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OPEN TABLE®
RELATIONSHIP TRANSFORMS COMMUNITIES.℠

Leveraging
RELATIONSHIPS *to*
Transform Communities

BY BYRON R. JOHNSON AND WILLIAM WUBBENHORST

Purpose

ISR exists to initiate, support, and conduct research on religion, involving scholars and projects spanning the intellectual spectrum: history, psychology, sociology, economics, anthropology, political science, epidemiology, theology, and religious studies. Our mandate extends to all religions, everywhere, and throughout history. It also embraces the study of religious effects on such things as prosocial behavior, family life, population health, economic development, and social conflict. While always striving for appropriate scientific objectivity, our scholars treat religion with the respect that sacred matters require and deserve.

Mission

Launched in August 2004, The Baylor Institute for Studies of Religion (ISR) exists to initiate, support, and conduct research on religion, involving scholars and projects spanning the intellectual spectrum: history, psychology, sociology, economics, anthropology, political science, philosophy, epidemiology, theology, and religious studies. Our mandate extends to all religions, everywhere, and throughout history. It also embraces the study of religious effects on such things as prosocial behavior, family life, population health, economic development, and social conflict. While always striving for appropriate scientific objectivity, our scholars treat religion with the respect that sacred matters require and deserve.

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OPEN TABLE:
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INTRODUCTION

Open Table is a unique mutual support model, whereby trained volunteers, identified as Table Members, come alongside a family or individuals in need, referred to as a Friend.[1]   By giving of themselves relationally, Table Members pour into the lives of Friends. Table Members commit to meeting once a week for a year with their Friend, providing support by helping them develop and implement their own life plan, with the Table Members 'tapping into' their own social networks in support of that plan. The Open Table method and philosophy are distinct from the traditional human services professional system of care that predominates the social services landscape in the United States. Open Table does, however, work closely with the social services system to collaborate with, and complement, these and other community-based services. In fact, Open Table seeks to extend the investment and impact of social services; thereby fostering sustainable, long-term outcomes.

The purpose of this case study is four-fold:

1. To tell the story of how Open Table began, noting key developments and milestones over the course of its 13 year history.
2. To introduce and describe the two concepts that undergird and drive Open Table – relational and social capital – and note key distinctions and differences of these applied concepts in comparison with traditional social service delivery models. This case study will also contrast the Open Table model with other, more commodity-based, forms of charity common among faith-based and community-based charitable activities (e.g., soup kitchens, food banks, clothing closets, etc.).
3. Provide a preliminary Return On Investment (ROI) analysis of the Open Table program as a means of demonstrating its value based on the improved outcomes of Friends, as measured by projected savings in downstream, tax-payer funded programs and additional contributions to the tax base through employment and increased earnings.
4. Provide an objective assessment of how the Open Table program plans to more effectively serve others moving forward. The case study examines four applications of Open Table in collaboration with: i) a large healthcare system seeking to engage with vulnerable individuals and families as part of a broader, population health-based approach to reducing healthcare costs through prevention; ii) state government agencies efforts to incorporate the Open Table model to prevent family break-ups and Child Protective Services interventions and assist youth aging out of foster care; iii) federally-funded programs serving runaway and homeless youth using Open Table to assure successful reintegration into the community; and iv) a unique partnership with a large social services provider and a large corporation as an innovative model for serving the community.

I.   BACKGROUND

The Open Table initiative began in 2005, when Ernie, a man experiencing homelessness in Arizona, asked members of a church that came to serve him and others at a local homeless shelter in Phoenix if he could come and worship at their church. As Jon Katov, a member of that congregation and now CEO of Open Table, explained:

> *For me, the moment Ernie wanted to visit us was the moment I began waking to the understanding that there is no generational poverty, just generational judgment. We bought food, made sandwiches, loaded vans, set up tables to distribute the food items — like a poverty pummeling supermarket checkout to move people quickly through a line, bag the granola bar and a sandwich, and count them as transactions so we could report the number served and be congratulated for our service. But Ernie wanted something more. He wanted friendship. So, what's judgmental about a granola bar? It's the belief that people need the bar more than the relationship.*

The congregation welcomed Ernie, and this led to reciprocal relationships between Ernie and church members, some of whom, like Katov, were businesspeople as well as community members. Katov formed a 'board of directors,' which included some fellow parishioners, to support the plan Ernie developed for himself and to access their and the congregation's social capital to empower it.

These reciprocal relationships played a central role in transforming the lives of both Ernie and a number of the congregation's members. These relationships helped Ernie overcome barriers to employment, housing, transportation and achieve economic mobility. As they came to be in relationship with Ernie, the congregation members were able to walk in his shoes and see the challenges presented by poverty in an up-close, personal way. This, in turn, began to alter the frame of reference through which they saw the world, making them better able to be more inclusive in their interactions with other community members who had similar struggles as Ernie.

This experience led to the formation of Open Table in 2007 as a 501c3 nonprofit organization, with the mission of training congregations and their members to form these groups, now referred to as Tables, to utilize their vocational and life experiences as tools for helping individuals and families experiencing poverty. This effort is represented through the development and implementation of their own life plan, along with the skills for achieving economic mobility and moving toward the goals they envision for themselves and their children's lives. The volunteers, known as Table Members, were asked to commit to a year of service, meeting with the Friend, at a mutually agreed upon time, on a weekly basis and, most importantly, entering into direct, one-on-one reciprocal relationships with that Friend.

1   In some instances, Friends are referred to as 'Brother' or 'Sister'.

Ernie and Jon

As is the case with many innovative efforts, the early years of Open Table were a trial-by error process. Initially, about half of the Tables formed did not even reach 10 months. As Katov explained:

> Disruptive ideas have to leap the barrier of mass doubt that a different way could be better. Direct, personal experience powers up the jump over the barrier. Our relationship experiences in those early days of Open Table crumbled our belief that transaction was the solution. Transaction communicated that I know you need a giant used clothes distribution system to have a better life. The transformation was just one question: what do you need to have a better life? We learned if you ask that question you take the first step in Open Table.

Open Table Grows

From this original effort, Open Table grew slowly, with only two Tables serving families and individuals in one congregation by the end of 2009. Much of the initial growth of Open Table came by word-of-mouth around the Phoenix metropolitan area, as Table members shared their experience with friends and family. As a grass roots organization, Open Table was able to adapt learning to the model based on these early Tables' experiences, develop more in-depth training, and lay the foundation for larger scale projects. Among other things, Katov found that the energy in faith communities to implement Open Table came from clergy and members who wanted to move from transactional ways of serving (e.g., soup kitchens, food pantries, clothing closets) into a more transformational model for ministry. Open Table offered a new option, focused on transformation through relationship instead of charity through material goods. As Akram Boutros, president and CEO of MetroHealth in Cleveland, who is now an Open Table partner, explained:

> Open Table knows that those struggling financially don't need our worn-out clothes or the toys our kids have outgrown. They need us. They need people at their side to provide encouragement and friendship, to help them set goals and reach them.

By 2011, Open Table was still a small initiative in scope, with only about a dozen or so tables operating in three states (Arizona, Texas and California). While Katov was certainly eager to see Open Table grow, he also was interested in seeing the initiative sustain itself:

> Investment in the tools to support authentic change through a model — training, research and support systems — means the people and organizations using the model invest financial capital in it. If people doing the work are unwilling to invest their own capital in the model, why should anyone else? In Open Table, everyone has financial skin in the game. Sites pay for training and licensing and Table members pay a monthly membership fee. When

people pay for the privilege of serving, we know that serving is transforming them. Open Table also needs and welcomes financial support from businesses, foundations and government as venture capital to help build the best research-based training, support and community ownership tools that, in the long run, will be sustained by the community.

Setting a Foundation for Open Table

The next key milestone in the development of Open Table came in 2011, when Jon Katov met Dr. John VanDen-Berg. VanDenBerg is credited as one of the founders and architects of the wraparound process, an intensive, individualized youth and family support process, developed in the 1980s, for youth with serious or complex needs. It was primarily focused on keeping youth with the most serious emotional and behavioral challenges in their home and community. Wraparound is in all 50 US states and has spread to many countries around the world.

VanDenBerg saw a fit with Open Table and wraparound, as he explained:

> *Although we developed a strong evidence base on outcomes through wraparound services, I was continually frustrated by the lack of informal, or natural, supports. I saw the Open Table approach as an effective means for developing and utilizing these relational supports within wraparound.*

VanDenBerg was instrumental in helping to grow Open Table is three important ways:

1. Connecting Open Table with the Systems of Care grant funding provided through the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
2. Developing a Theory of Change to help communicate Open Table to a larger audience.
3. Building the Evidence Base for Open Table through targeted research efforts.

SAMHSA and Systems of Care

> VanDenBerg introduced Katov and Open Table to Dr. Gary Blau in 2010, who was then serving as Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services within SAMHSA. Blau was funding grants to support what he referred to as community-based Systems of Care (SOCs) for individuals with complex needs, using a community integration and wraparound approach to develop local interventions to work in tandem with treatment services. Like VanDenBerg, Blau saw Open Table as a means for engaging faith-based and other community services in the braoder community and began an initiative to develop a national faith-government partnership through SOCs. As Blau explained:

I had wanted to engage faith communities in efforts to improve child and youth mental health for quite a while and was at a loss for how this could work on a national scale. And then I was introduced to Jon and I knew we had to work together. Systems of care is all about creating networks of providers and caring people that work together to help a child and family. Having support services come through a faith community, as part of a comprehensive and coordinated approach to care, was exactly what was needed. We created a voluntary pilot program that offered system of care grantees the opportunity to implement the Open Table model, and the response was amazing. Numerous systems of care grantees immediately saw this model as a natural extension of their work and as a powerful tool to provide continued support to the people they serve. And, as a result of the success of the pilot program, we continued to expand the opportunity, and began to support the creation of training modules so Open Table participants could learn about mental health issues and be better prepared to serve as Table Members.[2]

Open Table's Theory of Change

Another of VanDenBerg's contributions was to help define a Theory of Change, which "is a specific type of methodology for planning, participation, and evaluation that is used in companies, philanthropy, not-for-profit and government sectors to promote social change. Theory of Change defines long-term goals and then maps backward to identify necessary preconditions."[3] This was especially important for maintaining some level of consistency among different Tables across the country, while also allowing flexibility for local innovation.

The Open Table Theory of Change is as follows:

1. *Relationship*: Open Table is about members of a community being in direct relationship with individuals, referred in the Open Table model as a Friend, experiencing economic and/or relationship poverty. Open Table refers to an individual(s) being served by the Open Table model as Friend or Family; however, communities are free to use a term that is culturally relevant to the community where the individual(s) is being served. Open Table recommends not using terms that project a provider-client relationship such as customer, client, patient or recipient. The term used to identify the individual(s) being served should convey a mutual and personal relationship. The relationships between Table Members and their Friend are at the heart of the effectiveness of the model, and the ability of the Friend to establish long lasting relationships with their Table Members, and with other members of the community, is crucial to the Table achieving positive outcomes.

2   Systems of Care Grantees Tap Faith Communities to Help Young People; SAMHSA NEWS; 4/08/2017.
3   P. Brest (2010). "The Power of Theories of Change." Stanford Social Innovation Review. Spring.

2. *A Shared Purpose*: Through a shared purpose, members of a community have accountability and responsibility for the relationship with their Friend and build a powerful understanding of the human potential of individuals. Through the expression and deepening of their individual perspectives, Table members and their Friend affirm and deepen their own sense of wholeness, and of their connected humanity and shared purpose on the Table.

3. *A Safe Place*: A community creates Tables as a way of understanding that community and personal judgment may have contributed to economic or relationship poverty. We have to create a safe place for members of a community and Tables to recognize that economic and/or relationship poverty is not about character, but rather about experience. We have to create a safe place to support a Friend as they move out of economic and/or relationship poverty. The safe place is free from blame and shame, moves at the pace of the Friend, and is based on the Friend's own definition of success, culture, and support.

4. *Transformation and Reconciliation*: Transformation occurs when a community is released from preconceived notions of poverty, people experiencing economic and/or relationship poverty, and poverty solutions, including transaction-based interventions. We understand the mutuality which is built through being in direct, face to face, and long-term relationship with those experiencing economic and/or relationship poverty. As members of a community move into mutual, direct relationship with individuals who are experiencing economic and/or relationship poverty, reconciliation among ethnic and social groups, and families begins to occur. This transformation builds a mutual community of sharing of heart, spirit, and of relational and social capital. This shift forever abandons the paternalistic, dependent model of change and reveals the opportunity to be healed by each other.

5. *Local Determination and Ownership*: The Open Table model provides a foundational, consistent, tested, and proven process for addressing poverty, and provides training for communities. However – exactly how the community of business, non-profits, government and faith sectors forms into a local movement, how expansion, focus on populations, and how the effort and scope proceeds are all locally determined and managed as part of a community's vision of their network of support under a shared purpose. Communities are the implementers of Open Table at the Friend level and make final determinations at the model level.

This last point, regarding local determination and ownership, is yet another distinction of Open Table, in contrast to programs often formulated at academic or governmental levels, which are then codified through grant offerings and published literature, and carry with them the expectation that the program will be implemented exactly as designed across the country. Publicly funded programs often fall into this 'one-size-fits-all' notion, without knowing or appreciating the varying strengths, assets, and opportunities in any given community.

Building the Evidence Base for Open Table

VanDenBerg, a pioneer in building an evidence base for the wraparound process, encouraged Open Table to develop an evidence-based approach to demonstrate the impact on the Friends they served. This research is summarized below:

- *City of Phoenix ROI Analysis* (2013): This independent research was the first evaluation of Open Table, and was conducted by the City of Phoenix, utilizing a ROI model endorsed by the US Department of Housing and Urban Development (HUD). This ROI research calculated a "real" return at the service level, using actual client costs and financial outcomes, of $7.44 for every $1.00 invested in Open Table.
- *Evaluation of 20 Graduated Open Table Friends* (2015): This study, conducted by VanDenBerg, found that 19 of 20 Open Table graduates (95%) remained in relationship with at least one Table Member after 2 years, and 17 (85%) were either in training or had better jobs two years after successfully participating in the Table process;
- *Study of Essential Model Features* (2016): This study, conducted by Michael Marks, Katov, and VanDenBerg, identified the following as the most frequently cited outcomes by Open Table graduates:
  - Being part of a new family or extended family (91%)
  - A more positive view of the future and personal character growth (82%)
  - Enhanced self-confidence (73%)
  - Spiritual growth (51%)

While these studies were based on small samples, due primarily to the limited funds available to Open Table for conducting evaluations, they nonetheless point to significant and potentially long-lasting effects of the Open Table experience.
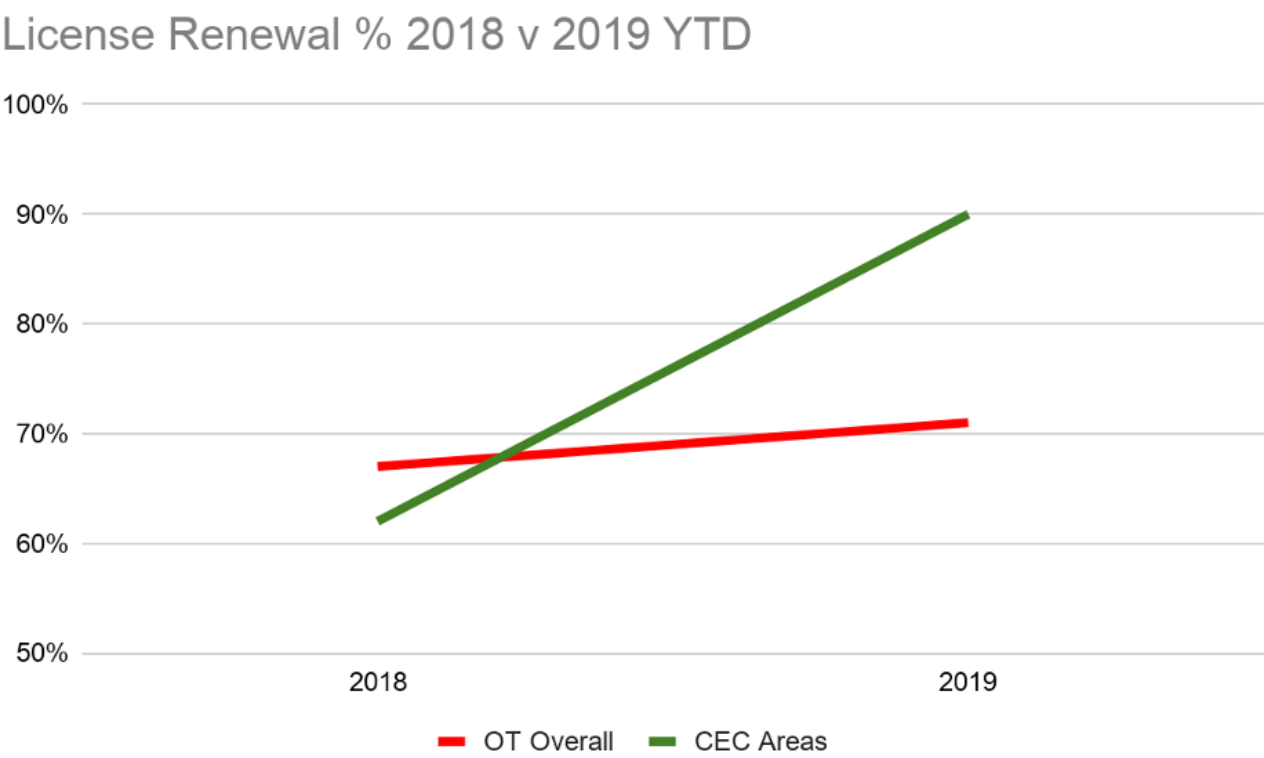
Growing Open Table: Community Engagement Coordinators

Perhaps the most important development for Open Table to date was the establishment of Community Engagement Coordinators (CECs) associated with some of Open Table's larger sites. A CEC is a staff person with a minimum commitment of .25 FTE (Full-Time Equivalent) in an Open Table partner organization that is trained by Open Table but funded through the partner organization. The CECs provide the needed infrastructure to coordinate and grow Open Tables in a given region much faster than through stand-alone Open Table sites.

Prior to CECs, starting Open Table sites through individual churches and organizations was a labor-intensive process, requiring significant effort and travel time from Open Table's limited national program staff to provide training and local networking necessary to successfully launch a Table. Without a dedicated staff function in that region, the growth of additional Tables in a given locale was primarily dependent on word-of-mouth from Mission Leaders and Table Members from existing Tables.

In 2018, Open Table established a formal training program for CECs based on a 77-page curriculum and the development of a Community of Practice and Nation Peer-to-Peer network among CECs across the country.[4] The investment in CECs, based on a comparison of the number of Tables and license renewals, a key metric for sustainability, generated significant returns. This analysis revealed that 85% of all new Tables in 2019 came from areas with a CEC, and the rate of license renewals in areas with CECs significantly outpaced overall license renewal rates, as shown in Figure 1 below.

FIGURE 1: Comparison of CEC versus overall OT License Renewal Rates

As Katov explained:

> *Once we saw these results, we knew that the Community Engagement Coordinators needed to be a component*

of all of our Open Table sites. It gives us a presence in the community to support existing Tables, as well as serving as our 'salesforce,' coordinating with national Open Table staff on engagement strategies to grow the program.

Sustaining Open Table Through Community Convening™

As Open Table grew, including the dedicated support of the CECs, the OT model expanded from developing individual sites (i.e., Tables) to training and implementing partnerships with federal, state and county government systems, businesses, healthcare systems and large community and faith-based organizations. In 2018, Open Table introduced what they referred to as the Community Convening process, that evolved from the Open Table model, evidence base and experience and scales the impact of relational assets from serving an individual or family to also supporting well-defined, integrated community initiatives. Convenings have a focus on developing Tables but are also creating other innovative initiatives that are create further access to social capital. For example, the aforementioned Systems of Care model promulgated by SAMHSA, whereby a community with a SOC grant focuses on developing integrated networks of services, often can include a focus on similar efforts such as Community Convening.

In Phoenix, AZ, the Phoenix Police Department is developing a Community Convening with multiple sectors to form a social capital network focused on addressing social determinants of health barriers in challenged neighborhoods. Precincts will be able to access social capital from the network to support the economic mobility and development of individuals, families and neighborhoods. In Florida, the Palm Health Foundation along with the Federation of Families of Florida, a community-based organization serving youth with complex needs in Palm Beach county, are innovating with the Community Convening process to provide access to social capital for Tables and community development in Belle Glade. Palm Health Foundation is itself launching Tables and has provided significant financial and intellectual capital to implement and expand Tables and Convening in the county.

Open Table Today

Open Table describes itself as a community-based developer and training organization of models and processes that support solutions to social challenges. While the model was originally developed through churches, by 2019 it also included an array of additional community sectors introduced to the model, growing into a broader vision of community co-investment of relational and social capital. Through this expansion and growth, Open Table became not just an exemplar, but a shared purpose movement with a broad constellation of diverse people, belief systems, and community sectors, which focus on the investment of their relational and social capital to overcoming barriers. In this way, Open Table operates in a manner contrary to the fragmented, transactional approaches that far too often characterize much of contemporary social service delivery. This approach has attracted a total of 3,949

volunteer participants through Tables that served 418 individuals and families in 29 states and districts across the United States between 2014–2019.

II. A STEP BACK: UNDERSTANDING SOCIAL CAPITAL

What is Social Capital?

The Open Table model is based upon two terms, defined as follows:

1. *Social Capital*: A person's own knowledge, skills and influence and their accessible knowledge, skills and influence of others.
2. *Relational Capital*: A sustaining, reciprocal, social connectedness between people in which each party gives to and receives supportive value from the other.

Many people have experienced and utilized social and relational capital, unknowingly, through family, friends and community supports and networks. The Open Table model helps people identify and direct these types of supports in a more deliberate and systematic way to support those that did not have, or at least presently do not have, these essential supports and networks to help them achieve their life goals.

How Open Table Works

In the Open Table model, through a Table, individuals are trained to use their relational capital and social networks (Open Table has named them Relational Assets™) to positively impact the social determinants of health for an individual or family. The activities of the Table centers around a life plan, defined by the Table's Friend, which outlines goals specific to the Friend and their family. Each Table is hosted by a congregation or other community-based organization or business. The team of volunteers forming a Table (Table Members) vary in size from 6-8 when serving an individual, to 10-12 Table Mentors when serving a family. Open Table provides 15-20 hours of on-line training for Table Members to communicate the Open Table Theory of Change as well as how to support Friends as they develop their own goals and plan. Each Table Member is generally assigned a particular area of responsibility, as shown in Figure 2 on the next page.

OPEN TABLE MODEL
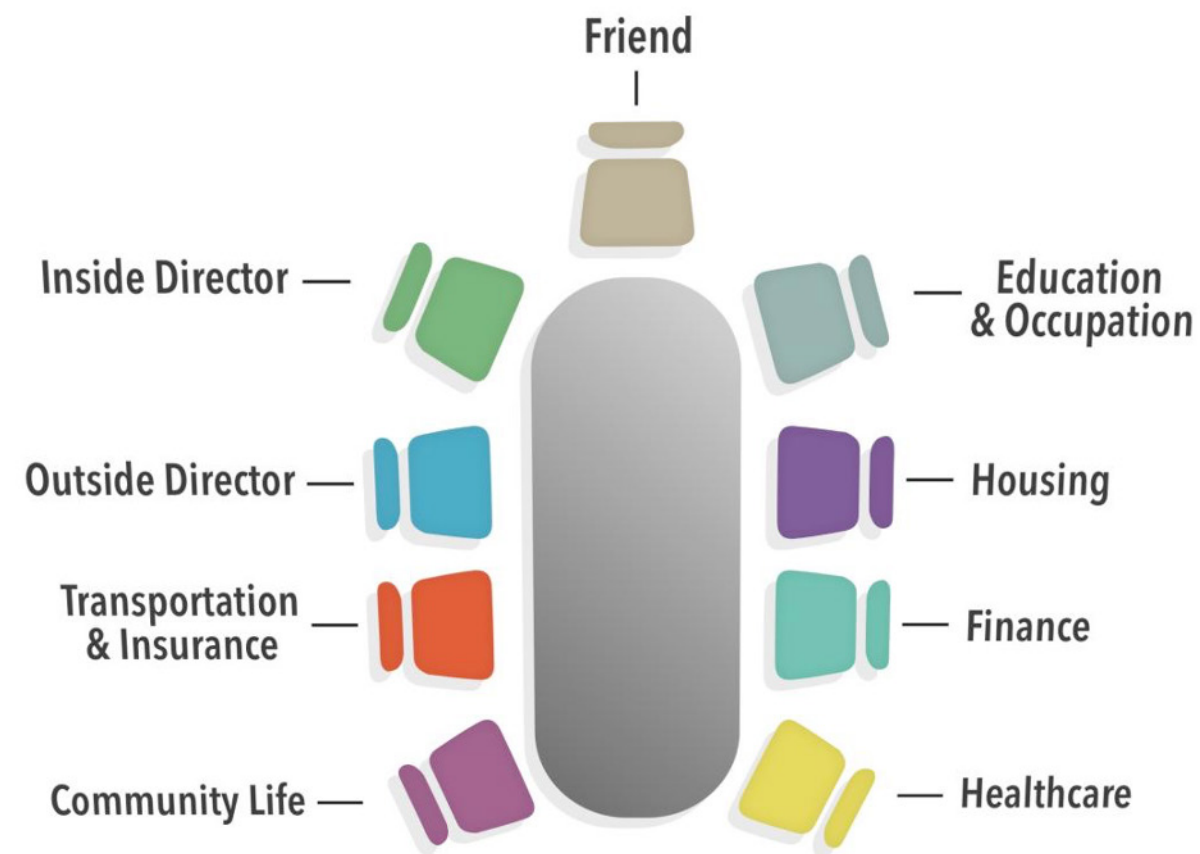
These assignments do not necessarily require that the Table Member have an expertise in that area (e.g., healthcare, finance, housing, etc.), but simply be willing to seek out and access the networks of other people, resources and information in that particular area to support their Friend's life plan. Notwithstanding the training and preparation, the path of each Table will vary according to how the Friend chooses to utilize their Table. For example, Shawn Rozier, who served as a Table Member through his church, Kingsway Community Church in Midlothian, VA, described how they worked with a Sister assigned to them:

> Looking back, what our sister wanted most was to hear about our lives. Every meeting she wanted to know about life issues we were facing, not on a superficial level but on a more personal, emotional and spiritual level. She shared a poem which communicated things of deep meaning to her, and wonderfully expressed her creativity in an art activity where we all created something together. We thought we were there to help move her forward in

more practical ways, but we ended up learning how important it is to simply share our lives in our love for each other. We - all of us - will be a network of support, whenever she needs it.

While this was by no means the typical way a Table works, it is a helpful example that reflects Open Table's commitment to come alongside the Friend to whom they provide support and recognizing that support and encouragement are bi-directional, with benefits flowing in both directions. For example, Ernie (the Friend in the first formal Table mentioned earlier in this case study) ended up providing support to his Table members as well as receiving support.

Open Table Challenges

This example also points to what is perhaps the most significant challenge for Table Members in the interactions with their Friend, a point of emphasis in their training, to be non-directive. As Angie Williams, Managing Director for Open Table, explained:

> Even though we stress the importance of letting the Friend drive and direct the Table, it can be difficult for the Members to remember that. They have very good intentions but need to be reminded to let go of their desire to feel helpful and productive and valued in their efforts. Instead, the measure of success should always be connected to the Theory of Change. Are mutual, reciprocal relationships being formed? Is the table a safe space where all involved are more fully learning about their own purpose and potential? Is transformation and reconciliation occurring for all? One of the most important outcomes for the Friends we serve is to instill in them a sense of self-efficacy and confidence. If Members end up taking control, rather than remaining focused on relationship, safe space, shared purpose, and transformation/reconciliation, leading to empowerment, we are not building for long-term success.

Another challenge for Table Members has to do with their own expectations about the results and outcomes of the Open Table experience. Amy King, Mission Leader and Table Member from the River Road United Methodist church in Richmond, VA, described how she became connected with Open Table and her first Table experience:

> I became interested in Open Table after volunteering for a lot of short-term, episodic outreach efforts, like food pantry, school supplies and home repairs. As a social services worker and consultant, I also knew the limits of those efforts in the larger picture of what the condition the people we served were in and what ways they needed to improve their lives long-term. In addition, there was not a personal attachment, and I was hungry to make a deeper connection in my outreach efforts. With Open Table, success is not measured in milestones, like employ-

ment or housing. The focus and success of Open Table lies in the relationship. It's not to say that improvements in employment and housing and other things don't result from Open Table, but it is not the explicit goal of the intervention.

Each Table develops its own distinctive identity resulting from the unique combination of personalities, predilections, needs and circumstances of each participant.

Benefits to Table Members

In the aforementioned study on Essential Model Features of Open Table, Marks, Katov and VanDenBerg identified the following effects and impacts on Team Members from being on an Open Table:

> 12 of the 16 Table Members (75%) articulated their own personal transformation... For some TMs, their sense of purpose was honed. Other traits noted were: building or enhancing feelings of gratitude; increasing patience and compassion... and cultivating a sense of awe that people far less advantaged them themselves can thrive, be resilient, and have something to offer...

Social Capital Versus Social Services

Many Open Table graduates (i.e., Friends) have had, and continue to have, numerous interactions with the social services system through caseworkers, mental health professionals and foster parents. The relational experience through Open Table was something quite different. As one Open Table Friend explained:

> I actually had a relatively stable foster care situation for most of my time in foster care, but I didn't really share myself emotionally or personally with them. My first experience with Open Table was during the Breaking of the Bread[5], where all these people I had never met started by sharing personal things about themselves and their lives, before I was asked to share anything about myself. Over time, I was able to make the kind of personal and emotional connections with Table Members that really helped me to grow and move forward with my life in a positive and productive way.

> These types of personal relationships are quite distinct from those that these Friends often had with human services professionals. Katya Fels-Smyth, in an article she wrote entitled *Leveraging Social Networks in Direct Services: Are Foundations Doing All They Can?* describes the relationship dynamic for these professionals:

Professional distance undercuts the judicious development of bridging and linking relationships that may be critically needed.[6]

Open Table Friends often begin the process talking about their Tables and Table Members, but towards the end of their Table experience and afterwards tend to use the term "friends" and "family" to describe their relationship. This unique relational dynamic, at least in the context of social services and client referrals, is not something that is sufficiently appreciated in the policies and programs developed to assist an individual or family in need. Katov and Open Table staff are often challenged with explaining how these relationships work and how they matter. As Katov explains:

> When I am in meetings, especially with policymakers at higher levels. I am always making the point that Open Table is a non-clinical, volunteer-based intervention. I think when I say that, some think that this is some kind of qualifier or limitation to Open Table in terms of what can be expected from the experience, which is not what I mean at all. It is actually the strength of Open Table; that Table Members are able and willing to make this commitment to a personal relationship with their Friend, and the powerful effect that has.

III. EVALUATING OPEN TABLE – A PRELIMINARY RETURN ON INVESTMENT (ROI) ANALYSIS

The fact that Open Table prioritizes relationship-building as the most important outcome does not mean that there are not areas of significant impact associated with graduates of the experience. As a result of the transformation precipitated by Open Table, many Friends have dramatically improved their quality of life, while also decreasing their level of dependence on a variety of taxpayer-funded programs, ranging from juvenile justice/criminal justice to TANF to foster care, just to name a few (See Exhibit 3 for a case summary of Friends from eight different Tables in Richmond, VA). In addition, Friends who obtain and improve their employment earnings are actually contributing to the tax base, via income and sales taxes, rather than drawing from it. These savings (or Returns), compared against the relatively low cash costs to operate (Investment), result in a significant ROI for taxpayers.

The purpose of the preliminary ROI analysis is to demonstrate how the Savings (Return) exceeds the Investment (Cost) of the Open Table. There is both a short-term return, based on direct and immediate savings from employment and commensurate reductions in public support programs, and long-terms savings, which can generate significant returns over time from changes in an individual's life trajectory through their transformation.

5   Breaking of the Bread refers to the first Open Table meeting where the Open Table Friend shares a meal with the Table Members. After the meal they have their first meeting, which consists primarily of Table Members introducing themselves and sharing their lives with the Friend.

6   Smyth-Fels Katya; Leveraging Social Networks in Direct Services: Are Foundations Doing All They Can?; Foundation Review; Volume 2:4, pp. 101-118

This ROI analysis is not intended to capture the full benefit and impact of a transformed Friend, but simply to capture the aspects of those outcomes that lend themselves to financial measurement.

Translating Outcomes to Financial Impact

The ROI calculation shown in Exhibit 3 is based on a case-by-case analysis of changes in the eight Friends' served through the seven Richmond Open Table's established in 2017. The changes associated with estimated public program cost savings for these eight friends are as follows:

- 7 Friends prevented from experiencing homelessness and are now in stable housing.
- 3 Friends retaining custody of children that were at-risk of Child Protective Services (CPS) involvement/ transfer to foster care services.
- 2 Friends enrolled in college.
- 1 Friend no longer receiving SNAP/TANF/SSI.
- 5 Friends improving earnings.
- 2 Friends avoiding Mental Health hospitalization; and
- 1 Friend transitioning out of Wraparound/Case Management services.

Based on research demonstrating the public costs associated with these outcomes, there was an estimated $915,806 in future public program costs avoided and additional tax revenues generated through increased lifetime earnings. Compared to an estimated annual cost of $44,300 for Open Table implementation and administration, this results in an estimated ROI of $20.07 for every $1.00 invested in the Open Table program.

Long-Term Savings Are Even Greater

This calculation is based primarily on short-term savings and outcomes occurring within a 2-year span. What is not included here are the significant savings associated with changing the trajectory of these Friends' lives through their newly found social networks and resources, and the changed trajectory for their children as a result of breaking out of the generational cycle of poverty. Open Table has experience with dozens of Tables for families with parents from the child welfare system, and as a result is working with child welfare authorities in many sites. For the majority of these Tables, safe and effective reunification was the result of the Table experience. This greatly increases the chances that the next generation of children from these families will avoid foster care or other out-of-home placements.

IV.   OPEN TABLE GOING FORWARD: CHALLENGES AND OPPORTUNITIES

Challenges: To Know and Be Known

The central and ongoing challenge for Open Table, as alluded to previously and is common for any innovative practice, revolves around communication. For Open Table, this is most apparent in the referral process, whereby individuals and families get recommended for a Table in areas where it is available. Many times, these referrals come from governmental and community-based social service agencies that have only a limited understanding of how Open Table works and who might be the best fit to benefit from the experience. The success of Open Table can be improved through a better understanding internally (To Know) about how certain personal and/or circumstantial characteristics associated with potential Table Members correlate with better relationship-building success. Open Table can then incorporate what it has learned in order to both improve the referral process and to provide its referral partners with better training and information to prepare those referred individuals to get the most out of their Open Table resource of social capital (Be Known). As Katov explained:

> *First, we maintain the principle that, overall, the Open Table experience is highly variable and essentially non-linear in terms of how the Friend chooses to engage the Table to assist in their life plans. Even so, I think we need to spend more time looking at the Tables that occurred, identify those that perhaps showed greater relationship-building success and more significant transformations, and to incorporate what we discover through our communications and training. This might help bring a little bit more linearity to what is otherwise is a non-linear experience, which recognizes and tries to prepare Table Members for the unique attributes that each Table will have, which is the hallmark of any relationship.*

Opportunities: New Open Table Partnerships

At the beginning of a new decade, Open Table is poised to dramatically expand the number of Tables formed through a variety of new partnerships underway and existing partnerships ready to expand significantly. Below are examples of some of these partnerships:

1. MetroHealth (Cleveland, OH): MetroHealth of Cleveland is a large healthcare system consisting of more than 8,000 employees providing more than 1.4 million patient visits per year through its main medical campus and more than 20 other locations throughout Cuyahoga county, where Cleveland is located. For Dr. Akram Boutros, CEO and President of MetroHealth, partnering with Open Table was an important step towards a fundamental rethinking of healthcare priorities. As Boutros explained:

It's time to stop applauding medical care that's administered after the fact and start providing healthcare before people get sick.

Boutros' comments speak to a concept rapidly gaining currency in health and human services policymaking discussions, referred to as Social Determinants of Health, which brings attention to social, emotional and health needs upstream from traditional medical care to begin to address the health effects of trauma and generational poverty, with the aim of preventing and off-setting those health effects through relational and emotional supports. One of the challenges that Open Table Members often face with their Friends is associated with Adverse Childhood Experiences (ACES), which are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence or abuse; witnessing violence in the home or community; having a family member attempt or die by suicide. As Boutros described:

Research shows that having just one trusted adult in your life can reverse the effects of ACEs…That's the reason MetroHealth has adopted the Open Table model.

Thus far, MetroHealth has established 15 Tables, consisting mostly, but not entirely, of MetroHealth employees, with plans to establish an additional 10 Tables by the end of 2020.

2. Statewide Implementation of Open Table for Transitional Age Youth (VA): At the state level, Virginia's Department of Behavioral Health and Developmental Services (VDBHDS), first became acquainted with Open Table through the previously mentioned SAMHSA Systems of Care (SOC) grants to states. Since 2017, VDBHDS has supported 20 Tables through 9 counties in the Commonwealth as a step down from wrap-around services for youth with serious mental health issues.

    Pam Fisher, Child and Family Program Specialist for the Office of Children's Services within VDBHDS, has been a long-time champion of Open Table in Virginia. VDBHDS has incorporated Open Table as a requirement for counties in the Commonwealth who wish to participate in the SOC grant submitted to SAMHSA. The VDBHDS application calls for 40 new Tables in 8 counties. Pennsylvania also proposes expanding county implementation through its statewide SOC grant proposal.

3. Federally Funded Programs Serving Runaway and Homeless Youth: Open Table recently launched its first ever Table with a Runaway and Homeless Youth (RHY) program funded through the Family and Youth Services Bureau within the US Department of Health and Human Services. Crosswinds of Cocoa Beach, FL

was created in the 1970s in response to the growing number of runaway and homeless youth in their community. They saw Open Table as a key step in assuring the long-term success for the youth they serve. Five Tables have already been formed through a local Catholic church (St. John the Evangelist Catholic Community) and have already been matched with youth preparing to transition out of Crosswinds' Transitional Living Program and back into the community. Karen Locke, Chief Operating Officer for Crosswinds, described the value of the Open Table partnership:

Open Table has added an element of support to our youth we could not have imagined. While we are still in the early stages, if the Tables succeed in helping these youth transition safely back into the community for the long-term, it may allow us to rethink our role as more of a crisis intervention and stabilization role, able to serve more youth with a shorter length of stay.

Katov also served as a social capital subject matter expert for the National Runaway and Homeless Youth Training and Technical Assistance Center. Open Table has since developed partnerships with four other RHY programs to establish Tables to serve their youth residing in Transitional Living Programs.

4. Co-Investment Model in Central Florida: Catholic Charities of Central Florida, Truist Bank and Open Table have launched an Open Table initiative in Central Florida. Truist Branch staff members will have the opportunity to serve as the "Finance Chair" on Tables, and also share information on the initiative with business customers and invite their participation. Catholic Charities of Central Florida, with support from the Diocese of Orlando, is encouraging every parish in the nine-county area in the Diocese to consider launching a Table.

Katov offered a final reflection on the Open Table phenomenon:

When we try to help people develop the better lives they envision for themselves and their children, we always default to how much money it will take and we conclude there will never be enough. The result is that we plan from a place of scarcity. When we value the inexhaustible supply of relational and social capital in our communities and develop models that allow us to co-invest these resources, our abundance of untapped, sustainable supports is revealed. Relational and social capital build our lives. Relational and social capital build our economy. Relational and social capital build a better future. Let's use them to build these things not just for those who have access to them, but for the millions who do not.

Reversing the Decline in America's Social and Relational Capital

In his best-selling book Bowling Alone, Robert Putnam made the compelling assertion that America's vast supply of social capital – what one might call the accumulated value of America's good will expressed one toward another – was not only in decline, but that this decline could be clearly documented over a number of decades. Putnam meticulously demonstrated that people have become far less likely to participate in community-based organizations and are significantly less likely to participate or be engaged in a wide range of civic and voluntary activities. As Putnam famously asserted, people don't bowl in leagues anymore. Indeed, virtually every community organization one can name, has experienced significant loss in membership and levels of participation. Whether its Boys Clubs and Girls Clubs, Big Brothers and Big Sisters, Boy Scouts, Girl Scouts, Kiwanis, or Rotary, or a host of similar organizations, they are all attracting far fewer participants.

Though the internet may well be a vehicle for providing limitless communication possibilities and points of connection, the rise of the internet actually correlates very highly with the rise of individual isolation and a general lack of participation in public life. And though we do not claim in this study a causal link between the rise of the internet and the decline of social capital, we do suggest that there are clearly ways in which the dramatic rise of suicide and drug overdoses, as well as the expansion of the opioid crisis can be linked to the accompanying decline in social capital.

Putnam argues society needs to revisit new and innovative ways to rebuild America's social capital. One can readily argue that Open Table is a direct response to Putnam's call for renewing our commitment to be engaged, civically involved, and intentionally connected to each other in reciprocal and reinforcing ways. We find evidence in this case study that Open Table is a new and promising model for replenishing and hopefully reversing the trend of America's dwindling supply of social and relational capital.

Exhibit 1: Community Engagement Coordinators

State	City/Area	% FTE	Partner Organization
Florida	Central Florida	1.0	Catholic Charities
Florida	Cocoa	1.0	Crosswinds Youth Services
Illinois	Monmouth	0.25	First Lutheran
Louisiana	Statewide	1.0	James Samaritan
Ohio	Cleveland	1.0	Metro Health
Ohio	Mansfield	1.0	North End Community Collaborative
Pennsylvania	Monroe County	0.1	PA CARE (System of Care)
Pennsylvania	Lackawanna County	0.1	PA CARE (System of Care)
Florida	The Glades	0.25	Palm Health Foundation
Texas	El Paso	0.25	El Paso Center for Children
Michigan	Lansing	0.5	Child and Family Charities/Gateway
Montana	Missoula	0.25	Mountain Home
Nevada	Las Vegas	0.25	United Methodist Social Ministries
Virginia	Albemarle County	0.33	Virginia System of Care - Community Services Boards
Virginia	Middle Peninsula	0.33	
Virginia	Craig County	0.33	
Virginia	Central VA and Tidewater Region	0.25	United Methodist Family Services

A Community Engagement Coordinator is a staff person in a partner organization. This staff person is trained by Open Table but 100% funded by the partner organization. Minimum commitment is 0.25 FTE.

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EXHIBIT 2:   CASE SUMMARY OF OT FRIENDS

2017 Yolanda

Yolanda was recommended for Open Table by a local nonprofit in partnership with the Systems of Care (SOC) grant. At the time of referral, she was at risk of losing her son to the foster care system, was at risk of homelessness, and was isolated. She worked with the Table on her finances and coming to peace with what was ultimately best for her son, severing her rights so he could be adopted. Although her parental rights were taken away, Yolanda had her Table Members around her at court and did not go through this event alone. Yolanda also faced some health problems during the year of the Table, and her Table Members visited her in the hospital, supported her with a meal train, and helped her plan to get her bills paid. She was able to find a more stable job and better housing with the help of her Table. She is still in touch with at least 2 of her Table Members.

2017 Michelle

Michelle was matched by a local non-profit through Project LIFE, a program that supports youth aging out of the foster care system. Michelle was pregnant with her first child, had an inconsistent income, and had just transitioned out of foster care at the time of the Open Table referral. She also had 3 mental health hospitalizations within the first year with the Table. Her Table worked with her on budgeting, learning parenting skills, and providing overall support as she transitioned into her role as a Mother. To help her navigate her mental health needs, the Table assisted her with navigating the system including social services. The Table assisted Michelle with finding a therapist and a psychiatrist to support her with managing her mental health needs, which helped stabilize herself and ultimately provide stability for her daughter. Michelle grew close to her Table and chose to become a member of the church that sponsored her Table and she had her daughter baptized there. Michelle's Table cared for her daughter when she had to be hospitalized; without supports, her daughter could have been signed into care of the state and the generational cycle of foster care would have been continued. Today, Michelle is gainfully employed, no longer receives public assistance for any of her bills, and has had no mental health hospitalizations after her 1st year with the Table. She has a townhouse in a safe neighborhood where she is able to care for her daughter and fulfill the goal she set for herself at the beginning of Open Table- to offer her child the life she did not have. She is still in close contact with her Table Members.

2017 Emily

Emily was referred by a local non-profit to a Table because she was homeless with 3 young children and at risk of losing guardianship of her children. At the time of the referral, Emily had a newborn, no housing, no job, and was in need of a plan to help her stabilize so she could keep custody of her children. Throughout the Table time, Emily found housing, a job, and formed strong relationships with her Table Members. She learned how to set a budget, was able to secure reliable transportation, and had reunification with her daughter who, at the time of referral, was living with a relative. Through the social capital of her Table Members, she was able to enroll in school and received her Associates degree in December of 2019. She is currently working on obtaining her bachelor's degree in nursing. Today she is raising her family in her rented single-family home, working on her degree, and ultimately has plans to be completely financially independent. She is in touch with her Table Members and they still meet once a month as an entire group, because remaining connected has remained a priority for all of them.

2017 Leone

Leone was referred to Open Table by a local non-profit that focused on youth aging out of foster care. Leone aged out of the system and at the time of referral had no supports, was struggling with managing her mental health needs, and was in need of economic stability. Leone's primary goal was to enjoy the Christmas holidays without being hospitalized due to mental health needs. The Table supported Leone with this through intentional relationship and she has spent the last three holiday seasons with Table Members instead of in the hospital. Additionally, she was able to find new housing and a stable job within her transportation limitations. She credits her Table for her stability. She's still in contact with them and has forged great relationships with both her Table and The Open Table executive team. She now shares her story to help empower others in the community to seek help if they need it.

2017 Nicole

Nicole was referred by a local non-profit in partnership with the SOC to help her transition from services into the community. At the time of the table she had graduated high school but had no plans for how to proceed into adulthood. Nicole's family spoke English as a second language which added a layer of difficulty in trying to navigate services and next steps for Nicole. Nicole's Table helped support her as she worked multiple jobs while trying to apply for a higher education. Her Table helped her navigate the FASFA paperwork and get through the application process. She was accepted to a local University. Nicole is still in touch with at least one of her Table Members.

2018 James

James was referred by a local non-profit through Treatment Foster Care and some involvement in Project LIFE. James was referred as a proactive measure to provide transitional support as he turned 21 and aged out of the foster care system. James's Table taught him how to drive, how to help manage his time, how to cook, and how to maintain safe boundaries in relationships. They also helped with applications to school and moving into the independent living program. His Table recognized that he had a lot of systematic supports and really embraced the relationship piece. James is still in touch with his Table Members.

2018 Ramona

Ramona was matched through a local non-profit through Project LIFE due to her lack of supports. Many O started working with her Table when she had just given birth to her daughter. At the time of the referral, Ramona's home was infested with bugs, she was at risk of homelessness, and was isolated from friends and family. Ramona's Table worked to make her living space pest free. They helped her learn to budget and worked on lagging life skills as well as utilize her Mental Health Skill Builder. At the end of the Table, Ramona was not homeless, still has custody of her daughter and has broken the generational cycle of foster care. Her Table showed her steadfast relationships. Her Table just ended recently, and the Table believes she'll be in touch with a few of the Table Members.

2018 Steven

Steven was matched through Open Table because he was a homeless adult who had few supports. Steven's Table worked to help Steven find a job that balanced his benefits and need for additional income. They also used their social and relational capital to find him housing. They helped point him towards social services and taught him about handling conflict in relationships. After his Table ended, Steven had been in contact with some Table Members and chooses to attend the church of the Table.

EXHIBIT 3: SUMMARY OF OUTCOMES / ROI

Open Table Friend[7]	Year Table Started	Pre-Table Status	Current Status	Outcome	Estimated $ impact for outcome (adjusted for inflation)
Yolanda	2017	Involved with Child Protective Services Health issues – Cancer Unstable employment (on call) Unstable housing	Termination of parental rights In remission Stable employment Stable Housing	Prevention of homelessness[8] Increased tax revenues from improved earnings	$8,556 $1,800[9]
Michelle	2017	Pregnant Foster care supports ending Untreated MH issues Unemployed Public Housing voucher ($8,400/year) SNAP/ TANF/ SSI ($14,040/year)	Child enrolled in pre-school Seeing therapist, on medication Employed Stable housing, pays own rent	- Prevention of homelessness - Prevention of foster care[10] - No longer in need of housing voucher - No longer receiving SNAP/ TANF/SSI - Increased tax revenues from improved earnings - Hospitalizations prevented[11]	$8,556 $36,154[12] $8,400 $14,040 $2,250[13] $13,878[14]
Emily	2017	Homeless 3 Children with other family members Unemployed	Safe and Stable Housing Children living with her Owns a car Obtained an Associates Degree in Health Sciences and working on a B.A. in Nursing	- Prevention of homelessness - Prevention of foster care - Increased tax revenues from higher lifetime earnings from college education[15]	$8,556 $108,463[16] $303,193[17]

Open Table Friend[7]	Year Table Started	Pre-Table Status	Current Status	Outcome	Estimated $ impact for outcome (adjusted for inflation)
Leone	2017	Foster care supports ending Hospitalizations (one week per year) Unstable housing Underemployed	Stable housing Stable employment (increased earnings)	Hospitalizations prevented[5] Prevention of homelessness	$6,939[18] $8,556
Nicole	2017	Wraparound services ($12,000) Case Management ($3,600) Employed (~$8,400 annually)	Seeing therapist Employed (~$32,400 annually)	Savings from no longer needing wraparound and case management Increased tax revenues from improved earnings	$15,600 $3,600[19]
James	2018	Foster Mom passed away At-risk of leaving foster care	Enrolled in Independent Living Program Enrolled in College Has car and driver's license	Prevention of homelessness Increased tax revenues from higher lifetime earnings from college education	$8,556 $303,193[11]
Ramona	2018	Just gave birth Foster Care supports ending Untreated MH issues	Made living space pest free Retained custody of child Utilizing Mental Health Skills Builder[20]	Prevention of homelessness Prevention of foster care	$8,556 $36,154[4]
Steven	2018	Homeless Veteran (receiving disability services) Unemployed	Housing Employed at church sponsoring the Open Table	Prevention of homelessness Increased tax revenues from improved earnings	$8,556 $2,250[21]
				TOTAL ESTIMATED SAVINGS FROM OPEN TABLE INTERVENTIONS	$915,806
			TOTAL ESTIMATED OPEN TABLE COSTS (One-Time Open Table Set-up and training costs of $39,500[22] plus annual staffing costs of $4,800[23])		$44,300
			TOTAL ESTIMATED RETURN ON Investment for every $1.00 invested in open table		$20.07

[7] The names of Open Table Friends have been changed to insure privacy.
[8] Evans, William N. et al; *The impact of homelessness prevention program on homelessness*; Science Magazine; Vol, 353, Issue 6300; pp. 694-699.
[9] Calculated as the incremental annual income of $12,000 ($24,000-$12,000) times 15% estimated tax rate.
[10] Gellis, Richard J., & Perlman, Staci, 2012: *Estimated Annual Cost of Child Abuse and Neglect*; Chicago, IL: Prevent Child Abuse America.
[11] Elizabeth Stranges, M.S., Katharine Levit, Carol Stocks, R.N., M.H.S.A., Pat Santora, Ph.D.; *State Variation in Inpatient Hospitalizations for Mental Health and Substance Abuse Conditions, 2002-2008*; Healthcare Cost and Utilization Project; Brief #117, June 2011, Agency for Healthcare Research.
[12] Based on a 50% probability of CPS involvement at an annual estimated cost of $72,309 per child.
[13] Calculated as the incremental annual income of $15,000 ($15,000-0) times 15% estimated tax rate.
[14] Calculated as two MH hospitalizations per year at an average cost of $6,939 per hospitalization (see footnote #5).
[15] Labor Market Consequences of an Inadequate Education; Rouse, Cecilia Elena; Princeton University and NBER; Prepared for the Equity Symposium on "The Social Costs of Inadequate Education" at Teachers' College, Columbia University; September 2005.
[16] Based on a 25% probability of CPS involvement at an annual estimated cost of $72,309 per child for three children.
[17] Based on an estimate $303,000 increase in lifetime incremental tax revenues.

[18] Calculated as one MH hospitalization per year at an average cost of $6,939 (see footnote #5).
[19] Calculated as the incremental annual income of $24,000 ($32,400-$8,400) times 15% estimated tax rate.
[20] This service is for adults and children in their late teens who suffer from mental illness and lack basic living skills, need connections to community resources and require help in managing their psychiatric symptoms. https://familyinsight.net/services/mental-health-skill-building/ .
[21] Calculated as the incremental annual income of $15,000 ($15,000-0) times 15% estimated tax rate.
[22] One-time payment, through the SAMHSA System of Care grant, to training seven Open Tables in Richmond, VA.
[23] 6 hours a week for Open Table at $~16.00/hour for 50 weeks a year = $4800.00/year

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