

Making Use of Outcome
Information for Improving Services:
*Recommendations for Nonprofit
Organizations*

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Table of Contents

Executive Summary vii

Chapter 1 Purpose and Procedures..... 1

Chapter 2 Examples of NPO Use of Outcome Information for Improving Services..... 5

 Exhibit 2-1: Potential Uses for Outcome Information..... 6

 Exhibit 2-2: Alexandria Resource Mothers Program Quarterly Report 12

 Exhibit 2-3: Jewish Social Service Agency Outcome Report 15

 Exhibit 2-4: Northern Virginia Family Services Outcome Report 21

Chapter 3 Factors Affecting the Use of Outcome Information 23

 Exhibit 3-1: Major Factors Affecting the Usefulness of Outcome Data 24

Chapter 4 Summary Observations 35

Chapter 5 Recommendations 39

 Exhibit 5-1: Recommendations 40

EXECUTIVE SUMMARY

This report describes, and provides examples of, how nonprofit health and human services organizations use outcome information internally. It is based on an examination of the practices of eight health and human services nonprofits in the Washington DC-Baltimore MD metropolitan area. It also discusses factors that appear to contribute to, or hinder, use of outcome information by nonprofit organizations.

The organizations examined most commonly used primarily qualitative outcome information to adjust services for individual clients. We also found many cases of use of quantitative outcome data to identify successes, problems and patterns in outcomes across clients, to identify the potential need for program modifications. This represents a “newer” approach to the use of outcome information by NPOs. However, a number of organizations that collected outcome data did not actually tabulate it, leaving it to supervisors and caseworkers to mentally “process” the data to identify patterns and trends.

Many of the NPOs also used outcome data to motivate staff, usually in conjunction with other uses. One organization used outcome data to motivate clients. Several organizations surveyed clients to obtain feedback on satisfaction with the service and perceptions of its helpfulness, but few of them tabulated that information across respondents.

Relatively few organizations used “before and after” data, or collected outcome data on former clients after service completion. Similarly, few organizations used “breakouts” or groupings of outcome data by client characteristics, location, or amount and type of service. However, several NPOs expressed interest in obtaining and using such breakout data.

The report identifies 18 factors that affect NPOs’ use of outcome information. Chief among these was availability of staff time, funds and expertise. Staff availability to collect and analyze data was a recurring concern for the NPOs. Limited computer technology also worked against greater use of outcome information in a number of organizations.

Requirements for outcome information from funders and accrediting organizations have served as a major impetus for getting NPOs into outcome measurement/management. Similarly, the extent of top-level and Board support for “managing for results” plays a major role in whether the data are used to improve programs. Support, such as training, technical assistance, or outcome measurement publications from an NPO’s national service organization or the local United Way were sometimes positive factors in NPO efforts to collect and use outcome information.

An overarching observation: the level of appreciation for, or understanding of, the potential usefulness of outcome information for improving services appears to be a major factor limiting its use by nonprofit organizations.

The report provides recommendations to encourage and facilitate the use of outcome information by nonprofit organizations, to help them improve their services to their clients.

CHAPTER 1

PURPOSE AND PROCEDURES

Purpose

Nonprofit organizations (NPOs) are playing an increasingly important role in the delivery of health and human services. Along with this larger role comes pressure from funding organizations for greater accountability as to their efficiency and, especially, their effectiveness in helping their customers.

In response to this pressure, many NPOs have begun to collect outcome data on a regular basis. Collecting outcome information to satisfy funders (such as United Ways and government agencies) is the common, if not the major motivation behind most NPO efforts to introduce outcome measurement.

Some national nonprofit organizations have developed handbooks and procedures to assist their member organizations and affiliates with the process of developing outcome indicators and collecting outcome data. These include such organizations as Boys and Girls Clubs of America, Big Brothers Big Sisters of America, and American Red Cross.

However, it appears that much, if not most, of the outcome information collected has not been used internally to improve NPO services to clients.

Little is known about how nonprofit organizations use outcome information internally, for program management and improvement. This report provides the findings from a small, early, examination of internal, management-focused use of outcome information by selected health and human service nonprofit organizations in the Washington DC—Baltimore MD metropolitan area.

Outcome measurement by nonprofit organizations has the potential for improving program service delivery and outcomes. Beyond producing outcome information for accountability purposes, nonprofit service organizations should benefit considerably by applying outcome information in their program improvement efforts.

Thus, the primary purpose of this report is to encourage NPOs across the country to use outcome data to help them improve their services to customers, and, thereby, improve future outcomes.

In addition, we hope these findings will also encourage funding organizations and organizations that provide technical assistance to NPOs to place more emphasis on helping NPOs use outcome information to make service improvements to increase future outcomes.

Our Procedures

We identified eight health and human services organizations in the Washington, DC — Baltimore MD metropolitan area. We sought recommendations for nonprofits to include from national service organizations such as United Way of America and Boys and Girls Clubs of America. We also drew on our knowledge of organizations that use outcome information, based on our awareness of such organizations obtained in various seminars and meetings in the Washington area.

Our sample included only NPOs that provide services directly to clients, not NPOs whose primary function is to provide services to other NPOs. We included only NPOs that we understood had at least two years of experience with outcome measurement.

We did not include very small or very large organizations. Most of those selected operate multiple programs, often quite varied programs and services. In these instances, we were often able to obtain quite different experiences from programs within the same NPO. However, we did not generally obtain information about all of the programs operated by a given organization. In one case (Northern Virginia Urban League's Resource Mothers Program), we were referred to that program, rather than the organization overall, and did not include other programs in our scope.

Following are the organizations we examined for this work. The number of staff (as of Spring 2002) is shown below each, to provide a sense of organization size.

- Big Brothers Big Sisters of Central Maryland (BBBS) - Baltimore, MD
19 Staff
- Boys and Girls Club of Annapolis and Anne Arundel County - (BGC) - MD
8 Staff in the two clubs examined; 23 Total Staff
- Crossway Community (CC) - Kensington, MD
41 Staff
- Family and Child Services of Washington, D.C. (F&CS) - DC
105 Staff
- Jewish Social Service Agency (JSSA) - Rockville, MD
160 Staff
- Northern Virginia Family Services (NVFS) - Falls Church, VA
220 Staff
- Northern Virginia Urban League (NVUL) - Alexandria, VA
28 Staff
- United Community Ministries (UCM) - Alexandria, VA
82 Staff

We conducted in-person and telephone interviews, as well as document reviews. We first interviewed a central level executive or manager. In some instances, this was conducted as a joint interview with two or more executives. In these interviews, we asked the officials to identify one or more programs that used outcome information to improve services.

In most organizations, we then interviewed a program manager or supervisor of one or more programs identified during the central level interview. We conducted follow-up telephone interviews to clarify the information obtained in the initial interviews.

We also collected and reviewed documents from each of the organizations. These documents included examples of the outcome information collected and the reports prepared by these organizations.

In our interviews we sought examples of how nonprofits used outcome information. We also asked the NPO officials to identify factors that contributed to their use of outcome information and that hindered its use. Finally, we asked them to make suggestions for improving or increasing the use of outcome information, whether in their own organizations or in other NPOs.

Remainder of This Report

Chapter 2 provides examples of the internal use of outcome data we found in the eight NPOs we examined.

Chapter 3 identifies factors that appear to contribute to, or hinder, use of outcome information by nonprofit organizations. We synthesized these from the factors reported to us by the NPO staff we interviewed as well as our own examination of the situations we found in the eight NPOs.

Chapter 4 provides our summary observations on the use of outcome information by the nonprofits examined.

Chapter 5 provides our recommendations to nonprofit organizations, both to encourage and facilitate the use and usefulness of outcome information to NPOs to help them improve their services to their clients.

CHAPTER 2

EXAMPLES OF NPO USE OF OUTCOME INFORMATION FOR IMPROVING SERVICES

This chapter provides examples of how the eight NPOs we examined used outcome information for management purposes, particularly to improve their services to their clients. These organizations also used outcome information in other ways, such as to provide information to funders, the public or other stakeholders, or for fund-raising purposes. These latter uses of outcome information, however, are not addressed in this report.

Exhibit 2-1 lists a number of potential uses for outcome information, grouped under four major categories. We derived this list both from the uses we found in the NPOs we examined as well as from our own past experience. The last category of uses (Uses 15-16) are “external” uses. Though these uses are of considerable importance to NPOs, they are not the subject of this report.

We have somewhat arbitrarily grouped the examples from the NPOs into these three categories:

- Use of primarily qualitative outcome information to adjust service provision for individual clients (Use 1);
- Uses of quantitative outcome data to identify successes, problems and patterns in outcomes across clients, to identify potential needs for program modifications (Uses 2-10); and
- Use of primarily quantitative outcome data to motivate staff and clients to improve outcomes (Uses 11-14).

The great majority of the examples fall into the second category, primarily Use 2. Therefore, we have further grouped these into six sub-categories, based on the type of outcome information that the NPO used. We have also grouped motivational uses into (three) sub-categories.

All these uses ultimately are aimed at improving the organization’s services and, thus, the outcomes of those services. Each use, however, represents a somewhat different approach to that improvement.

Caseworker use of outcome information on individual clients, especially informal use of qualitative, or untabulated quantitative, information on individual clients (the first use category) has been the primary mode of outcome data use for NPOs, at least until recent years.¹ Use of tabulated, quantitative, outcome information represents a “newer” approach to the use of outcome information by NPOs.

¹ Throughout this report we use the term “caseworker” to refer to any individual who is assigned to work directly with clients. An NPO might call this person a caseworker, a case manager, a clinician, or another title.

Exhibit 2-1
Potential Uses for Outcome Information

Use of primarily qualitative outcome information to adjust service provision for individual clients

1. To identify need for changes to the work plan or services for individual clients

Use of quantitative outcome data to identify successes, problems and patterns in outcomes across clients, that indicate the potential need for program modifications

2. To identify outcome deficiencies/problems across a program's clients
3. To assess whether improvements in client outcomes occurred after the program changed its activities*
4. To identify client sub-groups for whom outcomes are less than expected and, thus, may need special attention
5. To help identify, and obtain support for, program changes or additions needed to improve outcomes for groups of clients
6. To identify the progress a program has been making over time in serving its clients
7. To identify "best practices" (that is, those practices associated with good outcomes)*
8. To help in strategic, long-range, planning*
9. To test options before a decision is made as to full implementation*
10. To provide data for ad hoc, in depth program evaluation

Use of primarily quantitative outcome data to motivate staff and clients to improve outcomes

11. To help identify training needs for caseworkers and supervisors
12. To help identify need for counseling or monitoring of caseworkers and supervisors for whose clients' outcomes are substantially below expectations*
13. To motivate staff
14. To motivate clients

External uses**

15. To satisfy requirements of funders (including the public), including fund raising
16. To help in marketing the organization's services

Note: * We did not identify these uses by the NPOs we examined for this report.

** These uses are not addressed in this report, which focuses on "internal" uses.

Multiple uses may occur simultaneously in an organization. Different programs or different individuals in the same NPO may use outcome information in different ways. Similarly, a particular manager (such as a program supervisor or agency official) may employ different levels of use for different purposes over time. The first category of use is likely to be routinely employed by caseworkers at the same time that more formal use of quantitative data occurs.

The remainder of this chapter provides examples of the various uses. We hope these examples will provide ideas to other NPOs for their use of outcome information.

Category 1: Use of primarily qualitative outcome information to adjust service provision for individual clients

Caseworkers, or supervisors, commonly use outcome information about a particular client to adjust services for that client. Sometimes, they may informally use the information to adjust the services delivered to all, or particular groups, of clients. Sometimes caseworkers may have systematically collected outcome information, such as the results of periodically administered attitude tests, which are used for this purpose.

This is typically an informal, qualitative use of information. By informal, qualitative use, we mean that the caseworkers or supervisors mentally process or review the information they receive, rather than systematically tabulating numerical data or making arithmetic calculations as in quantitative reasoning.

Supervisors might obtain outcome information on clients in a number of ways, including: discussions or periodic case review meetings with individual caseworkers; reviewing listings (such as spreadsheets) of outcome data by groups of clients, perhaps grouped by client demographic characteristics or by caseworker; examining at least a sample of client record files; reviewing specific forms or reports; or from a combination of these sources.

This use of outcome information is the most frequent use that has traditionally been made by caseworkers. As expected, most of the organizations we examined used outcome information in this way. A few examples of this use follow.

- During their regular home visits with clients (teen mothers or pregnant teens), caseworkers in Northern Virginia Urban League's Alexandria Resource Mothers (NVUL-ARMS) project ask clients for information about a variety of intermediate outcome indicators. These include: obtaining pre-natal care or well-baby checkups and immunizations, and the mother's participation in school or alternative education programs. Caseworkers use the information obtained to remind clients about steps to take to have healthy babies and complete their education. The caseworkers also use the information to identify needs for additional assistance or services, such as transportation assistance to get to pre-natal check-ups, or for help with paperwork needed to re-enroll in school or obtain social services.
- Family and Child Services of Washington DC collects information on ability to function independently (e.g. get dressed, make meals, manage money) from clients in its programs for senior citizens. Individual client results are examined by caseworkers. If the client is experiencing a decline, modifications to the client's individual service plan might be made.

- Big Brothers Big Sisters of Central Maryland plans to produce reports about whether youth in their mentoring programs are making progress toward such outcomes as improving their attitudes toward school, their self-esteem, and grades. BBBS expects these reports to be useful for case managers to assess each case and help provide guidance to the mentor assigned to the respective youths.
- Northern Virginia Family Services uses outcome data on child immunizations and child development milestones to ensure that each child is receiving proper health care and that child development is progressing at an appropriate rate. If immunizations are not up-to-date or if the child is not making satisfactory progress towards development milestones a plan to correct the situation is developed.
- An initial outcome sought by United Community Ministry's Transitional Housing Program was that its clients would receive services from UCM's Employment Services Program after the housing program had referred the clients to the employment program. Employment Services caseworkers provided informal information to Transitional Housing caseworkers indicating that clients were not showing up for initial appointments.

Caseworkers of the two programs changed their procedures for these clients to increase their participation in Employment Services. Instead of just referring clients to Employment Services, the Transitional Housing caseworkers go with the client to the Employment Services office for the initial interview (the offices are approximately a 5 minute drive from each other). At the initial meeting at Employment Services, the two caseworkers and the client jointly develop a plan for Employment Services. Having both caseworkers present decreases the opportunity for miscommunication between the respective caseworkers and between the client and the caseworkers. (The Transitional Housing program is a small program (32 clients in early 2002), so this intensive level of service can be provided; it might not be feasible in programs with a large number of clients.)

This is a rare example in which outcome information led to cooperative efforts among different programs to improve the outcomes of their joint services.

Category 2: Use of quantitative outcome data to identify successes, problems and patterns in outcomes across clients, that indicate the potential need for program modifications

The uses of outcome data grouped under this category represent the "newer" approach to use of outcome information by NPOs. If only qualitative, untabulated, outcome information is used by a program (as in the first category), supervisors and caseworkers will not be able to detect and document patterns in client outcomes, other than picking up the more obvious ones. And it will take considerably more time and effort by supervisors and caseworkers to look across cases for patterns when data are not tabulated.

Another drawback to purely qualitative use is that supervisors and caseworkers are likely to look for patterns and trends only when time permits. This is likely to result in less frequent review than desirable.

The uses of outcome information in this section involve more systematic collection and reporting of outcome data, as well as a more systematic approach to analyzing and reviewing the data. In most cases, the intended use of outcome information we found under this category is to identify problems and patterns in order to improve programs.

We have grouped the examples, somewhat arbitrarily, into six sub-categories, primarily based on the type of outcome information used. NPOs vary in the types of outcome information they collect and use for management purposes, and some types of outcome information are particularly valuable for management purposes. The following sub-categories are intended to illustrate those differences, to help NPOs make better use of the data they collect:

- Use of untabulated data
- Use of tabulated data
- Use of comparisons of before-service to after-service outcome data
- Use of outcome information obtained from surveys of clients
- Use of breakouts of outcome data by demographic and/or service characteristics
- Use of outcome information obtained from former clients some period of time after they completed service

Use of untabulated outcome information

Here, central managers, supervisors or caseworkers periodically (usually on an irregular basis), review quantitative, but untabulated, outcome information on groups of individual cases to identify patterns across cases, primarily seeking patterns that indicate the need for service revisions. These reviews often occur because someone noticed that a number of clients were having a similar problem.

- Approximately four years ago, JSSA staff found in its reviews of internal report records (reports of any event that is out of the ordinary, such as accidents, falls, suicide attempts, etc.) that a number of senior citizens in its Home Health Care Program had falls at home, often resulting in return hospital stays. Staff studied the pattern of falls, and learned they often occurred because of obstacles or clutter in the home. Procedures for the initial home visit were modified so that the nurse conducting the visit goes over safety issues with the client. The nurse discusses such topics as lighting, moving or removing rugs or furniture to avoid falls, etc. This has resulted in a decrease in the number of client falls. (About the same time, the Health Care Financing Administration initiated a national outcome reporting system that now requires JSSA to tabulate the number of falls at home.)
- UCM's Family Renewal program (part of its Supportive Housing program) holds weekly parenting skills and support group meetings for parents while their children play or do arts and crafts. A few years ago, program caseworkers noticed that their initial outcome indicator, attendance, was falling off from one week to the next.

The caseworkers asked their clients why attendance was declining. Clients informally reported that the location was difficult to get to. The program was moved to another location. When some clients indicated they still had difficulty with transportation, program staff sought (and received) grant funds to hire a driver for the UCM van to offer transportation to clients. They also initiated car pooling arrangements among clients who had cars and those who did not. Staff report that attendance improved as a result of these changes. As of the second quarter of 2002, 68% of clients were attending the meetings. (UCM's target is that 50% of enrolled parents enrolled will regularly attend the Family Renewal program meetings.)

- NVUL's ARMS program for pregnant and parenting teens routinely collects information on whether clients are participating in educational programs or are employed, one of the program's outcome goals. In recent years, individual client data and informal reports from caseworkers indicated that many Hispanic clients (a growing proportion of the program's clients) were not employed nor participating in educational programs. To better serve these clients and improve their outcomes, the program hired a young Hispanic woman (who had been a program client) as a caseworker. The program also advised caseworkers to take a slower and more "culturally sensitive approach" to Hispanic clients, who are perceived to place more emphasis on family and taking care of a baby than on continuing education or careers. This may include encouraging the mother into gradual involvement in education or employment, such as taking one or two classes, rather than going to school full time, so she would have ample time to spend with her baby. Outcome data for Fiscal Year 2001 indicate that 60% of clients were enrolled in school or employed, an improvement over the Fiscal Year 2000 outcome of 51% enrolled or employed.

Use of tabulated outcome data

This use is characterized by the examination of tabulations of individual client data to provide aggregated data across clients for supervisor and caseworker review at regular intervals. This is the stage when an NPO can be said to have an outcome measurement process, the point at which outcome data is regularly provided and can become more fully useful to caseworkers, supervisors, and central officials.

- Big Brothers Big Sisters of Central Maryland provides an example of using outcome information to compare variations in different types of programs (the only such example we found). For each of its mentor programs, BBBS has begun to regularly obtain outcome information on youth from their teachers and parents. It plans to use this information to compare the outcomes of its different mentoring programs. Its school-based mentoring program pairs mentors with youth in school settings to provide academic and social encouragement and assistance. In community-based mentoring, mentors meet with youth elsewhere in the community for various activities, including sports and recreational activities.

The NPO also used its outcome data on its school-based mentor program to convince its Board to expand the size of its school-based mentoring program.

- Northern Virginia Family Services has a Quality Assurance/Management Information System Committee that meets to review outcome reports on a quarterly basis. Committee members discuss the data and evaluate the progress of each program toward its targets. If a program is not performing as well as expected, they discuss changes that may be needed. This committee offers feedback to staff at all levels of the organization to help them improve their programs.
- JSSA's Home Health Care Program, provides an example in which the NPO identified a need for improvement by comparing its outcomes to outcomes in other organizations or communities (the only such example we found). The program serves clients (primarily elderly) after they return home from a hospital stay. The outcome data include indicators of client improvement in a range of self-care activities. Its outcome data are reported to the Health Care Financing Administration (HCFA).
- In calendar year 2000, JSSA's outcome data for the indicator "improvement in transferring" were lower than national outcomes. (That indicator reflects improvement in clients' ability to move

from one position to another, such as from sitting to standing. Improvement might mean, for example, no longer needing the assistance of another person to make a transfer but being able to transfer with a cane or other device, or without assistance.) To improve this outcome, JSSA initiated the practice of sending physical therapists to the homes of clients who meet certain criteria (for example, clients who had been independent prior to hospitalization but now need an assistive device to aid with transfer) to improve their ability to make transfers.

- Crossway Community’s management team uses a multi-stage approach to review outcome data with employees. The executive team holds separate meetings with various program offices to review quarterly “business plan” data. These include aggregate outcome data for various programs, as well as output and process data, annual target data, and target dates. The executive team (chief executive officer, chief business officer, and chief programs officer) initially meets to review the data from all programs.

They then meet separately with the managers of each major program. Program managers are encouraged to include their staff in these meetings. These meetings focus on reviewing that program’s data and changes that might be needed to improve its outcomes or to meet targets, and ways the executive team might help them do so.

Next, an all-staff meeting is held to report progress (and deficiencies) in all areas of the organization. The purpose of this meeting is to inform staff about how the organization is doing as a company, and to enable employees to gain a better understanding of how their work contributes to the whole. This meeting does not focus exclusively on individual programs, so many suggestions come out of it that tend to be organization-wide. Recent changes arising from such meetings include involving all employees in recruiting volunteers, and initiating a program planning committee to help coordinate better community events across the organization.

- United Community Ministries prepares quarterly reports for each of its programs. These reports present aggregate data on year-to-date outcome achievements against annual targets (such as, for the Employment Services program, “50% of clients will be hired in permanent and/or part time jobs; 50% of placed clients will retain jobs for 90 days).

UCM’s executive and assistant directors review the quarterly reports to monitor progress toward outcome targets. They then discuss any data that indicate potential problems with the respective program managers. They may also use outcome data at their monthly meetings with all program directors. The quarterly progress reports are reviewed at the meeting after the progress reports are issued. These meetings are used both to discuss how to address areas in which outcome data indicate that targets may not be reached and to recognize accomplishments.

- NVUL’s ARMS program provides quarterly outcome reports that compare the year-to-date figures against the program’s targets (called Outcome Objectives) for each indicator. The report also contains a section that asks for barriers encountered and what has been done to overcome the barriers. Exhibit 2-2 is an excerpt from one of those reports.

Exhibit 2-2
Alexandria Resource Mothers (ARMS) Project
Fiscal Year '01 Fourth Quarter Alexandria Teen Pregnancy Prevention Program Report
April 1, 2001 Through June 30, 2001

GOAL # 10: To promote pregnancy outcomes among teens (as defined by low birth weight, infant mortality and preventable health problems) prevent school dropouts, discourage repeat pregnancies and facilitate good health practices and parenting through "lay home visitation".			
Outcome Objective	Activities Conducted	A. Barriers Encountered B. What has been done to overcome barriers	End of Fourth Quarter Report
To enroll 45 new pregnant teens, 10 of whom will be in their first trimester at time of enrollment.	<p>Eight (8) new teens were enrolled in ARMS this quarter.</p> <p>Four (4) of the new participants were in their first trimester at the time of enrollment, two (2) were in their second trimester, one (1) was in her third trimester and one (1) was a post-partum enrollee.</p> <p>Ten (10) cases were closed this quarter due to 2nd birthday, relocation or non-compliance.</p>	<p>A. It continues to be a challenge to conduct home visits with the participants who are in school and hold part-time jobs after school as well as those who work full time.</p> <p>B. During this quarter the ARMS staff has been forced to be creative in addressing this issue, by visiting with the teens on their lunch break at school or work. They also have met with the teen at their child's day care center.</p>	<p>YTD - 90 teens served by ARMS. (0) teens who remained in ARMS beyond their baby's first birthday were previously reported).</p> <p>YTD - 43 new teens enrolled in ARMS.</p> <p>YTD - 16 new enrollees were in their first trimester.</p> <p>YTD - 50 cases were closed due to baby's first birthday, relocation or non-compliance.</p>
Changes in the Work Plan: None		Planned Activities for Next Quarter: Continue recruitment and enrollment process.	
Comments: The ARMS/HFA Outreach Worker continues to assess all teens that are referred through the City's clinics and Health Department. To date, the Outreach Worker has deemed thirteen (13) teens eligible for ARMS enrollment.			

Use of “before versus after” data

Some programs obtain information on clients’ status (such as their condition or functioning level) both at intake and then again at the clients’ departure from the service. This is often done to identify the extent of client improvement, such as by administering tests of knowledge or attitude both at intake and again at exit.

The findings from the pre-service data can be used to guide service provision for clients, both for individual clients and for clients considered as a group. The post-service data provides outcome information. We found the actual calculation of the amount of improvement to be rare.

- Jewish Social Service Agency provides social skills therapy groups for children and adolescents with social behavior difficulties. Parents complete a child behavior checklist and a social skills rating form before their child begins the program and again at the end of each group (groups generally operate for 12 to 14 sessions). The clinician uses the second set of parent responses to identify the extent of the child’s improvement after participation. Comparisons of before and after data have been summarized in periodic “outcome studies” (these are in effect program evaluations). The “before” data are also used by the clinician to help guide services for both the individual client and the group as a whole.
- Boys & Girls Club of Annapolis and Anne Arundel County gives a written knowledge test relating to substance abuse to youth in each program at the beginning and end of the program (such as after each of its 17-week Skills Mastery and Resistance Training program and each of its sports programs in the fall, winter, and spring). So that youth and staff will feel that the testing is objective and not overly influenced by the youths’ own club staff, the tests are given and tabulated by the director of another club. The results are tabulated for each question on the test, both by individual and by total scores (i.e., the percent that answered each question correctly). Results of the pre-test are used to identify areas where the group of children lack knowledge related to substance abuse. Coaches and other staff attempt to address the gaps identified in both pre- and post-tests. For example, recent tests indicated that youth needed more information about alcohol and marijuana than about other drugs. This affected the emphasis of the educational efforts of the Club. (The tests also are modified frequently based on the findings from each group.)
- Crossway Community’s (CC) Family Leadership School provides training and other services to low-income parents and their families. Parents participate in a structured interview with a staff member before admission to the program. Interview questions address such topics as parenting skills, education, employment status, finances and debt, and family relationships. Staff members convert client responses into a “Family Evaluation Summary” (FES). It is used to tailor course content to the needs of that group of clients. The scores also are used to develop individual client goals, and to guide caseworker decisions regarding individual client services and referrals. This interview is repeated at 1, 6, and 12 month intervals, and at graduation, to assess achievement of goals and improvement in individual client scores in each area. CC is beginning to enter these data into a database to enable them to more efficiently analyze FES scores and to enhance program design and FES delivery in order to improve client outcomes.

Use of client feedback data to identify program improvements or problems needing attention

A number of the NPOs surveyed clients to obtain their feedback on such information as client overall satisfaction with the program, satisfaction with various attributes of the program

(such as timeliness of service provision, courtesy of staff, and so forth), and the program's helpfulness. These surveys provide such outcome indicators as the "percent of clients rating the program (or a particular service characteristic) as satisfactory." Of the eight organizations examined, six surveyed at least some their clients for one or more of their programs. However, relatively few of these programs tabulated that information across respondents.

Satisfaction data were usually collected when the program's service to the client ended. A few programs collected this information at a later point, such as 3, 6, 9 or 12 months after the client left the program.

Some of the examples of program changes were based on client responses to "open-ended" questions, questions that require the respondent to provide their own words.

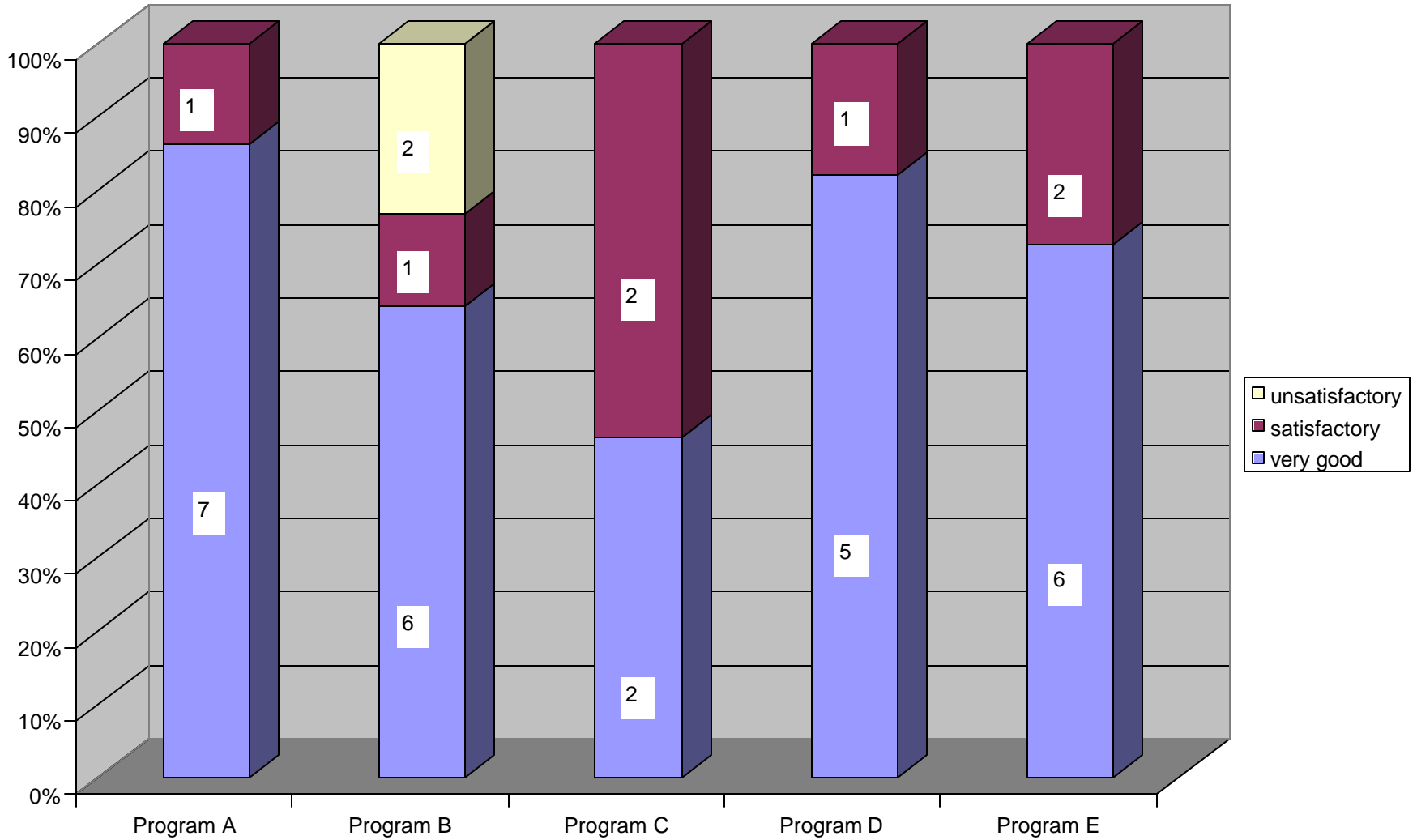
- JSSA conducts client satisfaction surveys for all of its programs. It prepares quarterly summary reports of these data as part of the agency's quality improvement process. Responses are summarized for a variety of service characteristics, including courtesy, understanding and helpfulness of various types of staff, helpfulness of services, and overall satisfaction with quality of services. JSSA's reports include charts that show department ratings for: (1) overall satisfaction with quality of services received; (2) helpfulness of services received; and (3) number of weeks from first contact to initial appointment. (Exhibit 2-3 provides an example—with program names removed.)

These reports are reviewed by Administration, all department supervisors, the Quality Improvement Coordinator, the Quality Improvement Committee of the Board of Directors, each program's Quality Improvement representative, the Director of Training, and are available to all staff.

If the data suggest a particular need for improvement, the Chief Operating Officer meets with the department supervisor to discuss the problem and what adjustments may be needed. JSSA's training director (who arranges for in-service training for clinicians) also uses the client satisfaction data findings to identify possible needs for training.

- F&CS surveys all clients twice a year. It provides the findings for each program to each program (but only the data for that program, not comparison data for other programs). The data are aggregated so that they cannot be traced to individual clients. The Senior Social Services program director uses the data to see where problems exist. For example, when the client satisfaction reports indicated that many of their clients reported not receiving all the services they needed, the Director talked with caseworkers on an individual basis to help determine the cause. She discovered that many clients were requesting services for which they were not eligible, based on their income levels. Caseworkers now make greater efforts to make eligibility requirements clearer to clients.
- Northern Virginia Family Services' Early Childhood Division provides support services to parents or expectant parents. Parents are surveyed as to the helpfulness of the service and what they liked best and least about the service annually, and again when they leave the program. The program also collects service-satisfaction feedback from parents specifically relating to caseworker home visits. Staff are provided quarterly reports on the data. The Program Director gives feedback to supervisors based on the data. She reports that if an area of need is apparent in the data, changes are made to improve outcomes.

Exhibit 2-3
Jewish Social Service Agency
Overall Satisfaction of Clients Terminating Service
Second Quarter 2001



Note: Numbers inside bars represent the number of respondents providing that rating.

- JSSA distributes an outcome questionnaire to parents of children in social skills therapy groups. The questionnaire includes a question asking for recommendations for improving the program. One clinician responsible for several of JSSA's social skills therapy groups has, for example, used comments made by parents on these questionnaires to make several changes to his groups. For example, parents indicated they wanted to know more about the topics covered so they could reinforce these concepts with their children. The clinician now provides more information about the subject matter covered in groups as part of his regular meetings with parents. (He informs children in the groups that he shares this information with parents, whereas in the past he told the children that what they did in the groups was completely confidential).

Parents also indicated that they wanted to be able to provide information about what the group was working on with their child's school, to help the school reinforce the same skills. The clinician now provides materials parents give to schools (such as behavior contracts and rating skills checklists) and makes telephone calls to teachers or counselors (at parents' request) to discuss techniques the group is using (for example, ways to handle aggression).

- Crossway Community's Family Leadership School surveys alumni twice a year after program completion (during alumni events, such as Christmas parties). These surveys include open-ended questions asking for suggestions to improve the program. As a result of comments on these surveys, the program recently modified its class participation requirements to enable clients to "test out" of some of its classes for adults (that is, take a test to demonstrate they have sufficient knowledge or skills in the content of a particular class, such as budgeting or finding and maintaining a job, that they don't need to take that class). Previously, classes included some parents who did not need to take a formal class in a particular topic. It is not yet known whether this change will improve outcomes for families, but the program director reports that clients appear to be more enthusiastic about the program since this change was made.
- The program coordinator of NVUL's ARMS program reviews the individual responses (survey responses are not aggregated) from its client survey (conducted twice each year) to identify both concerns and examples of good customer service. She raises issues affecting caseworkers in general at her monthly group meetings with all caseworkers. She also raises issues affecting a particular caseworker at her bimonthly meetings with individual caseworkers

She also looks for trends in the open-ended comments portion of the questionnaire. Program modifications have been made in response to client comments, such as requiring caseworkers to telephone clients if there is a change in plans that will delay their meeting, so the clients are not kept waiting.

Changes are also made to the service provided to individual clients based on the responses to the questionnaire given by that client. For example, if a client reported she needed more frequent visits, the program coordinator reviews the home situation and adjusts the schedule to include more visits, or refers the client for counseling or other services, if needed.

This is an example in which the formal outcome measurement process enables the organization to use the information obtained both to: (1) examine individual client responses and make changes based on those responses; and (2) examine grouped responses and make program changes applicable to the whole group. (However, if clients have been promised that their responses will be confidential and not shared with a caseworker, the first use would not be appropriate.)

Use of breakouts of outcome data to detect successful and not-so-successful practices for particular demographic groups or for particular work approaches

Outcome data grouped (broken out) by key client or work characteristics can be extremely useful information to supervisors, caseworkers, and central officials for improving their services. Outcome data can usually be broken out by client characteristics (such as age group, gender, income, race/ethnicity) and by type of procedure used (such as amount of service received, mode of service delivery, location of service, or by individual caseworker).

We did not find in the organizations we examined any examples of programs that tabulated the data by client or service characteristics, except breakouts by individual caseworker. However, several NPOs expressed interest in the usefulness of such breakout data.

- Two clinicians in JSSA's youth social skills therapy-group program indicated they would like comparisons of the outcomes being achieved by the different JSSA offices that provide these groups to youth, and by the different clinicians that lead the groups. One JSSA supervisor noted that if the groups in a particular office, or those led by a particular clinician, had better outcomes, she would want to brainstorm with those clinicians and compare techniques.
- Big Brothers Big Sisters of Central Maryland reported that they plan to aggregate outcome data by case manager to identify where changes are needed, such as in training, or frequency of calls from case manager to mentors, parents, or teachers. The Director of Mentoring Programs emphasized that they intend to use this breakout data to identify constructive lessons from case managers achieving high outcomes among their clients (as opposed to taking punitive action against case managers achieving lower outcomes among their clients).
- BBBS also plans to produce site, or location, specific reports. For its school-based mentoring program, it plans to break out the data by school. For mentoring programs not based in schools, it plans to aggregate data by the region served (such as by county). The purpose is to detect whether one school site, or one region, is performing better than another, and if so, why.
- UCM prepares a monthly report showing the total number of "documented" outcomes achieved during the month by each caseworker for each outcome. UCM's executive and assistant directors review the monthly reports and raise any questions or problems with those data with the respective program managers.

Monthly reports are provided to all program managers and to all the caseworkers, in part to motivate caseworkers (although outcome quotas are not established for individual caseworkers). UCM officials believe that reporting and sharing this outcome information helps motivate caseworkers, creating constructive competition.

Use of outcome information on former clients—after they have completed services

A major objective of many programs is to improve clients' lives and help them function better after they have completed service. For these programs, obtaining feedback on former clients' situation at a period of time after the client has finished the service (such as three, six, or 12 months afterwards), appears vital to effectively measuring client outcomes and to help identify needed program improvements. Outcome information obtained at the time clients leave service will have considerably less validity. (For example, a program might be successful in

getting clients to stop risk behaviors while clients are in service, but this is by no means a guarantee that a few months later the clients are not back to their old ways. Another example, a program might have done a very good job of improving the knowledge of clients about certain risk behavior, but this knowledge is not being translated into reduced risk behavior. This would suggest that the program should be taking other steps to encourage the hoped-for behavior.

We have separated such examples because obtaining post-service outcome data is unfamiliar to most programs (a major exception being employment programs for which programs commonly seek information at, say, 13 or 26 weeks after job placement). Programs often believe that it will require too many resources to follow-up clients.

- NVUL's Alexandria Resource Mothers program conducts follow-up telephone surveys of clients who have completed the program at 3, 6, 9, and 12 months after program completion. The program obtains from the former clients such information as the baby's condition, immunizations, and repeat pregnancy. Since the survey data have been very positive so far, program changes have not resulted. The program coordinator informs caseworkers about the collective results of these surveys during her monthly staff meetings with all caseworkers because she believes this information is motivational in terms of letting staff know that what they are doing is useful. (Some of the post-program data are tabulated and provided in the program's Annual Report to Funders.)
- UCM's Employment Program sends employers of its clients a brief questionnaire 60 and 120 days after placement of the client asking whether the client is still employed or, if not, the reason(s) why. Another question asks whether the client could benefit from training in specified areas, such as computer skills and dealing with the public. The employment program director has used these responses and employers' comments to identify need for more training in specific areas. Based on information obtained through these surveys the program added a Customer Service Training course to its series of training courses.
- Crossway Community recently modified its outcome indicators for its health careers training program to include job placement rates (within 60 days of graduation). This indicator was introduced in 2001 in addition to the indicator the program had been using—graduation rates. Including this post-service outcome indicator led the program to a much greater focus on enhancing employment rates, such as by providing opportunities for students to meet prospective employers to promote their awareness of employment opportunities, and for employers to meet prospective employees and become more familiar with the program.

Specific program changes included: (1) inviting employers to attend the program's orientation session for incoming students, to tell the students about employment opportunities in their organizations; (2) holding a job fair midway through the training program to help students obtain job offers in advance of graduation; and (3) providing individual assistance to students in developing resumes and career counseling as needed.

- Crossway Community's Family Leadership School (FLS) conducts follow-up surveys of alumni twice a year after program completion. Surveys are administered during alumni events, such as Christmas parties, to increase the response rate. These surveys ask about a variety of client or family conditions, such as housing, employment, income, and so forth. FLS staff have used information from these surveys to modify curriculum content and the way information is presented.

For example, a few years ago they found that some alumni had achieved home ownership after leaving the program. Home ownership was not addressed in the curriculum, since staff did not

expect that low income clients (the primary client group of the program) were likely to be able to become home owners in the near term. After learning that a few alumni had become home owners within a few years of leaving the program, FLS modified its approach to emphasize the links between topics in its curriculum and becoming a home owner (e.g., budgeting, debt, credit history, paying rent in a timely way, and appropriate tenant behavior). Staff also now provide home ownership information and referrals for families exiting the program.

Category 3: Use of primarily quantitative outcome data to motivate staff and clients to improve outcomes

Uses in this category differ from the previous uses in that outcome information is intended to improve program results by motivating employees, or even the clients themselves, to help improve outcomes.

Use of outcome information to identify training or other assistance needs of caseworkers

- JSSA's training director uses quarterly data from internal reports to identify areas where caseworker training may be needed. For example, the agency now offers annual in-service training on suicidality.
- The program coordinator of NVUL's ARMS program reviews client satisfaction survey responses of individual clients to identify concerns related to individual caseworkers as well as the program overall (the latter was discussed previously). For example, if a caseworker falls below the expected number of visits reported by clients (usually two visits per month), the coordinator raises that with that caseworker individually at one of her bimonthly meetings with individual caseworkers. This is done to remind the caseworker of what is expected, and to identify any areas in which the caseworker may need assistance in performing their roles.
- A clinician in JSSA's youth social skills therapy-group program suggested that it would be desirable to break out outcome data for those groups by individual clinicians leading the groups. Such breakouts could not only help identify best practices, but if outcome data for a particular caseworker indicated poor performance, someone in a supervisory role should look into this and help the caseworker improve. Caseworkers whose performance does not improve might be guided into another area where they could be more successful.

Uses directly aimed at motivating staff (to improve their effectiveness)

Several NPOs mentioned that they felt that reviewing recent outcome data with caseworkers or other employees had a motivating effect. For example, this might occur if outcome data indicated that their program is not meeting its goals. Publicizing outcome data internally may build competitive spirit that may lead to improvement in outcomes. (For example, if different departments or offices of an agency provide the same program, they may informally compete with each other to achieve higher outcomes.) Similarly, caseworkers may be motivated by feelings of achievement when data reflect good outcomes.

Below are examples of uses of outcome data for motivational purposes. In some cases, motivation was not the primary or only purpose of the described use. Most of these example also

illustrate the use of outcome information to identify problems or patterns in outcomes to modify programs.

- UCM’s executive and assistant directors review its quarterly outcome reports to monitor progress toward outcome targets and identify potential problems. The quarterly progress reports are reviewed at their monthly meetings with all program directors. These meetings are used both to recognize accomplishment and to discuss how to address areas in which outcome data indicate that targets may not be reached.
- UCM’S monthly report showing the total number of “documented” outcomes achieved during the month by each caseworker for each outcome are provided to all program managers and to all the caseworkers. In part this is intended to motivate caseworkers (although outcome quotas are not established for individual caseworkers). UCM officials believe that reporting and sharing this outcome information helps motivate caseworkers, creating constructive competition.
- JSSA regularly reports outcome data from client satisfaction surveys to inform and motivate employees. For example, notable achievements may be reported both in JSSA’s employee newsletter and at all-staff meetings as a way of recognizing accomplishment and motivating employees. Improvement in customer satisfaction with billing department services was recently reported in this way. Positive outcome data on satisfaction of clients with specific categories of staff (such as receptionists and secretaries) are also informally conveyed to those staff to motivate them.
- NVFS’s Healthy Families Program compares the outcomes for each of its five local offices (each serving a different community) against each other and against the program’s overall target. This is both a motivator for the individual offices and enables the program to track its progress against its targets. An example of the report is provided in Exhibit 2-4.
- The program coordinator of NVUL’s ARMS program informally reports on the collective results of follow-up telephone surveys of clients conducted 3, 6, 9, and 12 months after program completion during her monthly group meetings with caseworkers (discussed under use of follow-up data). The coordinator feels this information is motivational in terms of letting staff know that what they are doing is useful.
- The supervisor of JSSA’s Home Health Care Program posts its outcome data on a bulletin board in their office so all staff can see them. The supervisor indicated that staff are interested in the data and are proud of their data because they usually have good outcomes. When their data indicate that their outcomes have been significantly lower than the national average, that serves as a motivator because staff know they will need to identify reasons for the difference and make plans to address it. JSSA requires programs to do this if outcome indicators classified as “adverse events” significantly differ from the national average. (Adverse events include emergency care needed due to falls, urinary tract infections, and unexpected deaths.) JSSA is voluntarily seeking explanations on outcomes for which its data differ significantly from the national average (HCFA will eventually require this of all organizations). Thus far, the program has had few instances where its data have been out of line with national data. Most were easily explainable and did not require program changes. An example where a change was needed was discussed under Use 2, where client improvement in making transfers was below the national average, and JSSA initiated sending physical therapists to clients to improve outcomes in this area.

Exhibit 2-4
Northern Virginia's Healthy Families Programs
Outcomes July 2000 - June 2001

Outcome Objectives	Alexandria	Arlington	Fairfax*	Pr. Wm.	Loudoun
90% pregnant mothers delivered healthy babies.	98%	95%	90%	98%	100%
85% mothers had at least 24 months between subsequent births.	97%	99%	98%	93%	88%
95% children had a primary health care provider.	97%	99%	96%	98%	100%
90% children up-to-date on recommended immunizations.	95%	95%	n/a	92%	99%
90% children met age-appropriate developmental milestones.	90%	72%	97%	91%	98%
95% families had no founded reports of child abuse/neglect.	99%	98%	99%	99%	99%
100% of children identified with possible delays were referred to early intervention.	100%	100%	100%	100%	100%
100% of children refer'd to early intervention services were monitored for follow-thru.	100%	100%	100%	100%	67%
85% parents surveyed reported program was helpful in raising their children.	98%	100%	98%	97%	95%
70% of home visits due will be completed.	77%	77%	83%	79%	83%
Service and Need Levels	Alexandria	Arlington	Fairfax*	Pr. Wm.	Loudoun
# of Home Visits Completed	2971	2282	7229	4303	1487
# of In-Person Contacts (home visits+groups, other contacts)	3605	2526	8006	5340	n/a
# of Families Served	307	204	534	372	107
<i>NOTE: Outcome Objectives for Alexandria, Arlington and Prince William are based on families who received at least 8 home visits, with the exception on prenatal objectives, which are based on families who received at least 4 home visits prior to the birth of the child.</i>					
<i>*The Healthy Families Fairfax program consists of several sites, with Falls Church being the only one managed by Northern Virginia Family Service. Please note that the numbers reported here are for the entire program, including those sites/components that are not part of Northern Virginia Family Service.</i>					

- The Director of Boys & Girls Club of Annapolis and Anne Arundel County would like to compare his results with those achieved by other clubs, both to motivate employees and identify good practices.
- UCM's Employment Services Program director sometimes posts the number of a particular outcome needed to reach the annual target on a whiteboard in the main staff office as a motivator. The program manager encourages staff to jointly brainstorm ideas to improve program outcomes and present them to her, which motivates staff to think independently. This has led to adoption of some changes, including:
 - preparing a monthly "calendar" of programs and activities at the Employment Center (to increase client awareness of various activities and when they are scheduled, so clients can take advantage of them, potentially leading to better employment outcomes);
 - posting information about the Employment Services program at local libraries; and
 - providing orientation sessions for potential clients in Spanish as well as English.
- Crossway Community managers provide information on outcomes achieved as part of quarterly all-staff meetings. Management feels this helps employees gain a better understanding of how their work contributes to the whole, resulting in better alignment of individual, program and organizational goals.

Use to motivate persons involved with the service delivery who are outside the organization

In a few instances, we found NPOs using outcome information to motivate persons outside the organization but who were involved with the delivery of the service.

- Boys & Girls Club of Annapolis and Anne Arundel County has used outcome information to motivate its clients, as well as staff. BGC provides outcome information to youth in several ways:

The aggregated post-test and pre-versus-post findings on knowledge of drug and alcohol awareness are reported back to the group of youths by the club director that gave and tabulated the test.

For its homework-participation program, BGC posts the record of members satisfactorily completing homework on the wall of one of the main Club rooms. Points are given to individual youth, both for attendance and for completing their homework. BGC's Board provides inexpensive prizes to youth for achieving specified numbers of points. (Prizes have included book bags, basic scooters, and batteries; the latter have been surprisingly popular.)

Another, and major, outcome incentive to the youth is that to participate in a sports league, youth need a "C" average and have to have logged three homework-hours per week at the Club with homework completion checked by staff or volunteers.

- Big Brothers Big Sisters of Central Maryland plans to use outcome data to help attract more volunteers to serve as mentors. Agency officials expect that outcome data demonstrating that mentors made a difference in the lives of children will serve as an incentive to new mentor volunteers. They believe that their emphasis on results will set them apart in the eyes of potential volunteers (and potential funders as well).

CHAPTER 3

FACTORS AFFECTING THE USE OF OUTCOME INFORMATION

From our interviews and observations, we identified 18 factors that appear to effect the internal use of outcome information—considerably, at times. The presence of these factors is expected generally to improve the use of outcome information. The absence would be expected to work against the use of outcome information.

The factors are listed in Exhibit 3-1. Each is briefly described below with applicable examples from the NPOs.

Many of these factors also affect the extent to which NPOs conduct good outcome measurement, not only whether or not the NPO uses the data internally to help make program improvements. Our focus, however, is on the relation of these factors to the use of the outcome information.

1. Availability of staff time, funds, and expertise

Having staff available not only to collect outcome-related data but also to analyze it, was a recurring concern for the NPOs. It should come as no surprise that limited resources was a common negative factor to usefulness noted by most of the NPOs we examined. Lack of time, staff, money or expertise are all resource issues that determine whether an organization has the basic tools available to collect, analyze, and use outcome data. Some organizations examined commented that their lack of an in-house data analyst was a key factor limiting their use of outcome data.

- Human services organizations commonly note that data collection and analysis resource requirements compete with resources for direct services to clients. This problem reduces support from staff for the information and their use of it. In particular, staff who work with clients lament having to sacrifice time to collect outcome data, time they could be spending to help clients.
- Staff in some organizations reported they did not have enough time to look at the outcome data regularly, such as every month. Without regular review, there can be quite limited expectation that the data will be put to full use for program improvements.
- Lack of funds, or restrictions on how funds can be spent, can prevent nonprofit organizations from taking steps to advance their use of outcome information. One organization noted that evaluation funds are not allowable in their proposals to the national organization to which it is affiliated, requiring it to produce outcome reports without the benefit of funding. As a result, its outcome data collection and usage is limited by what they can squeeze in under their existing funds. The organization feels it does not have adequate personnel to do what it would like in collecting and analyzing outcome data.

Exhibit 3-1
Major Factors Affecting the Usefulness of Outcome Data

1. Availability of staff time, funds, and expertise to both obtain and analyze the information
2. Availability of computer technology
3. Provision of training in outcome measurement and its use
4. Availability of outside technical assistance
5. Provision of frequent and timely feedback
6. Extent of outcome report dissemination
7. Availability of outcome “breakout” data
8. Reporting data in easy-to-use form
9. Obtaining direct feedback from clients
10. Staff confidence in the quality and validity of the data
11. Extent of staff participation in the identification of the outcome information to be collected
12. Outcome data collected are consistent and reasonably stable over time
13. The organization, with input from staff, sets targets for each outcome.
14. Outcome results are reported for each caseworker
15. The organization has a “Do it for them,” not a “Do it to them” organizational culture
16. Funder requirements
17. Extent to which a program’s national service organization encourages and provides assistance to the local program.
18. Extent of top-level and board support for “managing–for–results”

2. Availability of computer technology

To the extent an NPO has computer technology to process, tabulate, and report on outcome data, and they have people who can effectively work with that technology, they are more likely to produce outcome reports in an easy-to-use format, and to do so on a regular basis.

Without these resources, collecting and analyzing data is much more time consuming and difficult, which ultimately makes the use of outcome data difficult, if not impossible. For example, in some of the organizations examined, some data are only available by examining individual client charts, rather than in a Management Information System.

The organizations examined raised a variety of examples of limitations of their technology.

- Outdated computer systems, which operate more slowly and require more maintenance. Some computers are antiquated and cannot run software programs that greatly ease the tabulation of data, such as break outs of aggregate data by key client characteristics.
- Insufficient number of computers.
- Computers that were not networked or hooked into the internet. This makes sharing information between locations (even within the same office) difficult. The ability to share data efficiently is of crucial importance for an organization that relies on multiple people or multiple locations to contribute data for outcome reports.
- Lack of internet access.
- Software/database incompatibility between different offices or departments. This limits the ability to create reports with outcome data about the whole organization across different office locations.
- Lack of statistical software (or expertise to use the software) to analyze/interpret outcome data. At least one organization noted that some of the data aggregations in its outcome reports have to be calculated by hand from a spreadsheet printout. Lack of funding for new software has prevented the organization from obtaining the technology to automate its efforts and move beyond their basic outcome reports into further detailed analyses. They want to evaluate client data by characteristics such as race and school enrollment, as well as to examine client outcomes from year to year. Not being able to do this limits their use of outcome data.
- Lack of staff familiarity and comfort with computers or software programs. It appears that many caseworkers do not yet fully appreciate that it will be easier to collect and use outcome data with technology, and that the outcome data will be beneficial to the delivery of their service.

Such technology problems create a general sense of frustration among staff, detracting from the potential for use of the outcome data. They also have the potential to cause data errors and less confidence in the outcome data.

Two organizations mentioned steps they had taken to increase their use of technology, enabling greater use of outcome information.

- The Senior Social Service program at Family and Child Services developed a simple Microsoft Access database to record their clients' scores on its Satisfaction with Life scale and an Activities of Daily Living (ADL) scale. They work with the data in Microsoft Excel to obtain the report formats they want. Reports are produced that allow them to compare an individual's scores over time. If a client has poor ADL scores or declining satisfaction, that individual case is pulled and the client's treatment is reevaluated.
- Big Brothers Big Sisters of Central Maryland (BBBS) plans to begin using and analyzing outcome data because they recently developed an easy-to-use Microsoft Excel spreadsheet to record data collected from clients. The Director of Mentoring Programs received funding from the Baltimore Community Foundation to attend a Microsoft Excel training session, and for technology upgrades and training for staff. This will improve their ability to collect and record information electronically. The Director believes that this will enable them to sort through, and break out, data by key client characteristics so they can better understand how to improve their mentoring programs.

3. Provision of training in outcome measurement and its use

Formal training appears to be particularly important in providing NPO personnel with at least the basic notion of outcome measurement and use. This applies to executives, supervisors, and preferably caseworkers—and probably members of the Board. A major purpose of such training is to increase the comfort level of personnel with the skills and tools needed to use outcome data, including numbers and technology.

Typically, such training is provided by an outside organization or consultant. If, however, the organization has someone on staff experienced in outcome management, this will likely be a less expensive alternative.

A badly neglected element in outcome measurement training has been instruction relating to the uses of outcome data for helping make program improvements—for all personnel, including caseworkers, supervisors, and executives. Training can also help diffuse concerns about potential negative consequences of outcome information. Some staff may fear that if negative outcomes occur, this would reflect badly on the program and its image, or they may be reluctant to have outcome data collected because they do not fully control achievement of the outcomes, and are wary of being held responsible for them. Staff with such perceptions need training and encouragement to understand that even negative outcome data provide useful information for making improvements to a program.

- Two organizations indicated that training from outside experts had provided them a basic grounding in outcome management principles. (Caseworkers were not included in this training, apparently because of cost.) Those trained were responsible for relaying the principles to the caseworkers.

- The Chief Business Officer of one organization trained staff on outcome measurement. Outcomes were a new concept to staff. Some staff are reluctant to have “end” outcome data collected because they do not fully control achievement of the outcomes, and are wary of being held responsible for them. Time is needed to build greater understanding that outcome measurement is a tool to help the program achieve better outcomes and help program managers reach their goals in helping clients.
- A representative of one organization felt that some (untrained) staff resisted outcome measurement because they did not understand that if negative outcomes occurred, this was useful information for making improvements to the program. Instead, the staff had focused on the potential that negative outcomes would reflect badly on the program.

4. Availability of outside technical assistance

Outside technical assistance, such as in the use of computers to expedite and reduce the burden of data tabulations on caseworkers and supervisors, appears to considerably encourage the use of outcome information.

Some nonprofit organizations we examined receive technical assistance from a national organization. Others receive internal support, such as from a Quality Assurance division. Assistance from a national organization often offers the benefit of working with an established outcome measurement curriculum that is being used in multiple locations. Opportunities exist to learn from experiences in those locations. Expertise developed internally has the advantage of being readily available and specifically tailored to the organization in its local environment.

- Northern Virginia Family Services was a pilot site in 1991 for the Healthy Families America (HFA) program. The program curriculum included a strong outcome monitoring component. Technical assistance, particularly during the establishment of the program in the early nineties helped develop significant expertise and capacity for outcome monitoring and data usage internally at NVFS with the staff involved with HFA.
- The Families and Schools Together (FAST) program of F&CS receives technical assistance from a national organization, the Alliance for Children and Families. This organization processes data and produces reports for the FAST program staff at F&CS. This is a relatively new partnership and reports have not yet been received. FAST program staff reported that having this assistance will be the only way they are able to get reports on outcome data within their limited resources and expertise. Additional technical assistance in implementing outcome measurement for FAST is provided by the DC Addiction, Prevention and Recovery Association.
- Boys and Girls Clubs of Annapolis and Anne Arundel County and Big Brothers Big Sisters of Central Maryland are affiliate chapters of national programs with established program curriculum and established outcome monitoring programs. Access to these resources means these local organizations can draw on piloted outcome monitoring programs instead of having to struggle through creating one on their own. This is a key factor that has enabled BBBS to embark on outcome monitoring. It uses data collection forms and procedures developed by the national organization. BGC has not made much use of the national procedures, wanting to tailor considerably the feedback to their own activities. BBBS has only recently begun outcome monitoring, but they expect to use the data in several reporting formats, including templates developed by the national office.

5. Provision of frequent and timely feedback
and
6. Extent of outcome report dissemination

These two factors work together. The use of outcome data appears to grow considerably when there is regular and timely feedback among users of data. Some organizations reported problems getting outcome data reports in a timely manner, either because they relied on external sources for the data, or because the internal department responsible for reporting some of the data was not set up to provide the data with sufficient timeliness or frequency. When data are reported only annually, they are outdated when supervisors or caseworkers get them. More regular reporting of outcomes would make them more useful.

Dissemination of outcome information should include communications among users at the same hierarchical level and communication between supervisors and their staff. Chapter 2 provided a number of examples of organizations that held regular meetings involving various levels of staff for this purpose. Such meetings are, in effect, “how are we doing” meetings, to review recent outcome data and develop suggestions for improvement.

7. Availability of outcome “breakout” data

In some programs, outcome information was only available on individual clients without any aggregations across clients. In a number of others, outcome information for all clients was totaled without providing outcome information for sub-groups of clients, such as sub-groups defined by age range, gender, race/ethnicity, caseworker, or field office location.

Outcome information can become considerably more useful if the data are provided for these various sub-groups of clients. This will enable supervisors and caseworkers to identify groups that warrant attention because of less than satisfactory outcomes. It will enable the program to identify the conditions under which the program has been particularly successful in achieving desired outcomes. Staff at several of the nonprofits examined expressed considerable interest in the potential usefulness of breakout data for their organization.

8. Reporting data in easy-to-use form

Whether outcome data is used often depends on whether it reaches the potential user in an easy-to-use format. Organizations too often produce reports that are difficult for anyone other than the person preparing the report to readily understand, thus inhibiting use. Sheets of raw disaggregated data are of little utility to program managers who do not have the time to perform the calculations needed to see trends in the outcome data. (See Exhibit 2-3 for a copy of a bar chart from a report prepared by JSSA, one relatively easy to use presentation format.)

9. Obtaining direct feedback from clients

Information systematically collected from clients is hard for staff to ignore. A number of NPOs examined were using regular feedback from their clients as part of their outcome monitoring. Sometimes overlooked by organizations is the opportunity to ask clients, in an “open-ended” question at the end of a questionnaire, to provide comments or suggestions for improving the service. Several organizations noted program changes that stemmed from such customer feedback.

10. Staff confidence in the quality and validity of the data

Staff members need to believe that the data collected reasonably represent their program in order for them to make use of it. A variety of factors can diminish staff confidence in data, including some of the technology issues discussed under Item 2. Weak data entry procedures can also undermine confidence in data quality.

One organization noted they had problems trusting data they received from outside sources. They often rely on outside city and state agencies to provide data on their clients. Errors in the accuracy of the data, as well as lack of timeliness, has at times limited their ability to use that data.

Some nonprofits expressed concerns about the validity of data obtained in response to client surveys. One issue mentioned was low response rates to surveys. This detracts from the generalizability of the data and makes it less useful to staff. Another concern was that clients who are still receiving services may be reluctant to provide less-than- positive responses, for fear of loss of services. Having a neutral party distribute and receive satisfaction surveys might alleviate such client concerns and increase staff confidence in such data.

Staff involvement in identifying outcome information to be collected (discussed in Item 11) should also increase confidence in the quality and usefulness of the data.

One nonprofit examined addressed data quality issues through a committee formed to review data quality. Data review is highly desirable, but requires at least some resource commitment (although not necessary a great deal of resources).

- At NVFS, the Quality Assurance/Management Information Systems Committee provides oversight to the Healthy Families America program’s data collection activities. Its members evaluate outcome reports to determine if the program is meeting targets, and to determine if better reports are needed to understand the program’s performance. They also review data collection procedures to ensure the integrity of their outcome data. For example, they recently changed their data collection procedures to better capture missing information on clients that was recorded as “unknown.” They conducted a closer examination of why information was unknown and how they could better describe clients and thus get more accurate client outcome data. This regular process of evaluating the data collection procedures ensures higher quality data, greater staff confidence in the data, and thus more usable data.

- Northern Virginia Urban League (NVUL) has all data entered into a database by one person. Standard collection and reporting forms are used. These steps make the data more reliable, especially for data obtained on clients of different caseworkers. In addition, NVUL collects data of interest to its programs, not just for funders. Staff uses outcome data because they are confident in the data collection procedures and believe the data are a good representation of their program's performance.
- At one nonprofit organization, data usage is hindered by weak data entry procedures. Some caseworkers entered data daily or weekly, others only monthly. The caseworkers who entered data monthly were more likely to miss data. These procedures result in data that staff are less than confident in and therefore less likely to use. (This problem is itself in part a consequence of limited resources for data entry.)

11. Extent of staff participation in the identification of the outcome information to be collected

If staff help in identifying what should be measured and in developing the data collection procedures, they become more invested in the process, and in the resulting outcomes, and appear much more likely to be comfortable using the data themselves and in seeing the data's use by others. An implication of this is that the NPO selects the outcomes to track, rather than selection being made predominantly by funders or by another outside organization, such as a national service organization.

- The Family Leadership School at Crossway Community has been collecting outcome data since starting the program in 1992 when they graduated their first class. They use several instruments, including one that they developed (and copyrighted) internally. Staff believe that the questionnaire provides useful information because it is specifically tailored to their program. They also find the data useful because they have been using data from the same forms consistently since 1992.
- For each program, the heads of each BGCA club and of the program meet together, with the executive director, to review clients' test responses. They initially review findings from the pre-test, and later from the post-tests. Based on their review, they jointly design future tests. This has led to considerable use of subsequent test findings to redesign the programs.

At BGCA the involvement of principal staff in outcome measurement activity has reportedly led to greater data usage. This involvement includes the development of data collection instruments, the review of findings of information obtained, and participation in making changes to the programs based on that information.

- Crossway Community's Health Career Training Program recently started collecting outcome data on an additional outcome indicator identified through staff participation. The CFO encouraged staff to identify outcomes that were meaningful to their clients. They decided to focus on job placement rates in addition to graduation rates (their previous outcome indicator). Several program changes have already resulted from using this new data (as discussed in Chapter 2).

12. Outcome data are consistent and reasonably stable over time

If the outcome indicators or the procedures for collecting the data keep changing, the NPO will lose the opportunity to compare results over time and identify trends. Reports that provide such comparisons over time allow NPOs to look for conditions that caused either worsening or improvement in outcomes.

13. The organization, with input from staff, sets targets for each outcome

Three of the NPOs felt that setting targets for each outcome indicator, and subsequently comparing actual values to the targets, was a positive motivational factor for staff.

14. Outcome results are reported for each caseworker

Two of the NPOs provided outcome reports broken out by caseworker and felt this contributed positively to subsequent caseworker performance. (We note, however, that if such reporting appears to caseworkers as being done primarily for punitive purposes, and not done in a constructive way, this procedure can backfire.)

15. The organization has a “Do it for them,” not a “Do it to them” organizational culture

This was the expression used by the Director of BGCA in describing to us the right environment for outcome information to be accepted by staff and used in the right way. As indicated in the previous factor, outcome data should be much more useful to the organization if they are used, and perceived, as being used to make improvements and not to punish staff (or clients).

Another way to put this is “Keep Incentives Right.” The use of positive incentives that emphasize rewards are likely to help motivate personnel to seek continuous improvements, such as giving recognition to groups or individuals for achieving or exceeding outcome targets.

16. Funder and accrediting organization requirements

Funders have been a major impetus for getting NPOs into outcome management. Absence of funder pressure in this area can be a drawback. One organization pointed out that an obstacle to beginning to collect outcome data was the lack of any pressure to do so. Their national organization did not require it, nor did funders. Without any external pressure, previous

management did not prioritize the collection or use of outcome data. They are only now beginning to collect outcome data that they expect to use because they see how it can increase their funding and improve their programs.

However, it appears that at times funder requirements cause a substantial burden on NPOs. This occurs if funders mandate information the NPO does not want or believes cannot be obtained by means within their budget. In some cases multiple funders may impose different requirements, creating what is perceived as unnecessary data collection and reporting burdens on NPOs.

Funders may also require data reported in specific formats, such as outputs rather than outcomes, that are less useful to the organization. Since many organizations lack resources to create separate reports for funders and themselves, they are “stuck” developing reports for funders that are not as internally useful as they would like. One program at one of the nonprofits examined reported they expect their use of outcome data to increase in the near future because they negotiated with a major funder to start collecting data on outcomes of their choosing, rather than the previous funder-mandated outcomes.

Only one nonprofit examined indicated that accrediting organizations influenced any of the outcome information they collected. That organization reports to several different types of accrediting organizations associated with provision of health or mental health services. Some of these organizations require collection of specific types of outcome data, including data on client satisfaction, timely access to services, and helpfulness of services.

17. Extent to which a program’s national service organization encourages the local program

National service organizations (NSOs) can provide assistance in the form of established outcome monitoring guidelines, technical support and funding. This can be very helpful for an organization just getting started with outcome monitoring, although there are some notable limitations of relying on an NSO’s guidelines. In some cases the outcome monitoring programs set by NSOs require only highly aggregated data, and not breakouts for client demographic subgroups. This results in organizations not having the type of information that is most useful for management purposes. In addition, the NSO may only suggest annual data collection, which is not frequent enough to provide regular feedback to organization managers.

18. Extent of top-level and board support for “managing–for–results”

The attitude towards outcome measurement by the top layers of an organization plays a major role in whether the data gets used to improve programs. Some of the organizations examined reported that a new executive or new leadership team with a strong interest in outcome information had led to considerable increases in the use of outcome measurement at the organization. For example:

- An official at one NPO spent a significant amount of time at staff meetings and in individual conversations with his staff about the utility of outcome measurement. This has developed support among caseworkers regarding the utility of outcome data.

A major element of this kind of support is whether individuals and departments feel they have the ability and authority to make changes based on outcome data, without feeling there will be retribution or a punitive response if they make a change and it does not work out as expected.

CHAPTER 4 SUMMARY OBSERVATIONS

Here we provide our summary observations on the use of outcome information by the eight health and human services nonprofit organizations (NPOs) in the Washington DC-Baltimore MD metropolitan area. Our work focused on the internal use of outcome information to help NPO programs improve their services to their clients—and thereby improve the outcomes for those clients. We did not address NPOs’ external use of outcome information, such as to satisfy funders, for marketing and fundraising, and for communicating with the public.

We identified three levels of use:

- Informal use by caseworkers of outcome information they receive on their individual clients to affect the type and amount of assistance they provide to those clients. Most of this information tends to be qualitative, rather than quantitative. This level seems universal. It has probably been present since the beginning of health and human services. This level of use, while basic and important, is not usually considered to be “outcome measurement.”
- At the next level, outcome information on individual clients is tabulated and reported at regular intervals. Supervisors, or caseworker, look for patterns across clients. Most, but not all, of the programs we examined in the eight NPOs were at this level.
- At the third level, programs undertake somewhat more “sophisticated” analytic procedures to help them identify patterns, both success stories and problem areas. Such procedures include breaking out the outcome information by client demographic characteristics and by type and amount of service. Such information enables an NPO to provide considerably more information as to conditions under which its services are working well and not working well. This in turn provides considerably more guidance to NPO managers as to what improvements, if any, are needed and where. We found a few examples of programs beginning to use outcome information at this level. However, we do not feel that any of the programs in the eight NPOs can be said to have fully reached this level.

While the following summary observations are based primarily on our examination of only eight health and human service NPOs, we suspect that most are equally applicable to the majority of other health and human services NPOs in the United States. We also suspect that most of these observations are also applicable to NPOs that provide direct services other than health and human services (such as environmental protection and arts and culture NPOs).

1. Caseworkers’ informal use of untabulated outcome information on individual clients was the most common use of outcome information in the organizations examined. This is not surprising, since it has been the primary use of outcome information by NPOs, at least until recent years.

2. The next most frequently reported use of outcome information was to identify programs needing improvement and make changes to improve services to clients or outcomes clients experienced. This generally involves use of tabulated, quantitative outcome information, which represents a “newer” approach to the use of outcome information by NPOs.
3. We were surprised to find that a number of programs, while collecting outcome information, did not actually tabulate the data. Many programs were not tabulating the outcome information they had on individual clients, thus, leaving it to supervisors and caseworkers to mentally “process” the data to identify patterns and trends.

Tabulations enhance the ability of supervisors and caseworkers to identify problem areas. The tabulations make identification of patterns of problems and successes considerably easier and more reliable than possible if the NPO has to rely on mental summaries and impressions. Tabulations also enable the NPO to track outcomes over time, providing data on the results of program changes the NPO made.

4. The great majority of NPOs examined collected outcome information only while the clients were in service. We found few programs obtaining post-service information on their clients, in large part because this procedure requires special, and unfamiliar, effort by programs to obtain the outcome information. (For some programs, such follow-ups are not relevant, such as where a program’s clients remain with them for many years, such as institutional care for the elderly).

This lack of post-service outcome information considerably limits the ability of programs to determine the extent to which their assistance has helped clients to achieve sustained program benefits.

5. Several organizations had procedures to involve supervisors and caseworkers in regularly reviewing outcome information, both to keep them informed and to obtain suggestions for improvement. Officials of some organizations pointed out that providing outcome information to caseworkers and supervisors generates ideas for improvements and motivates them to future improvement actions. It also helps them develop a better sense of their contribution to the organization.
6. Lack of staff and, sometimes, hardware and software, have clearly inhibited many NPO programs from full analysis and use of outcome information. This, for example, inhibited their use of tabulations and breakouts of outcome data by client and service characteristics.
7. Client feedback surveys were relatively common. Some programs made changes based on this customer feedback. The survey questionnaires often included open-ended questions or space for comments that enabled clients to identify specific problems and recommend service improvements. Tabulating such data, however, was not done by all of these programs.
8. We found few programs breaking out outcome data by client characteristics, location, or by amount and type of service. However, several NPOs expressed interest in obtaining and using such breakout data.

9. Funding organizations had considerable influence over the outcome measurement implementation efforts of NPOs. Most of the NPOs appear to have initiated outcome monitoring efforts because of pressure from funders, such as the United Way or a federal agency. In some cases, accrediting organizations played a similar role in requiring collection of certain types of outcome information.
10. The outcome data needed to satisfy funding organizations tended to be highly aggregated. Funders did not require, or encourage, NPOs to break out outcome data for client demographic subgroups. Funders' lack of encouragement for such breakouts probably has tended to discourage, and certainly does not encourage, NPOs to provide such information, even if only for themselves. This results in NPOs not having the type of information that is most useful for management purposes.
11. Outcome information collected for funders generally appears to be required only on an annual basis. Such infrequent feedback on outcomes is not likely to provide timely information for organization management and staff actions.
12. Support, such as training, technical assistance, or outcome measurement publications, from an NPO's national service organization or the local United Way, were sometimes positive factors in NPO efforts to implement collection and use of outcome information.
13. A few NPOs either had found comparable outcome data available on other, similar, NPOs in the United States to be useful, or wanted such information. Such data appears to be used to motivate the NPO to make improvements in those instances where the NPO's outcomes were worse than elsewhere, or to be a psychic reward when its outcomes were better than elsewhere.
14. None of the NPO programs we examined had used outcome information to help identify "best practices" (that is, those practices associated with good outcomes)—whether within their own organization (such as among caseworkers or similar programs in different locations) or successful practices used by similar programs in other parts of the country. However, we found one example of the use of the comparative data elsewhere to motivate the program, based on data collected by the federal government agency that required such reporting.
15. We did not find any attempts to use outcome information to test options before a decision is made as to full implementation.
16. Similarly, we did not find efforts to use outcome information to determine whether modifications made to a program had a positive effect on its outcomes.
17. Very few NPOs used outcome information to motivate persons involved with service delivery outside of the NPO, such as clients or volunteers.

An overarching observation: the level of appreciation for, or understanding of, the potential usefulness of outcome information for improving services appears to be a major factor limiting its use by nonprofit organizations.

CHAPTER 5 RECOMMENDATIONS

Here we provide our recommendations to NPOs to enhance the usefulness of outcome information to help them improve their services. These recommendations are based in large part on our examination of uses that have been made of outcome information (Chapter 2) and the factors that contribute to the extent of use of outcome information (identified in Chapter 3). In our interviews with NPO representatives, we asked them to make suggestions for how the usefulness of outcome information could be improved in their organization, or in nonprofit organizations in general. Their suggestions are incorporated in these recommendations.

The recommendations are listed in Exhibit 5-1 and discussed below.

1. Build on the natural desire of caseworkers and their supervisors to improve the lives of their clients

Caseworkers and their supervisors invariably attempt to improve the quality of their clients' lives. However, many caseworkers and supervisors do not focus on quantitative data and have little time to worry about steps to measure and report on the outcomes of their work. NPO leadership can build on this natural concern to encourage them to consider the outcomes measured by the organization and use that information to provide insights for improving their services, rather than focusing solely on activities (such as number of hours of service provided to a client) - whether or not outcome data are tabulated.

The key elements are for the organization to (a) reduce the burden of data collection and processing on caseworkers and supervisors; (b) provide them with timely, clear, and meaningful outcome reports for their use; and (c) encourage the consideration and use of the outcome information by showing the organization's own desire to focus on improving clients' lives.

The following recommendations provide more specific actions for achieving these elements.

2. Tabulate the outcome data on a regular basis to monitor progress and help identify patterns or problems needing attention.

By tabulations, we simply mean (a) the summing of outcomes across clients and (b) calculating percentages, particularly the percent of clients who achieved each particular outcome. This may seem obvious, but some NPOs, especially those in the early stages of outcome management, are not doing this.

Exhibit 5-1 Recommendations

1. Build on the natural desire of caseworkers and their supervisors to improve the lives of their clients.
2. Tabulate the outcome data on a regular basis to monitor progress and help identify patterns or problems needing attention.
3. Report and review outcome information at regular and frequent intervals.
4. Reduce the burden on staff of data collection and analysis.
5. Use computer technology to facilitate data collection and analysis.
6. Seek explanations for unexpected outcomes.
7. Provide leadership support for using outcome information.
8. Involve program staff in identifying outcome indicators.
9. Promote positive use of outcome information.
10. Check data accuracy; establish a procedure for periodically reviewing data quality.
11. Obtain feedback on outcomes after making program changes.
12. Report outcome data to employees.
13. Develop and implement action plans to address problems.
14. Group outcome data into “breakout” categories to help detect patterns or problems.
15. Use comparisons to help identify programs needing improvement.
16. Survey customers to obtain feedback on satisfaction and helpfulness of services.
17. Seek post-program outcome information.
18. Use outcome measurement to experiment with new procedures.
19. Provide training in the use of outcome information to supervisors and caseworkers.

Tabulating outcome information in numerical form enables supervisors and caseworkers to avoid staff having to depend on their memories to identify patterns of problems or successes and to better judge trends over time.

Time limitations and demands of other responsibilities also affects staff ability to examine the information on clients to look for patterns that call for program changes. Tabulations should make identification of patterns and trends considerably easier and more reliable than having to rely on mental summaries and impressions.

3. Report and review outcome information at regular and frequent intervals

Frequent reporting of aggregated outcome information, such as quarterly and perhaps even monthly, will provide caseworkers, supervisors, program managers, and central officials with considerably more timely information than if, for example, the outcome information is provided only once a year. (Even if funders only require annual data, for internal management purposes more frequent tabulations are desirable.)

4. Reduce the burden on staff of data collection and analysis

A key problem with the above two recommendations is that many NPOs will feel they do not have the resources to perform the suggested collection, tabulation, and regular reporting. Several NPOs reported that the burden of data collection, entry and analysis limits the amount of time available to use the outcome information. Staff generally perceive that data collection and analysis result in extra work for them.

This work has two major components: data entry, likely to be the major staff time requirement, and the reporting and analysis of the data. The latter activity is not likely to require more than one-fifth of a person's time, and probably considerably less, except for large NPOs. That person, however, needs to be reasonably comfortable with quantitative data and, preferably, able to use an NPO computer to do the calculations.

Following, drawing from the suggestions made by the NPO representatives that we interviewed, are options for alleviating this problem:

- For NPOs that feel they have reasonably good computer capability, program the computer to process, tabulate, and provide reports on the data. Ask caseworkers to enter relevant client data directly into the computer.
- For NPOs that do not have much computer capability, assign a staff person (a full or part-time person) the responsibility of collecting, entering and tabulating data. Both of these first two options aim at significantly reducing the burden of data processing on the caseworker.

- Seek volunteers. This option is likely to be particularly appropriate for NPOs that cannot carve out time from an existing staff member's responsibilities, or are unable to hire someone. The NPO can seek "pro bono" time of local professionals, faculty and students of local colleges and universities, the business community, and retirees. Helping NPOs might also make excellent projects for students interested in computer sciences or many other subject areas.
- Keep data collection forms, such as questionnaires administered to clients, simple, short, and straightforward. This reduces the amount of time caseworkers spend on data collection and, thus, reduces the time this takes away from direct service provision.
- Develop a "partnership" with a college or university to assist with data analysis, including looking into factors that affect the outcomes achieved.
- Seek help from your national service organization (NSO). Encourage it to provide an electronic data processing system that would take data from local members and provide local organizations with tabulations of that data. The NSO might also provide comparable summary data from other members to permit comparisons. The NSO data processing systems use data directly inputted electronically by the NPO. The NSO might even do the entry from the completed client questionnaires and tests sent to it by the NPO. Boys & Girls Club of America, Big Brothers Big Sisters of America, and American Red Cross currently provide some of these services to their local affiliates.

5. Use computer technology to facilitate data collection and analysis

Computer technology can greatly reduce the burden of data collection and analysis. Unfortunately, many nonprofit organizations have limited computer capacity. Some NPOs have outdated hardware, or have a collection of hardware and software that do not readily "talk to each other." Resource constraints are a major hurdle. In addition, caseworkers often lack computer skills and experience. Some are reluctant to develop such skills.

Despite their current technology, many NPO representatives that we interviewed felt that improving their technologic capabilities (hardware and software) would considerably help them use outcome information. Technology is seen as a way to reduce the burden of data collection and analysis on caseworkers or other staff, enabling organizations to obtain more timely and more accurate outcome information.

Although hardware and software needs are highly specific to each NPO, some basic suggestions that are widely applicable are provided below. (Suggestions for obtaining resources or help to achieve these were cited in #4 above):

- Design management information systems that enable outcome information to be generated automatically from basic information collected by caseworkers. Try to minimize the amount of "paper and pencil" data collection by caseworkers.

- Locate and use computer software programs that will easily and quickly generate the kind of reports (aggregated data and breakout or “cross tab” data) useful to the NPO—so the need for manual tabulations is minimized.
- Go beyond usual funding sources to seek resources for technology help. Foundations or corporations may be willing to make one-time donations to develop a NPO’s technologic capability. Corporations may be willing to donate computers that are more up-to-date than those the NPO currently has. Volunteers from business or universities may be willing to provide technical assistance in developing, or learning to maximize the use of, software to analyze data and generate reports.
- Provide training to caseworkers if they are expected to enter data directly into an electronic database.

6. Seek explanations for unexpected outcomes

It is not enough, and not very helpful, to merely provide data. Information needs to be examined to assess whether actions might be needed. An explicit step in the NPO’s outcome management process should be to seek explanations before taking action. This may seem obvious, but few NPOs explicitly provide for a search for explanations in their outcome management processes. Here are some options:

- Ask each supervisor to review each performance report shortly after it is prepared to identify findings that warrant attention.
- Assign a person, more centrally located, to review each performance report and identify outcomes that appear to need attention.
- Hold “How Are We Doing?” sessions shortly after each performance report has been issued. At this session, review how each program is doing. A key element of the session should be to discuss the reasons for unexpectedly low, or high, outcomes. Then identify whether, and what, actions are needed. If action appears needed, ask staff to implement those actions or, at least, prepare a plan of action.²

NPOs should consider encouraging such sessions both between central managers (e.g., the CEO) and their supervisors and between supervisors and their caseworkers.

² A version of such meetings by local governments has been gaining considerable publicity. These are the biweekly data review meetings held by New York City’s Police Department known as the COMPSTAT approach. It has been adapted by City of Baltimore (“CitiStat”), and New York City’s HealthStat and ParkStat programs. These public organizations have reported considerable success in improving the outcomes of their services from this approach.

7. Provide leadership support for using outcome information

Interest in results and commitment to using outcome information on the part of the NPO leadership (top administrators) appears vital in encouraging interest and use at all levels of the organization. If agency executives show an interest in outcome information and use it in their decisions, its importance is likely to filter down to all staff. At a minimum, top administrators should review outcome reports and discuss any potential problems or unusual data (high or low) with program managers or supervisors.

One approach that appears effective is to hold “How Are We Doing?” sessions shortly after performance reports become available, as discussed above. At least some central administrators should participate in meetings with all staff associated with a particular program to review the program’s outcomes and brainstorm program changes to improve them.

8. Involve program staff in identifying outcome indicators

Several NPOs noted that involvement of caseworkers and other program staff in selecting outcome indicators for their programs was an important factor in use of outcome information. Involving staff helps promote “buy in” for the outcome information. This increases the likelihood that caseworkers will actually use the data. The supervisor of one program commented, “If staff are involved in knowing what’s being measured and are invested in that, using data is not difficult because staff are on board. Everyone should know why the data are collected and how it’s used.”

9. Promote positive use of outcome information

If caseworkers and supervisors believe that outcome information will be used in a threatening way, they will likely resist collecting and using the information. NPOs should emphasize that the major purpose of outcome information is to help the organization improve its services.

One positive use of outcome information is to recognize programs or individual caseworkers who meet or exceed targets (where targets are set), or whose data show substantial improvement over previous periods. This can be done in a variety of ways, such as recognition in the NPO’s newsletter, recognition at staff meetings, and awarding of symbolic “stars” or small prizes.

If the NPO compares outcomes across individual caseworkers, or groups of caseworkers (perhaps those working at different locations), what the NPO does with the findings will be a major determination of caseworker attitude towards the outcome measurement process. At the undesirable extreme, management can chastise or punish caseworkers or supervisors whose clients have poor outcomes. The preferred approach is to seek explanations for the poor outcomes, as discussed in #5 above.

If the findings indicate problems with the work of caseworkers or supervisors and that corrective action is needed, constructive actions are generally preferable. Thus, if the outcomes

for clients of individual caseworkers are low, particularly if this occurs over multiple reporting periods, supervisors should offer guidance, assistance, and possibly added training opportunities to help caseworkers improve their services. If these approaches do not result in improvement, caseworkers might be guided or reassigned to another area where they might be more successful.

10. Check data accuracy: establish a procedure to periodically review data quality

Some NPO representatives felt they and other staff were reluctant to use outcome data because of concerns about the data's validity. Some officials were concerned that they had data on only a small number of clients, or that the data collection methods may not have been appropriate, or that data were not collected frequently enough.³

To enhance staff confidence in the data and, thus, encourage greater use, NPOs should initiate some form of periodic data quality review. Larger NPOs should consider assigning an office, or person, the responsibility for quality assurance (such as done by Northern Virginia Family Services). Even the smallest NPO, however, should review its outcome data procedures at least on an annual basis to assess its data collection procedures. This might be accomplished by using a knowledgeable volunteer (such as from a local college) or a Board member.

As an added safeguard, before making major changes based on outcome information, NPOs should double-check the data for accuracy.

11. Obtain feedback on outcomes after making program changes

Several of the NPOs interviewed indicated they had made some kind of program change based on outcome information. However, few appeared to obtain outcome data after the change was made to assess whether the change had the desired effect. Such information will indicate whether further action is needed.

12. Report outcome data to employees

For outcome information to be used by staff to improve services, all personnel in a position to affect services should have ready access to the information. NPOs should distribute outcome data regularly to all such personnel, such as on at least a quarterly basis. Outcome reports might be distributed to employees (and volunteers if appropriate) or might be posted in offices.

One of the best mechanisms for sharing outcome information and focusing employee attention on using the information is to hold "How Are We Doing?" meetings, as discussed

³ On the problem of small sample sizes, NPO personnel may not have recognized that because most of their programs were collecting data from all clients (and not from random samples of clients) statistical issues associated with sampling were not applicable.

earlier. These meetings are used to review current outcome reports and to identify explanations for unexpectedly good or poor outcomes. The meetings can be used to brainstorm possible changes to achieve better outcomes. However, it is important to provide the outcome information in advance to staff so that they have time to prepare a response for any surprising finding.

NPOs with a large number of programs might hold separate meetings for staff of each program, or hold meetings that include staff of programs that are similar or linked sequentially.

13. Develop and implement action plans to address problems

When outcome information indicates that problems exist and outcome achievements are not satisfactory, NPO staff should propose ways to address the problem, such as in the form of an action plan.

Action plans should identify the specific steps that will be taken and the staff responsible for each step. They also should include time frames for when each step will be implemented. The plans should contain targets as to the levels of outcome expected on each relevant outcome indicator.

Action plans may build on the ideas generated in “How Are We Doing?” meetings, but would not have to be developed in a group process. Supervisors and managers should play major roles in developing action plans, particularly those that involve reallocation of resources or staff, acquisition of new resources, or substantial changes in procedures or policies.

When later outcome reports become available, they should be reviewed to determine whether the expected improvement in outcomes has occurred or whether further action is needed.

14. Group outcome data into “breakout” categories to help detect patterns or problems

Outcome data grouped by important client or work characteristics can be extremely useful for improving the NPO’s services— for supervisors, caseworkers, and central officials. Outcome data can usually be broken out by client characteristics and by type of procedure used, such as the following:

Client characteristics

- age group
- gender
- race/ethnicity
- income range
- nature and extent of any disabilities
- type or extent of presenting problem

Service characteristics

- the amount of service received by the client;
- mode of service delivery;
- location of service (such as different program offices or regions)
- caseworker

Though few of the nonprofit organizations we examined appeared to use break-out data many of them expressed interest in doing so. Breakout information can be highly useful to NPO managers and supervisors by helping identify where programs are working well and not so well. Such information can help pinpoint under what conditions the organization's services are achieving good outcomes and where problems appear to be occurring. Breakout data can alert managers to seek explanations for unexpected findings (positive or negative).

To obtain breakout information, organizations need to incorporate the breakout information into the agency's records. For example, individual records on clients will need to contain data on the key demographic characteristics and on types and amounts of services received, and status or condition at program entry. This information then can be linked to the outcome information on the individual clients. Tabulations would then be made of the outcomes that occurred for each group of clients (such as the outcomes by clients with particular characteristics).

A special problem arises if a NPO wants to break out outcomes by difficulty of helping particular clients. For most programs, clients are more heterogeneous than homogeneous. Some clients are relatively easy to help; others are more difficult. If the NPO can group clients by level of difficulty, and then calculate the outcomes for each difficulty level, this will provide a better perspective on performance and lead to fairer comparisons (if comparisons are made).

The problem of the NPO is to define each difficulty level (three or four levels will usually suffice) in terms of the information that the program is likely to have on each client.

Whether seeking breakouts in terms of level of difficulty or client characteristics, the NPO will need to identify the breakout characteristics it wants for clients of particular programs, make sure that information is collected on each client, and tabulate outcomes for clients having particular characteristics.

If the NPO has adequate computer facilities, these tabulations probably can be made quite readily and painlessly—and for many characteristics. However, if the NPO has no, or highly limited, computer capability, and can not obtain help through volunteers or other outside sources (such as from sources discussed in #3), the NPO may need to do manual tabulations. Then, it may only be practical to tabulate outcomes by perhaps two or three breakout characteristics.

15. Use comparisons to help identify programs needing improvement

By itself, one piece of outcome data has limited value. It does not necessarily indicate whether the outcome was good or poor. However, that information becomes considerably more

informative if it can be compared to other relevant numbers. For example, the latest data on each outcome indicator might be compared to the following:

- Outcomes for previous reporting periods;
- Targets set by the NPO at the beginning of the year;
- Outcomes for groups of clients with different age, gender, race/ethnicity, or income characteristics;
- Outcomes from similar types of clients of other offices of the NPO;
- Outcomes of similar clients that received other amounts of service; or
- Outcomes of similar clients of other NPOs in the region or USA.⁴

Such comparisons can be presented in tables or by more visual means, such as bar charts. Exhibit 2-3 in Chapter 2 provides an example of such comparisons presented in bar chart form.

16. Survey customers to obtain feedback on satisfaction and helpfulness of services

Customer feedback can be a major way to obtain outcome information. Such feedback can provide information on overall satisfaction with the service, satisfaction with particular aspects of service quality (such as timeliness, accessibility, and courteousness). Often, and even more importantly, such surveys can provide information on the client's condition or status after the client received help from the NPO (such as whether the former client is employed, has a permanent home, and is still abstaining from smoking or alcohol or drug abuse).

Also, use customer surveys to ask clients for suggestions for improving the service and for what they did, and did not, like about the service. Such information will provide another source of ideas for program improvements.

The survey procedure can also be used to obtain feedback from program dropouts. This can yield valuable information about factors contributing to dropping out and what program improvements are needed to reduce it.

Some NPOs conduct customer satisfaction surveys at the end of a program (or when the client completes service). Some organizations also collect such information periodically during the course of a program, particularly if clients remain in the program for a long period.

Some officials suggested developing technology to enable clients to enter survey or test responses directly into a computer.

⁴ These comparisons have special problems since other NPOs may not collect the same outcome information in the same way. In recent years, some NPO national service organizations, such as Boys and Girls Clubs of America, Big Brothers Big Sisters of America, and the American Red Cross have developed common data collection procedures, such as client survey questionnaires, that can be used by local affiliates.

Six of the eight NPOs we examined for this study were surveying customers for at least one of their programs. The survey process can be surprisingly inexpensive, especially if the questionnaires are mailed and the questionnaire is reasonably short.⁵

17. Seek post-program outcome information

Many programs have as a major objective enabling clients to have improved life situations after they have completed service. Lack of post-service outcome information considerably limits the ability of these programs to determine the extent to which their assistance has helped clients to achieve sustained program benefits. For these programs, obtaining feedback on former clients' situation at some period of time after the client has finished the service (such as three, six, or 12 months afterwards), appears vital to effectively measuring client outcomes and for identifying needed program improvements. (This procedure is not applicable to clients who are expected to remain in service for many years, such as institutional care for the elderly.)

A side benefit of collecting post-program follow-up data is that it provides organizations with an opportunity to ask for comments or suggestions to improve the program, based on clients' retrospective views on the program. Two of the programs examined sought former client feedback some period of time after the client had left the program.

Some funders have begun to press NPOs to report post-service follow-up data. While such procedures are badly needed, such pressure needs to be accompanied by funder steps to enhance NPO capacity to undertake such follow-ups.

A common perception among NPOs and technical persons is that nonprofit organizations do not have the resources, nor the capability, to follow-up their clients after they leave services. We believe this is overly pessimistic and an unfortunate perception. Certainly, extra steps and resources are needed to undertake this activity. The issue is whether human service organizations can really claim to understand the outcomes of their programs if post-service outcome data are not sought. Most programs that seek to improve the lives of their clients after services have been completed, however, have the potential to undertake follow-ups of former clients, even though perfection in such measurement is never likely to be possible. Less concern is needed for producing outcome information with high levels of precision and high client response rates, which greatly increases the cost of post-program follow-up.

From the perspective of usefulness, post-service outcome information can provide a human service organization with considerably more confidence in identifying what is working well and what not so well. It is quite conceivable, for example, that a program might be doing a very good job of improving the knowledge of clients about certain risk behaviors, but that this knowledge is not being translated into reduced risk behavior. This would suggest that the program should be taking other steps to encourage the hoped-for behavior.

⁵ For more information on customer surveys for agency managers, see Harry P. Hatry, et al., *Customer Surveys for Agency Managers: What Managers Need to Know* (Washington D.C.: The Urban Institute, 1998).

In recent years a number of steps have been identified that are available to nonprofit organizations to make it more practical to undertake post-service client outcome follow-ups. These include:

- Using mail surveys, where appropriate, along with low cost incentives for former clients to provide responses.
- Providing after-care services to former clients, including periodically touching base with former clients (e.g., every other month). Such after care enables programs to be better able to locate the client for follow-up and better able to gain clients' cooperation with the program's follow-up efforts. The Family Leadership Program of Crossway Community (MD) has an "alumni information network," that enables the NPO to keep up with former clients and, thus, have reasonably current contact information on their clients (the lack of which has been one of the major deterrents to surveys of former clients).
- Notifying clients while they are in service, and near the end of the service, that follow-ups will be undertaken, and encouraging them to cooperate (such as by pointing out that the information would be quite valuable in terms of enabling the program to subsequently improve its services). This can enhance the willingness of clients to cooperate in outcome follow-ups.
- Seek "back up" contact information for clients, such as the name, telephone number and address of someone who does not live with the client, but who would know how to reach the client.
- Funders are increasingly willing to provide resources, such as some small amount of additional funding, to obtain post-program outcome information.

18. Use the outcome measurement process to experiment with new procedures

If an NPO has a good outcome measurement process, it can use that process to test program changes in a pilot effort (such as varying the type and amount of help). The procedure is to use the new service delivery approach on a randomly selected group of clients, while continuing the current service delivery approach on the other clients. After a reasonable test period, the program would then compare the outcomes for the clients of each service approach to determine which has the better outcomes.

We did not find any examples of this pilot approach in any of the NPOs that we examined. We suspect, however, that this procedure has considerable potential for encouraging creative thinking and innovation in NPO service delivery.

19. Provide training to supervisors and caseworkers in the use of outcome information

A number of the NPO representatives we interviewed expressed concerns about the need for increasing the knowledge of their staffs in outcome measurement. Training and technical assistance should be provided to staff who play a role in collecting and reporting the information (if outcome information collection cannot be assigned to one staff member). This is particularly important for staff whose primary functions involve little exposure to use of data or computers.

However, a key barrier to use of outcome information appears to be the lack of appreciation for, or awareness of, its potential use for improving services. Therefore, of equal importance is inclusion of training related to using outcome information as part of training for outcome measurement.

A problem here is that existing performance measurement training programs seldom spend much time on using the outcome information. The subject matter of such training could be based on the previous recommendations.