts when trying something new and this is considered to be a reason for why "...the organization is able to attract good staff with a lot of experience who do not need to be constantly supervised."

Higher-level administrators' support of knowledge sharing

The CDP innovation allowed for the opportunity to knowledge share with professionals in other organizations. Supervisors from this and the lead organization provided joint supervision to staff working on the CDP, they encouraged knowledge sharing in order to ensure that the

organizations were not working across purposes for this new innovation. The collaboration between agencies was also viewed in a positive light, they had "all of the service providers and all of the client agencies in a room together you also build a very strong relationship and very strong referral patterns, which does not happen when you bring in an outside expert." An issue that has been raised by the organization regarding the joint venture is that it is felt by some staff members that only clients from the lead organization are being served by the project. Staff at the organization is aware and understands that the CDP project is being funded for the clients from the leading organization at this time, but they want that their involvement will allow for some benefits to the other participating organizations' clients. Respondents indicated that they would like their clients to have access to the program.

Recognition and acknowledgement of staff improvements

The organization acknowledges and honours the successes of staff. The organization would like to make more of an effort in motivating and encouraging staff in order to ensure that conditions are suitable for implementing new innovations.

Staff receives a lot of feedback support and encouragement regarding their work from supervisors. Respondents indicated that this is a positive incentive because "... incentive for working here has nothing to do with dollars and cents, that's for sure." Other respondents from the organization also reported substantial job satisfaction and part of this stems from the recognition and acknowledgement of their work efforts, that they receive from the organization and their supervisors.

In terms of formal recognition, the organization acknowledges individual staff members within staff meetings and during celebrations. The staff meetings allow for respondents to have a formal opportunity to stand up and let colleagues know about their achievements and to update them on the specific programs they have been working on. Formal celebrations include events, such as the AGM, and celebrations regarding longevity (length of employment) as well as performance appraisals.

On the other hand, some respondents indicated that although there is an attempt at formal praise, there really are not many mechanisms in place. These respondents also indicated that mechanisms such as; formal letters and official honours that go on one's employment record were not available. On the contrary, one respondent did indicate that at the AGM, staff is acknowledged for their contributions to the organization. A few of the interviewees did indicate that a performance appraisal is considered to be a formal mechanism and this is because it does relate to developing new practices, and counsellors are evaluated on new practices that they are working on in their jobs.

Examples of informal mechanisms for recognition of success are acknowledgement for work related accomplishments during a respondents meeting and perhaps receiving "... a pat on the back in the hallway" by supervisors or other staff. Staff tends to be very experienced in their work, and those interviewed perceived that mechanisms for recognition of their success were very informal. One respondent indicated the tendency for informal recognition by saying that,

“...most staff have been with the organization on average for 8 years and they know that they are doing a good job, so acknowledging that is worth more than an extra 50 cents an hour.”

Collaboration with group/clients (program consumer)/facilitators

The organization is paying close attention to clients' needs and they attempt to function according to what is needed; for example, “the intake group surfaced here and there was a need to grow from here, so there was a need to increase the intake of clients from one night to two nights.”

There was an issue that arose that tested the level of collaboration among staff, according to one respondent, “...there was some difficulty in that, in the first few months when clients began to feel welcome, administration support staff occasionally had to contend with homeless, dually-diagnosed clients dropping in at unplanned times, under the influence of alcohol/drugs, and they [staff] were not accustomed to it.” Procedures were worked out with the lead organization's case workers, this agency's program staff, managers and the clients, in order to resolve these new concerns. In this way, collaboration was demonstrated among staff.

Communication within and across organizations about the innovation

There was a lot of collaboration and communication between this organization and the lead organization when working together towards having CDP groups. The facilitator's experience was key in implementing the innovation, “...both in running groups and in the type of clientele that she's working with, so, I think she knew what she was doing right from the beginning.”

Summary/Conclusion

CMHO2's goals seem to be aligned with those of the CDP. Overall, resources allotted for the CDP program are considered as adequate. There is some concern by respondents that maintaining a similar and comparable level of resources provisions for this program will be difficult in the future given that government funding will eventually cease.

Respondents perceived that they are given sufficient time to plan for the CDP program. The issue of time management tends to conflict with the encouragement needed for professional development. The perception is that staff is supportive of their colleagues, although this is not always obvious when working toward the implementation of change based on the involved workloads that staff tends to have. Respondents perceived that the organization is very open to learning and experimenting with new ideas although they are aware that there are constraints that come with that.

Supervisory leadership is supportive and encouraging regarding the efforts displayed towards staff for the purposes of professional development. This is demonstrated in the efforts staff displays towards professional development/support of change. Higher-level administrators' leadership is considered to be open and supportive toward staff in the opportunities provided to share knowledge with professionals in other organizations. CMHO2 is open to sharing knowledge and experience, especially regarding the new innovation of the CDP.

The organization recognizes, acknowledges, and honours the successes of staff members in their own informal manner. They do recognize that they need to make changes in order to provide more opportunities to formally encourage staff. It was also found that collaboration of facilitators with group/clients is considered to be effective, which is aligned with the organization's ideology (or policy) that clients are a part of the decision-making process. As well, collaboration of staff across agencies was considered to be a positive influence, which demonstrated that it helps in the successful implementation of the CDP.

Summary analysis for community mental health organization3 (CMHO3)

Introduction

CMHO3 is committed to people within the community, their health and well being. The centre encourages active participation of individuals and groups in order to bring about an effort to build healthier communities. CMHO3 was established in the late sixties to early seventies. It relies heavily on the human resources of staff, volunteers and its community to work towards its designated goal of community service.

CMHO3 provides services such as: comprehensive medical care through both individual and team approaches, community health and social services, individual and group counselling, and services to seniors.

CMHO3 was established based on responding to the needs of troubled youth. Youth were unwilling to access traditional medical and social services. Throughout the years, even the name of the agency has changed in an effort to adhere to the changing needs of the population it serves.

There are 14 volunteer board members who govern the agency, they provide the overall policy direction and advice for the center. In addition, there is an Advisory Committee that oversees the programs that are run by the agency. The elected members of the Advisory Committee are professionals from various businesses, some former clients, as well as interested citizens. Human resources at this agency include 85 volunteers and 14 volunteer board members, who provide the overall policy-making for the organization, as well as 75 full and part time respondents. Currently the CMHO3 receives most of its funding through the provincial money from the Ministry of Health.

CMHO3 serves clientele who are homeless or at risk of becoming homeless. They serve individuals from every race, culture, language, faith, gender, age, ability, sexual identity, family status, income-level and health status.

According to one respondent, the lead organization and this agency share similar clients so there is "...a lot of overlap in what we do and who we serve, that is, in terms of specific expertise in health promotion within our development, and primary care of individuals at risk of becoming homeless." CMHO3 is motivated to partner up with the lead organization of the Concurrent Disorders Project (CDP) because the innovation serves those who require services for homeless individuals with mental health and addictions problems.

A collaborated effort between CMHO3 and the lead organization CMHO1 make up the CDP, which is a much needed effort within the organization, given the overlap of clientele between the two organizations and the nature of the issues many that are dealt with. Many clients were homeless and dealt with mental illness and addiction. The organization has partnered up with two other mental health programs, in order to offer support and counselling to clients. The facilitator at this organization was running one CDP group at this location.

There are two respondents involved in the CDP at this location, one is the facilitator of the program and the other is a nurse who has referred clients to the program and follows up and works collaboratively with the facilitator. The facilitators' supervisor and the executive director of the organization are involved in the program and when needed, they provide support to the facilitator along with the other respondents.

Goal alignment

This agency has always taken a harm reduction approach and, therefore being involved in the CDP project is feasible. Staff of the agency is considered to be flexible because they realize the importance of integrating both addictions and mental health issues in order to better serve their clients. Overall, respondents perceive that the CDP does have a positive influence, one respondent stated, "the harm reduction approach helps to serve people who are living in the community and who have mental health issues."

The CDP goals are perceived by respondents to be perfectly aligned with the organization's policies. According to one respondent, "...the organization's mission is to help people in accessing services, in order to reduce the barriers in getting the services and treatment that are needed for the population." The organizational context is conducive to implementing new programs, because the agency follows guidelines to create a plan (for a six-month period), with goals and objectives which "...monitor the practices and ensure that the program is being implemented as it was intended."

Resources

Funding for resources such as program materials, transportation, and administrative support are considered adequate for the project. Some respondents indicated that funding and recreational activities are considered conducive within the organizational context. Respondents indicated that resources such as transportation, consultation support and costs require additional support when implementing a new project such as the CDP.

The CDP is a new innovation and interviewees indicated that they anticipated that the government would fully fund the project making resources readily available. Some respondents indicated that not all the resources were made available to them for the project, whereas, others indicated that there was an over abundance of resources made available for the project. One respondent expressed that there was an abundance of resources, by saying that, "...from what I observed and again I saw it at this site, is that I thought the supports and facilities were excellent, in that there was a lot of support for clients getting here, and that there was the actual practical support around transportation." On the other hand, another respondent commented about the

availability of resources and funding for staff for this pilot project, they indicated that there were not enough funds to cover the salary costs involved with running the program.

Recreational activities were considered by most respondents to be a useful and positive resource in aiding the implementation of the CDP. Through various activities, the group is “exposed to things like bowling, which allows group members to get accustomed to socializing to help bring people into their life and help them make changes.”

Transportation is considered to be a fundamental resource because it allows for clients to have the opportunity to attend the session. Many of these clients have little or no motivation to being able to access transportation and they need to be transported to and from their group meetings. In the past, facilitators often drove clients home and this directly interfered with the facilitator’s time and opportunity for a debriefing session with their co-facilitator. Respondents at CMHO3 verified the perception that there is a lack of consultation support, which indicates that there is a need to have more time available to debrief with co-facilitators after the group session.

The organization as a whole considers the CDP to be a useful program. Given the limited funds available to the organization for starting new programs (no funding increase for 10 years), having an ample amount of resources available for the pilot portion of this program was an added incentive to participate in this project. In contrast, there was an issue regarding resources, in which, the designated salary level offered by the funding body [CMHO1] was not sufficient in paying the full-time staff person for their time on the project. CMHO3 was not willing to pay their staff person less than their regular pay for working on the CDP, so, CMHO3 subsidized the additional money in order to take part in this project. According to one CMHO3 respondent, “...it was important to get involved in the CPD activity and so we’ve absorbed a little bit more of a deficit to take on that work, and I think that there certainly is an enthusiasm for doing it.”

Allocation of time/Provision of time

In general, CMHO3 respondents believe that the organization values new ideas and learning in order to support work with clients. The organization provides respondents with 10 days per year to take part in educational activities and conferences. CMHO3 makes an effort to provide respondents the opportunity and time to plan training outside regular work duties, even though, it often conflicts with time availability issues due to heavy workloads. This makes it difficult to take part to attend training offered by the lead organization.

Agency respondents that were interviewed indicated that facilitators should be given more time in order to be able to develop the CDP groups as best as possible. Some interviewees indicated that they perceived that the group facilitators worked at a regular pace and they did not seem to be pressured. One interviewee indicated this by saying, “...[facilitators] worked at a comfortable pace and they seemed happy, so I’m assuming they had sufficient time.” Another interviewee indicated that CMHO3 is very open to experimenting with new projects, but at the beginning of the project the timelines set out by the lead organization “...for the CDP seems to have been really rushed, which is a big challenge.”

During the beginning stages of the CDP, there were overwhelming time demands on facilitators to run the group and take part in the group process and therefore, this did not leave enough time for aspects such as debriefing that facilitators considered important. Facilitators indicated that follow-up of group sessions, such as debriefing, was a requirement, and that more time allocated towards this issue was stressed for the future of the program.

Organization openness to experimentation

The general perception of the respondent who was interviewed is that the organization is open to learning and experimenting with new innovations such as the CDP. CMHO3 has demonstrated this openness and supportiveness, as "they have been flexible in the different ways they look at offering services for people with concurrent disorders, and they are open to offering activities and providing one-on-one service."

It was also expressed that, in terms of innovations, CMHO3 has a tendency to "...keep on top of new developments, in order to help improve the programs." Most respondents at this agency perceive that the organization fosters a culture of openness. One interviewee reinforced this by indicating that the organization allows "...respondents to come up with new ways of doing things and it allows respondents a fair amount of flexibility in planning things...so I think we have a pretty open environment."

In terms of improvements, suggestions were offered by some respondents, such as holding meetings for the CDP, which could help enhance program-related communication with all respondents members. As well, CMHO3 management always intended to have the opportunity to meet with managers from the other organizations taking part in the study, so that they could have discussions about the program.

Overall, CMHO3 is open to welcoming new ideas and strategies and it also takes the time and effort to assess a new program or project prior to committing to or making any major organizational changes. Although the organization is open to new ideas, they are very cognizant of other related issues that also require consideration, such as: cost, time and effort on the part of CMHO3.

Collegial Support

Colleagues at this organization seem to be supportive of their peers when it comes to everyday functioning. In contrast, colleagues seem to be less supportive of new innovations and the implementation of change. This may be partially due to not being fully aware of what the new innovations are, heavy workloads would make it difficult to get to know what these new programs are. In spite of this, respondents perceived that they were able to discuss problems and potential solutions with other colleagues. Facilitators perceived that they have been able to discuss issues related to the CDP with other facilitators and, if they were not available, there had always been other staff available to assist them.

Collaboration and support among colleagues at this agency has been encouraged through the maintenance of regular team meetings. At these meetings there is discussion and debriefing

regarding client issues and the team becomes a resource for feedback. Colleagues seem to be more supportive "...when they have some background knowledge of the innovation, and there tends to be more of a team approach which is well supported by the rest of the team." When other staff in this agency are not aware of projects taking place, those staff involved in the new projects tend to perceive this as disinterest without realizing that they may not be fully informed.

In the area of innovation and change, collegial support has a great deal to do with how an individual deals with change. According to one respondent, each individual "has their own personality and some people really like change, while others are more conservative about it. Some people dislike getting involved in new projects, but they are excellent at what they do...so, they gradually take on some of the enthusiasm for new ideas."

CMHO3 encourages an atmosphere of collegial support by using a bottom-up decision-making process, in which staff is involved in the process, and they are the ones who come up with the ideas that will be implemented. In this manner, most staff within the agency have the knowledge and ownership of what gets implemented (only if they get involved).

Supervisor's Support for Staff's Professional Development

The supervisors are perceived as supportive and encouraging toward professional development and surrounding issues supporting change. In the words of one respondent, management encourages "...staff to go to conferences and to experience different settings. Management is always encouraging and they support new ideas." When staff within this agency try something new, supervisors from CMHO3 are perceived as providing the needed support and assistance in keeping abreast of the progress associated with the new initiatives. "The manager gives lots of room for trying out new ideas as well as bouncing new ideas off her and, talking about challenges and opportunities. She's there to listen and help, which is great."

Although CMHO3 staff is encouraged and supported by supervisors to try out new innovations and to seek out innovative ways of being trained and implementing new programs. CMHO3 has limited resources available to staff and they find this challenging. Respondents indicated that management would benefit from increasing their communication with managers from other organizations who are involved in the CDP so that, they could learn innovative ways to support professional development for their respondents and the implementation of new programs.

Higher-level administrator's support and knowledge sharing

CMHO3 is open to sharing knowledge and experience with other organizations. As indicated by one respondent, "...this CDP is exactly what we needed to get involved in so that we could better serve the specific needs that our client population has." Higher-level administrators serve as the board and they oversee the work of the agency. They are generally seen by CMHO3 staff as being supportive in the collaborative effort required in participating in programs with other agencies. The higher-level administrators support and encourage the working collaboration with the lead organization because, according to the perception of a staff person "...we are trying to work holistically with the population and not just look at one specific

aspect.” By having higher-level administrators support the sharing of knowledge, it helps to increase service to the clients.

Collaboration is key within the organization, one respondent indicated that “...the leading organization is very supportive around the harm reduction approach and we feel very comfortable with it,” this shared goal and philosophy is a good basis for working together and having knowledge sharing occur. Higher-level administrators encourage the organization to work with other community health centers. CMHO3 has a good relationship with their partner organizations, they have a similar approach in helping their clients and, higher-level administrators believe in their collaboration and encourage and support knowledge sharing amongst the organizations. One respondent indicated that their partnership is an active one by saying that, “...they aren’t just people we talk to on a regular basis; they are people we have active referrals with back and forth...they are involved with us in a partnership capacity within our programs.”

The collaboration between CMHO3 and CMHO1 for the CDP is considered successful due to the encouragement and importance that higher-level administrators have placed on having the organization participate in knowledge sharing. CMHO3 is interested in collaboration with other agencies, and one respondent indicated this by saying “...taking part in the CDP initiative was so important, an opportunity to share with professionals in other organizations, that we were willing to contribute financially to this project even though we did not really have the extra funds.”

Recognition and acknowledgement of staff’s improvements

CMHO3 makes an effort to recognize, acknowledge and honour the successes of staff. The general feedback was that they try to recognize staff’s contributions in an effort to motivate and encourage staff to implement new ideas/innovations.

The organization has a performance appraisal policy that relates to the development of new practices, as well, the appraisal looks at new strategies and practices. Respondents perceive that by being appraised for their new practices, this is a formal acknowledgement of their contribution.

In terms of formal mechanisms for recognizing the success of staff members, there is an opportunity through general staff meetings “...to set the stage and shed some light on what they [agency staff] are working on and the contributions they are making through their work, so new programs are discussed.”

As an informal mechanism, CMHO3 will send notes and e-mails acknowledging staff’s achievements. Some respondents indicated a need to have more formal methods of recognition in place of things such as official celebrations.

Collaboration with group/clients (program consumer)

Within the group there were efforts to collaborate with other clients by participating in the group process as well as by being apart of organizing events for the group such as planning a

lunch for the group. Group members were supportive of one another and displayed interest in each other's daily life activities. Collaboration between clients and staff is an important component for improving the program. One respondent considered this collaboration to be "an on-going exploration of how our service is being offered and how it might change based on the needs of the individual clients."

Communication within and across organizations about the innovation

Given the limited resources at CMHO3, communication at this organization indicates that there is an understanding when it comes to new innovations that they have to be well thought out to be considered. Innovations according to one respondent was that it had to "be good if it's going to be new, and to have a strong case and knowledge about what you want to start or the new approach that you want to bring up."

Due to the constraints of time, it is difficult for counsellors to communicate about the various projects they are working on within the organization. As one interviewee stated, "we are divided...some counsellors are running normal groups and others are running more specialized groups like the concurrent disorders group, and counsellors are so busy they don't have the time to be interested in other groups." This indicates that communication within the organization may not be as well developed as staff would like it to be and, this can be attributed to not having enough time to communicate with and inform one another about various projects.

Although some respondents indicated that they are unaware of what was happening within the CDP innovation, one respondent recommended how to communicate in order to make it more accessible "in this case to talk over what are the issues, what are some of the things that have come up, what's worked, what hasn't worked, what are some of the plans for the future... that has been missing and that's something that should happen when we're to work together [agency collaboration]." Another recommendation given by a respondent was that, "some written materials that would bring the two pieces together in a nice way that could explicate both approaches you know, the harm reduction and addictions approach and bringing that together with mental health. That could certainly be something happening in the future."

Staff directly involved in the CDP indicated that, due to a lack of communication about issues related to the program, those colleagues not working in the program were unaware and/or unfamiliar with the training resources or instructional material available for use in group. Higher-level management lacked knowledge around the sufficiency of resources for the CDP and this was due to a lack of communication with respondents involved in the program that was demonstrated by one interviewee stating "my understanding is that there has not been any issue [regarding resources]. [xxxxx] would be better able to answer that. She hasn't complained about that." Overall, communication seems to be present with members of the CDP exploring various approaches, yet, communication is lacking between staff not involved in the project directly and those staff across organizations.

Having their clients benefit from the program is an issue of concern for CMHO3 respondents. All clients in the CDP are from the lead organization [CMHO1] (because their clients are the ones that are being funded), although, many clients from CMHO3 could benefit

tremendously from taking part in this program and communicating across organizations about having other clients eligible for the program is important.

Summary/Conclusion

Organizational policies are in concert with the new innovations and overall goals and objectives of the organization. Availability of resources are perceived as adequate although, there have been indications that items such as; transportation, consultation support, and staff salaries and costs involved with the project require additional support in order to implement a new project like the CDP. The issue of taking part in this collaboration with the lead organization was warranted although, the issue of not having enough funds allocated through the lead organization to pay staff's salaries is one that needs to be addressed. For the CDP collaboration, CMHO3 topped up the facilitator's pay even though they could not afford to, this is because the lead organization's funding would not cover the amount of the facilitator's normally paid wages. CMHO3 participated because they believed that participating in the program was very important.

At this site, there is an attempt to provide staff the time to plan training outside of regular work duties. However, respondents perceive that there is a time management issue and that time needed for regular work duties conflict with the time and encouragement required for professional development.

CMHO3 respondents perceived that the organization is open to learning and experimenting with new ideas. In spite of this, CMHO3 respondents are aware that there are limitations in what can be done given particular constraints such as cost, time and effort.

Collegial support seems to be available within the organization, although some colleagues are perceived to be supportive when it comes to change and, this is largely due to individual differences in personality.

Supervisory leadership and support at CMHO3 are perceived as effective and encouraging of staff's efforts towards professional development and innovation and change. CMHO3 higher-level administrators' are open and supportive to opportunities for collaboration and knowledge sharing with professionals from other organizations.

In general, the organization recognizes, acknowledges and honours the successes of respondents as much as they are able. CMHO3 make a significant effort to motivate and encourage staff to either formally or informally, create organizational conditions which are suitable toward experimentation and implementation of changes.

In terms of collaboration with group/clients, clients are encouraged to collaborate in the planning process of the CDP, helping to ensure that their needs are being identified and met through the group process.

Communication around innovations, such as the CDP are not always clearly conveyed within and between organizations. This issue is due to time constraints that are based on staff's heavy workloads and the need to integrate adequate integration of mental health and addictions.

Summary analysis for community mental health organization 4 (CMHO4)

Introduction

CMHO4's mission is "...to work with and for our community, in both official languages, to advance health and well-being, and to promote a sustainable, just and caring society." As a community health centre, CMHO4 is devoted to providing the best possible health to the community of individuals it serves. Their philosophy towards best health possible incorporates physical, emotional and social well-being. Their mission statement reflects the World Health Organization's 1984 definition of health: "Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacity."

CMHO4 was established in the early seventies, and they provide a multiple of services including counselling, crisis intervention, community services, seniors' health services, addiction and health services. CMHO4 provides six main program areas which include: Health services, Seniors' Health Program, Community Outreach Program, Addiction Assessment and Referral Service, Social Services and Administration.

In the early seventies, CMHO4 came into existence because the board of trustees realized after a needs assessment had been done that there was a need for residents in the area to have a family doctor and access to primary health services. As a result of this need, the board wanted to take action by developing a health centre.

The organization is governed by a Board of Directors, which consists of community volunteers who represent and are responsible for the direction the Centre takes and the services it provides. Community representatives also are represented or known as an Advisory Committee.

CMHO4 is funded through the Ontario Ministry of Health and Long Term Care as well as some funding that comes from the Regional Municipality of Ottawa-Carleton and from Citizenship and Immigration Canada.

There is over 50 staff members, including a variety of health care providers and administrative personnel. This organization is primarily a health centre which provides a variety of programs that serve the community as well as particular client populations, such as the homeless and other marginalized populations.

CMHO4 understands that there are many factors that affect people's health. A person's genetic makeup and one's ability to access health services are of major importance to health status. The Centre recognizes the importance of empowering people, having them realize the importance of good health, seeking better health so that they have control of their lives. The organization helps with the community's need for social support, their need to be satisfied in their work and to live in healthy housing and safe environments.

The organization is also committed to working in partnership with other community organizations in order to enhance health and well-being, to build a healthy community and mobilize resources and skills towards progressive social change. All programs of the Center focus on health promotion and community development. The Center emphasizes client participation, as well as education through individual appointments, assessments, referrals and information tools. Involvement in the Concurrent Disorders project (CDP) has emerged in order to address clients' needs with mental health and addictions issues. In CMHO4 there is one facilitator running the CDP group, as well, there is a supervisor and an executive director who are involved and supportive in the project when the facilitator requires support.

Goal Alignment

Respondents perceive that there is a shared understanding between the CDP and CMHO4's goals and policies to provide the best health care possible. The CDP is considered to be a "great fit" with CMHO4 in their goal to help clients. The CDP, with its harm reduction approach is considered to be, "...a unique opportunity for clients with co-occurring substance abuse and severe persistent mental illness to have some type of support that has not, to date, been present or accessible within the community."

The organization views the harm reduction approach as an innovative way of dealing with their concurrent disordered clients. This approach is new and different compared to the traditional abstinence-based approach, it tends to address the needs of the CDP client more realistically. The harm reduction approach is considered to be a good fit with the organization's mission as "...it meets the emerging needs of people in the community, with innovative programs." The approach has been found to be helpful and realistic with the concurrent disorders clients because it reduces harm that is associated with use as opposed to absolute abstinence, and, it allows them to gradually lessen their substance use rather than expecting them to quit all at once.

Respondents indicate that the harm reduction approach has been used successfully in the past, it has been valued based on the success from the Needle Exchange program (a program that provides clean needles and disposes of old ones properly, safely). One respondent indicated that because the organization is open to such an approach, it has been viewed as the "black sheep" in the addictions community. The same interviewee indicated that other organizations who announced that they have "bought into it" [the harm reduction approach] are, in reality, attempting to have clients abstain from use as their end goal. In using a new and innovative approach in dealing with Concurrent Disordered clients and within the CDP, this is in alignment with the organization's goal of being progressive and experimenting with different methods in trying to better address clients' needs.

Resources

Overall, the facility and supports for conducting the group program are perceived by respondents to be adequate. Respondents indicated that there is a minimal need for administrative support associated for the CDP.

Additional support is required and recommended for transportation of clients for the CDP because, "...there was always a client who needed to be taken here and taken there, and there was always someone from the team to fall back on and for that, I would have appreciated more support."

Some respondents indicated that if there were not enough resources available, staff would have let it be known. When asked, some respondents indicated that they were unsure of whether or not the facility for the CDP group is adequate. Those working in the CDP program indicated that resources were adequate.

Suggestions for improvements were also made regarding the structure of the CDP as it relates to consultations for the group and facilitators. Respondents mentioned that, "...the same space should be made available to the group on a weekly basis." In terms of consultation, one respondent indicated that facilitators, "...need time to debrief after the group sessions, in order to create a more supportive environment."

Funding is considered to be adequate by respondents since the program will be funded for another year, which is considered "...very helpful because, with this type of population, it takes time to build the relationships that are needed in order to be effective within the groups."

Allocation of Time/Provision of Time

Respondents perceive that overall, there is enough time allotted for everything required for the CDP such as things like; preparation time, planning time, as well as, training time outside of regular staff duties. Respondents indicate that facilitators have enough time to prepare for and implement the CDP groups. This was presumed based on the fact that other respondents had not heard any complaints from facilitators. Two respondents indicated that time is permitted for programs such as the CDP however, it was noted that there usually is not sufficient time left for staff to take part in professional development and this is due to their heavy workload.

The facilitator indicated that there was more than enough time to prepare for the CDP group. This additional time allowed the facilitator to access the lead organization's facilitator, so that they could share knowledge and further discuss issues regarding the CDP group to fully address the clients' needs.

In terms of training, it was stated that management supports the training of staff by allowing them the time and encouragement to pursue growth and learning. One respondent indicates management wants the organization to expand so they allow respondents to pursue their various interests by permitting them time toward training and "encouraging them to take on short- term contracts or facilitating ways they can work by volunteering, through team work or a work group."

Organization Openness to Experimentation

The organization has gone through tremendous changes in the last three to four years in order to improve programs and services and, CMHO4's openness to experimentation is seen as a

significant part of this process. In the past year, new programming has been offered to clients and respondents perceive the organization as being "...very supportive of changes and open to experimenting and learning with new ideas, just as long as they don't require additional resources (because this requires more money)."

The organization's culture is one of openness, they attempt to hire people who are open-minded, progressive, and have an ability to adapt to change. According to one respondent, the organization strives for commitment in staff members and the creativity required in working with client's unique problems. Another respondent indicated that, "in order to make a difference in a client's life... sometimes I have to do whatever it takes to help that person." The organization encourages respondents to try out new practices and strategies, such as the harm reduction approach when treating substance abuse clients.

Another aspect of the organization's encouragement of thinking outside the box is, "...if something has been done one way, the organization is still open to exploring new ways of doing things." An example of this is that the organization is now implementing a 360-degree evaluation review process (when staff is evaluated using different perspectives in the organization, such as a colleague, and a supervisor).

Staff is very involved in the new innovations taking place within the organization; "...when new ideas come along, like the CDP, staff usually makes the decision as to whether they are going to try it out." The organization has an official process for exploring new strategies or programs they may be interested in implementing, this is referred to as CMHO4's "vision day". Firstly, new ideas are discussed among staff in a meeting, then management and the executive director assess them as to whether or not the proposed change suits the strategic direction of the organization. The executive director then relays this information to the board to be further discussed. "Once the information has been transferred to the board and they've had sufficient time for discussion ...a final decision is made as to whether this will be something the organization will pursue." The inclusion of all staff in decision-making, as well as the consideration of innovative strategies for use with clients and in assessing their success demonstrate organizational openness to experiment.

Collegial support

Colleagues of those working on the CDP are perceived as being very supportive. Weekly staff meetings permit respondents to consult with one another and to discuss issues and problems they encounter with their clients. Staff is supportive by making themselves available (encouraging and open to discussion) to colleagues for debriefing regarding "...clients that may have been difficult to handle or that may have been particularly draining." Staff help one another with a variety of issues and even "...if the manager isn't around, there are co-workers available...that you can process with if that is what you need." The organization encourages staff to discuss their progress informally among one another, one valuable means of support was considered to in the hallways of the organization. Respondents have also raised a concern around the facilitator's safety in working with the clients of the CDP group. The safety concern arises from issues that may be discussed in the group context, which may cause a particular client who has a physical assault background to react in a way that may place the facilitator at physical risk.

In terms of collegial support and being open to experimentation, not all staff has been enthusiastic experimenting with new techniques, and this is largely due to individual differences regarding openness to experimentation and change. Some staff is apprehensive about change and how things would change either positively or negatively affecting them. They're "...used to a more kind of standard clinical setting, so they almost needed a little education about what the goals were with this clientele and what the CDP was about." Management of CMHO4 believe that staff find it difficult to embrace change, and that at the beginning of the CDP, staff did not always understand why their colleagues involved in the CDP had to occasionally take a day for training. According to respondents involved in the CDP, colleagues have tried to be more supportive of the changes that have come with the CDP.

Transportation issues make it difficult for facilitators to meet with their colleagues so that they can debrief about the group session. Facilitators were always busy after group because they were responsible for driving clients home, and this transportation issue was mentioned as having a negative effect in terms of collegial support. Transportation of clients also interrupted the opportunity for facilitators to debrief after the group session, an equally important component for allowing facilitators to discuss the group session.

Supervisor's Support for Staff's Professional Development

Respondents perceive that supervisors are generally supportive and encouraging in their efforts and interest in professional development and innovations. As well, respondents perceive that the CDP is successful due to the positive aspects surrounding the project and the training, which is considered an indication that supervisor's are supporting their workers.

One aspect that may have increased supervisor's support for professional development is that there is a high degree of turnover for the director positions. In order to compensate for this high turnover, management indicated that they do try to provide staff all the needed support and assistance when trying something new in professional development. CMHO4's management team has been noted/accredited for encouraging and supporting change and this was indicated by one interviewee as, "the organization has achieved accreditation with the management team as well as the area of excellence in how change is encouraged, supported and managed."

Higher-level Administrator's Support of Knowledge Sharing

Respondents perceive that the higher-level administrators (board) are open and supportive of staff when it comes to opportunities of knowledge sharing with professionals from other organizations, especially in regards to the CDP. It was indicated that higher-level administrators are open to and value innovations such as the CDP, which takes place in collaboration with other organizations. "The partnership between this organization and the lead organization is not just a partnership that works because of a government agency funding the partnership, it is an actual partnership that comes from hands on experience of working together with the agency."

The only hindrance in support of CMHO1 (or higher-level administrator's support) is the lack of accessibility of the CDP program to clients from all of the organizations. Respondents indicated that a disadvantage of this partnership is that, since the program was being run for the first time, "...only the lead agency is accessing their clients for the program".

Recognition and acknowledgement of staff improvements

Those interviewed perceived that the organization does allow for the recognition of staff's successes. Respondents indicated that they felt supported in their work. One respondent indicated support by saying, "I am encouraged and motivated by the efforts that the organization has made in recognizing my various successes" such as personal and professional successes and [the organization] "has made an effort to recognize and honor these successes," in a formal manner. The organization "seems to want to make more of an effort in motivating and encouraging staff's efforts especially when it comes to these innovations." There are both formal and informal aspects that are acknowledged in terms of staff's efforts. One respondent indicated that there are formal aspects that are acknowledged, yet, "... nothing as formal as McDonald's has with their employee of the month strategy." Examples given by interviewees of formal acknowledgement within CMHO4 were; pizza day acknowledging the staff as a whole, as well as, acknowledgement of various contributions within staff's work by printing it in CMHO4's monthly newsletter. One respondent considered the most formal aspect of recognition is the fact that the present organization had formally acknowledged a letter from another organization by allowing it in the employees' file. On the other hand, respondents did indicate that other aspects of formal acknowledgement, such as monetary rewards (i.e., performance bonuses), are not offered because of the organization's limited funding.

In this organization, recognition of staff's success is formally assessed using the individuals' work-plan, their job description, as well as their future plans and priorities for professional development. The organization is also working towards providing a new performance appraisal policy to formalize staff's contributions. This performance appraisal is called a 360-degree evaluation and it reviews performance by using perspectives of many different people such as; peers, supervisors, and some colleagues from similar organizations. This new performance appraisal will take into consideration the development of new practices as well as inquiring about employees ideas for new practices. This is considered a method to allow the opportunity to acknowledge some of the great contributions people have made.

Another attempt at formal/informal recognition (it is considered to be both for different staff members) is providing staff the opportunity to meet together for 'clinical time' three times per week. This 'clinical time' allows staff an opportunity to discuss cases they are working on and to share knowledge and offer feedback. This contributes to the creation of a supportive environment, so that staff can perform their job more effectively and clients can receive better services.

There are also informal aspects of acknowledgement available within this organization, something like an informal acknowledgment like, "...you did a really good job with that client." One respondent indicated that it is through conversation and verbal validation and support that for example, "...informal acknowledgement for the team was acknowledging and making sure to

give each other kudos when it was due and to support staff members when they needed it.” As well, staff are available and dependable when it comes to difficult work and personal situations, and this is how we are really sure that we are a tight team in that way.”

The organization also makes an informal effort to recognize their staff by having a “vision day”. This requires the whole team to meet off site and to spend an entire day strategically planning for the organization’s next three years. This day consists of the whole team discussing current and future plans and strategies and changes realized in order to improve the programs and to better serve clients. One respondent indicated that this is one way of acknowledging people’s contributions, as “you allow them to have a say in where we’re going and to value their input.”

Another more indirect aspect of informal acknowledgement of staff is being flexible in what interests staff and “...by allowing them to work in jobs that they show an interest in ... which is in a sense a reward to maintain staff’s motivation and it gives encouragement.” Therefore, by taking the needs and interests of staff into account, staff is acknowledged by being given the opportunity to make improvements and to grow professionally.

Collaboration with Clients (program consumer)

Respondents involved in the program indicated that clients should be more involved, one respondent said that they should be “interactive in doing life skill preparation, not just sitting and talking about stuff ... they should have more of an active component in the development of these skills.” The reasoning for this is that this is required to get clients involved and interactive in the group. One respondent indicated that it is important to teach clients life skills because this would be rewarding and valuable for clients’ lives. An example given was that “clients don’t just need a lunch provided (which was not so healthy to begin with), they need to learn how to do it for themselves, so teaching them to shop healthy and manage money with the group would help them develop their life skills.”

Communication Within and Across Organizations about the Innovation

Most staff is not aware of what is going on within the organization when new programs/innovations are taking place. Communication both within and across organizations regarding the innovation (CDP) seems to need improvement. Communication among various respondents is limited and because of this, the level of awareness regarding the CDP is considered low. Staff is so busy with their own work that due to time constraints it is difficult to keep abreast of other projects within the organization, this is why most staff is “unaware of the details of the program [CDP].”

There is some confusion around what staff’s knowledge is of the CDP, and this stems from the lack of communication both within and across organizations. The communication across organizations is even more complex and lacking, and there is uncertainty as to whether or not different organizations are performing the same services and having similar practices for the same CDP program. The understanding of those interviewed at CMHO4 is that the organization is “partnering with three or four other agencies ... I have a better sense of what we’re doing but

I don't know what they're doing, are they doing the same kind of thing?" By not knowing if the practices of other organizations are consistent with one's own, this indicates that there is not adequate communication and or structure of communication across the organization's involved in the CDP.

Summary/Conclusion

Respondents from this organization appear to be open to innovative approaches to address the specific needs of the population of clients they deal with. Respondents perceive that the CDP is a well-matched program that suits the organization's goals and policies aimed at helping their clients.

In terms of availability of resources, the facilities and supports for conducting the CDP are perceived as adequate and there is an understanding that problem-solving and new strategies are a way in which the organization can foster ongoing improvement in this area.

With respect to group facilitation within the CDP, respondents perceive that there is enough time available for preparation and training, outside of the regular work duties that respondents are responsible for. However, they did indicate that there was a time management issue between time available for these work duties, and the time required for professional development. Some respondents expressed a desire for more encouragement and time in order to pursue professional development.

Overall, respondents indicated that the organization is very open to learning and experimenting with new ideas, although, sometimes there are funding constraints which may limit their ability to remain open in some cases or situations. Nonetheless, the respondents seemed to be very content with the support and encouragement that was received, especially when it came to using innovative strategies such as the CDP.

Colleagues of those working in the CDP are perceived as being very supportive. Colleagues showed their support through attending weekly staff meetings and being open to discussion in terms of debriefing purposes as well as being concerned about staff safety when working with clients of the CDP.

When speaking of collegial support within the context of experimentation, respondents indicated that they were not always enthusiastic about change within the organization. Transportation was an issue which facilitators felt required additional collegial support, they felt that this was an area which hindered their chances to debrief with their co-facilitators.

The respondents perceived that the organization allows for the recognition of staff's successes, especially pertaining to the CDP groups however, there is also acknowledgement that more efforts should be placed in formal recognition mechanisms. There was some confusion around what was considered to be formal and informal recognition within the organization.

Respondents involved in the program indicated that there should be more collaboration with clients especially since they are the program consumers. They felt that clients would learn more

from being taught about life skills in terms of healthy eating and money management as opposed to being provided a lunch.

Supervisors at CMHO4 were considered to be supportive and encouraging of staff's efforts towards professional development around innovations and new programs. Respondents also perceived that the higher-level administrators (including management) are open and supportive of staff and their opportunities of sharing knowledge with professionals from within as well as across the organizations (taking part in the CDP). Regardless of the support that is shown by higher-level administrators, time constraints due to heavy workloads make it increasingly difficult to find the time to share knowledge.