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An Analysis of the Internal Usage of Outcome Assessment Data by Multi-Function Non-Profit Organizations

An Interactive Qualifying Project submitted to the faculty to Worcester Polytechnic Institute in partial fulfillment of the requirements for the Degree of Bachelor of Science

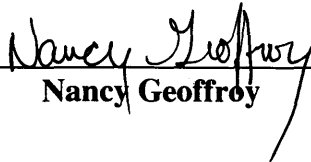
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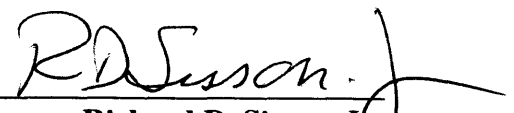

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Abstract

The internal utilization of outcome assessment information by multi-function non-profit social service organizations has been evaluated by interviewing central and program level staff of eight organizations. This evaluation was based on the organizations outcome assessment usage as compared to ten points of best practice as identified by the interviews. The results indicated that many non-profit organizations do not effectively utilize all outcome data collected, but recognize potential for future usage.

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Executive Summary

The internal usage of outcomes assessment information by multi-function non-profit social service organizations has been evaluated by interviewing central and program level staff of eight organizations. These eight organizations are: Jewish Social Service Agency, Northern Virginia Family Service, Big Brothers Big Sisters of Central Maryland, Northern Virginia Urban League, Boys and Girls Club of Greater Washington, Family and Child Services, United Community Ministries and Crossway Community.

In order to interview the eight non-profit organizations, two interview guides were used. The two interview guides were the Central Level and Program Level Interview Guides. Developed in conjunction with the Urban Institute, the interview guides were used to collect information on outcome assessment data that is descriptive and relevant to the specific interests of this project.

The assessment revealed that most multi-function non-profit organizations are not using outcome assessment data to its fullest potential. Each organization was evaluated against a list of ten ideal points that would be used in an ideal outcome management situation. Many organizations are relatively new to the outcome assessment collection process, so the scores for this list of organizations were relatively low. The average score was 4.25 out of a possible 10.

Information on barriers to outcome assessment data usage was also collected. Many organizations cited barriers such as: technology, staffing, and training. Non-profit organizations often have barriers in technology because they are working with limited funding, and cannot afford an advanced database to record outcome assessment data. Non-profit organizations also have barriers with training in data collection. They do not have a training seminar to teach

employees how to collect good data, as well as enter the outcome assessment data into a database.

Recommendations were made to multi-function non-profit organizations as a whole. It was suggested that all organizations collect extra outcome assessment data, in addition to the outcome assessment data that is required by their funders. This will ensure that all outcome indicators used are useful, and that the data is trusted by all employees in the non-profit organization. A recommendation was also given to the non-profit organizations to have a system in place where the central and program level employees review the outcome assessment data, and use this data to make changes within the program. It was also recommended that the organizations use the outcome assessment data at quarterly and annual meetings. The data should be reviewed at these meetings, and problems should be discussed. Changes to programs or procedures should then be made based on the conclusions from the outcome assessment data.

1.0 Introduction

The Urban Institute (UI) is a non-profit policy research organization based in the District of Columbia. The Institute's goals are “to sharpen thinking about society's problems and efforts to solve them, improve government decisions and their implementation, and increase citizens' awareness about important public choices (UI, 2001).” “The Urban Institute brings three critical ingredients to public debates on domestic policy initiatives: accurate data, careful and objective analyses, and perspective (UI, 2001).”

At the current time, the Urban Institute has little information on internal outcome assessment data use by non-profit organizations. The Urban Institute would like to know what the non-profit organizations are doing with the outcome assessment data they collect. For example, the organizations could be using the results of the outcomes assessment internally to improve their programs, or they might just use the results externally to present to their funders. Since outcome assessment data is mandated by most funders to show the effectiveness of their programs, the results of the outcomes assessment data can be used internally by the organization to improve their programs.

The goal of our project is to determine the internal usage of outcome assessment data by multi-function non-profit organizations (NPO's). The overall internal usage has been determined by conducting interviews with eight representative non-profit organizations. Specific examples were given during the interviews regarding how outcomes assessment data was used to make a change in the program. From this data, recommendations for effective use of outcome assessment data have been made to multi-function non-profit organizations.

2.0 Literature Review

2.1 Outcome Assessment

2.1.1 Outcome Assessment

Outcome assessment, also known as outcome measurement, is a formal way of evaluating organizations, businesses, schools, and any other enterprise that strives to improve and evaluate their effectiveness. However, outcome assessment can only work if there is a clearly understood definition of “effectiveness” (Light, 2000, pp. 46). It is important that non-profit “effectiveness” is not considered synonymous with business “effectiveness”. Non-profit “effectiveness” and business “effectiveness” are two very different metrics, which require two very different outcome assessment approaches. To perform an outcome assessment, an organization or company will collect the output data over a specific time period, then evaluate that output based on constant guidelines that other organizations of the same genre are evaluated. The organization then analyzes the results, or “outcomes”, of the evaluations. After the results have been analyzed, the group performing the assessment submits a report to the non-profit organization, outlining the positive areas in which they are effective, as well as the negative areas that need to be improved (Hatry, 1999).

Non-profit organizations that are candidates for internal restructuring by using outcomes assessment can be considered analogous to businesses with under-valued stock (Hatry, 1999). “When the restructuring of a business is successful, the stock value rises dramatically. When the restructuring of a non-profit organization is successful, its ability to fulfill its social mission rises dramatically” (Light, 2000, pp. 57).

In-depth program evaluation is used by some agencies to obtain a detailed evaluation of the program for a specific period of time. This in-depth assessment, however, it will not be as

useful on a long-term scale, due to the rapidly changing nature of the programs (Hatry, 1999). Outcome monitoring is an evaluation based on outcomes of programs, and the successfulness of the programs meeting their goals or outcome indicators. The outcome indicator can be evaluated annually, providing a detailed picture of the effectiveness of programs. However, annual outcome indicator evaluation is less time consuming and more cost effective than annual in-depth program evaluations (Hatry, 1999).

External usage of outcome assessment data is the most common use of outcome assessment data in non-profit organizations at this time. Organizations use outcome assessment data externally to gain additional funding or retain the funding they have. Outcome assessment data is also used externally for staff and volunteer recruitment. Outcome assessment data may be reported in a annual report for funders or in an advertisement form for staff recruitment (Hatry, 1999).

Internal usage of outcome assessment data is not found as often as external usage. Lack of internal usage may be due to a variety of reasons, including: lack of interest, unrepresentative outcome indicators, lack of technical expertise in data collection or analysis methods, or lack of communication between staff. Internal usage of outcome data can be used to motivate staff and volunteers, improve programs, and provide outcome monitoring plans (Hatry, 1999).

Outcome assessment data is the raw information collected annually from the outcome indicators. Outcome assessment data can be reported to funders and the organization's board of directors. Outcome assessment data is obtained from surveys, interviews and other data collection methods. Outcome management is defined as using the quantitative measurements from outcome measurement and establishing a plan of action based on the results. Outcome indicators and goals are set, based on the results of the outcome assessment data. Outcome

assessment data can also show if programs are improving, and the stability of the program by comparing the outcome measurements for each year (Hatry, 1999).

Some indicators, especially those given to the United Way, are based on a time frame. These indicators include: initial indicators, intermediate indicators, and long-term indicators. The varying indicators are used to compare the client's benefits over time. For example, if the client is initially able to quit smoking, but then starts smoking again in a year, the program has not been fully effective for them (Hatry, 1999).

Other indicators are based on the benefit to the client based on the programs effectiveness. An initial indicator of a program may be that they can entice a certain amount of clients. In organizations such as homeless shelters, simply being able to draw in clients to improve themselves may be considered an initial indicator. A final indicator would be if the client is actually benefiting by the program, and also if the community is benefiting by the program (Hatry, 1999).

2.1.2 The Need For Outcome Assessment

Outcome assessment is a process that is commonly used by many companies (Morley, Vinson, Hatry, 2001). However, outcome assessment is relatively new to non-profit organizations. In general, non-profit organizations typically do informal evaluations of their organization and improve programs based on this informal assessment (Morley, Vinson, Hatry, 2001, pp. 1-6). Only recently have some of the larger non-profit organizations, such as the United Way, adopted this formal outcomes assessment evaluation to measure the effectiveness of its' organizations. The informal evaluations are useful to the organizations themselves, but the information provided in the evaluations may not be enough proof of effectiveness for a potential

donor. Often the donor wants to know what the end results are. “Many of the scientifically minded standards that funders and non-profit organizations now use to evaluate and promote organizational effectiveness endorse outcomes measurement and transparency” (Light, 2000, pp. 3). Outcome assessment data can easily show a donor these end results, as well as help the organizations improve their programs (Morley, Vinson, Hatry, 2001, pp. 23-26).

The information provided in an outcome assessment report can be even more effective if the end data is compared to the initial status of a client (Morley, Vinson, Hatry, 2001, pp. 1-6). For example, if a student entering a tutoring program takes a pre-test before he begins the program and a similar post-test after completion, the results of the tutoring program can easily be measured. A program should report both positive and negative outcomes because both are useful in measuring the effectiveness of the organization as a whole and will ultimately help them to improve their services.

2.1.3 Implementation of an Outcome Assessment Program

The steps to initiate an outcomes assessment program are divided into three phases: initial preparation, a trial run, and implementation (Hatry, van Houten, Plantz, and Greenway, 1996, pp. i-iv).

Initial preparation includes a several sub-steps: preparing to start, choosing which outcomes you will measure, finding specific indicators for the outcomes (who/what will change by "how much" of each measure you choose), and preparing to collect results (Morley, Vinson, Hatry, 2001, pp. 11-30). An outcome indicator is a measurable goal, such as each student in a program improving by one letter grade upon completion of the program. Preparing to collect results is an important step because if you do not give the student in the above-mentioned

program a pre-test, it will be almost impossible to compare the results (Morley, Vinson, Hatry, 2001).

The second phase, a trial run, is helpful for testing data collection procedures, analysis, and reporting. For example, it is very important if you are using a survey to send it out for a trial run (Morley, Vinson, and Hatry, 2001, pp. 26-31). This will ensure that the questions you are sending out are valid for getting the type of responses that you are expecting. Also, when the actual survey is sent out, you are testing to see if the survey is on target to the particular audience you are trying to reach (such as appropriate reading level). This step may also be useful in comparison to the actual run (Morley, Vinson, Hatry, 2001).

The third and final phase, implementation, is adjusting the proposed methods of the trial run and receiving and reporting your data (Hatry, van Houten, Plantz, and Greenway, 1996, pp. 105-113). Implementation includes the use of the results to benefit future programs. The data for a program that uses outcomes assessment can be collected from clients, volunteers, paid staff, mentors or teachers, the client's family, or the client's employers, depending of the type of organization being assessed (Morley, Vinson, and Hatry, 2001, pp. 23-26). A tutoring program for children, for example, might survey the child's family and teachers because it may be more useful than asking the child to assess the program. The organization should also compare the data it has received with outcome assessment data from previous years, or even in other departments of the organization. However, obtaining information from just those who volunteer it is not an accurate sample (Morley, Vinson, and Hatry, 2001). An organization should conduct surveys by mail, email, on the internet, or by phone. To get the best response rate, the organization should consider conducting the survey during the last day of the program when most clients will be in attendance (Morley, Vinson, and Hatry, 2001). Generally when administering

surveys, a fifty percent response rate is acceptable. Lower response rates will give inaccurate data and may cause misguided conclusions about the program.

How the organization uses the data collected is one of the most important decisions that the organization will make when conducting an outcome assessment. An organization can use the data both externally and internally (Hatry, 1999). Externally, an organization can report the data to current funders as well as using the data in a grant application, or some other type of application for more funding. The organization can also use the data externally to recruit new staff and volunteers and to improve their public relations (Hatry, 1999). Internally, there are more ways to use the data obtained from an outcomes assessment evaluation. Data can be used to improve employee and customer morale. It can also be used to improve programs by setting targets or goals for the program to meet. If the targets are not met, changes can be made in order to meet the goal. Once data has been collected, another internal usage is to track outcomes by demographic breakdown, such as race, gender, age, or location (Hatry, 1999).

From the outcomes assessment data, an organization should have expectations for the results and implications the outcome assessment data will have (Morley, Vinson, and Hatry, 2001). This outcome assessment data can again be broken down between external expectations and internal expectations. Externally, the data can result in a change in funding from donors. The data can also affect the number of employees an organization has, as well as the number of people that volunteer at the agency. Finally, the data can shift the organizations' public relations (Hatry, 1999). There are more internal expectations of the data's consequences. Internally, the data can help or lower employee and customer morale. The data can cause a greater or lesser interest in programs, and show whether the targets (goals) have been reached or missed (Hatry, 1999). Most importantly, the data has the expectations to help make programs better. The data

will show whether there were more clients served, less clients served better, all clients served better, and that the funding has been used more effectively (Hatry, 1999).

Often times there are reasons why outcome assessment data should not be used internally or externally (Morley, Vinson, and Hatry, 2001). Sometimes a sample size will be invalid, in which case the data cannot be used. The data can also be found to be unrepresentative of the program or organization. There are also other barriers to outcome assessment data. In many non-profit organizations, there is a technology barrier from the software or hardware. There can also be a “manpower” barrier, where an organization might not have enough employees or volunteers, or they might not have enough expertise to collect and evaluate the data (Hatry, 1999). As always with non-profit organizations, there might not be enough funding to collect the data. Even if there is sufficient funding, the funders might not be requesting any outcome assessment data, in which case, the organization might choose to forego collecting data because it is not needed by someone else (Hatry, 1999).

2.1.4 Key Components of the Outcomes Assessment Evaluation

The key components of outcomes assessment of a program are the inputs, activities, outputs, outcomes, outcome targets, and outcome indicators (McNamara, 1999, pp. 9).

The inputs to the program consist of the initial resources available to the organization, and what they do with those resources (Hatry, van Houten, Plantz, and Greenway, 1996 pp3). The organization will have an annual budget, which will be used to train and pay staff, sponsor activities, maintain the facility, etc. These are all inputs because the organization will use these resources to help serve their clients.

The activities of the program should be specific to their clients' needs (Hatry, van Houten, Plantz, and Greenway, 1996 pp. 3). Examples of activities or processes that a program may undertake to serve clients include: providing shelter, counseling, tutoring, mentoring, etc. These activities are services that are specific to the clients' needs, but do not aid specific changes in individual clients.

The outputs of the program are a quantitative measurement after the end of a program (Hatry, van Houten, Plantz, and Greenway, 1996, pp. 3). An output can be described as the number of clients the organization served by the end of a program. Outputs may be a long-term program such as a drug rehabilitation program, but the end of a short-term program could be considered a month or a day if the organization is a shelter or food kitchen. Outputs could also be the number of clients sheltered per number of beds, or number of clients served per day.

The outcomes of the program are on an individual level, unlike the previous components (Hatry, van Houten, Plantz, and Greenway, 1996, pp. 3). These outcomes can be short-term, intermediate-term, or long-term depending on when the assessment is made and what sort of services the client was provided. The outcomes are the changes to the client since the beginning of the program. For example, an outcome for a drug rehabilitation program is the number of clients who are sober and clean after a given period of time. The output would simply be the number of clients who participated in the drug rehabilitation program, regardless of the individual reward of the clients.

An outcome target is usually set as a precursor to the program (Hatry, van Houten, Plantz, and Greenway, 1996, pp. xv). It is a goal that the program hopes to meet over the course of the program, and it is often a numerical value. A target could be to reduce the convicted drug addicts in the programs' area by two percent in the next three years.

The outcome indicators show if the program is achieving the outcome target (Hatry, van Houten, Plantz, and Greenway, 1996, pp. xv). It is often a numerical value as well. An outcome indicator is often compared with the indicators from previous years to track the agency's progress, and to predict progress for the future.

2.2 Non-profit Organizations in Washington, DC

The organizations that have been interviewed in Washington, DC are non-profit organizations with multiple divisions. The general divisions of these organizations are:

1. Self-sufficiency skills
2. Emergency services such as food and housing
3. Counseling service
4. Vocational service
5. Transitional housing
6. Elderly services
7. Education and training

These organizations generally work with people in a lower income bracket and the homeless, as well as people that are facing emotional, physical, or social problems. The specific organizations that were interviewed are: the Jewish Social Service Agency, United Community Ministries, Northern Virginia Urban League, Northern Virginia Family Services, Crossway Communities, Boys and Girls Clubs of Greater Washington, Big Brothers Big Sisters of Central Maryland, and Family and Child Services of Washington, DC.

2.2.1 Northern Virginia Family Services

The Northern Virginia Family Service (NVFS) is a privately funded non-profit human service organization that was founded in 1924. Their mission is “to empower individuals and families to improve their quality of life, and to promote community cooperation and support in responding to family needs” (NVFS, 2000, pp. 1). Their goals are to provide encouragement and support to those in need through various programs, to expand the number of volunteers within the agency, and to seek contemporary ways to raise funds (NVFS, 2000, pp. 3). Northern Virginia Family Service receives \$9.9 million in funding annually. They receive funding through foundation grants, donations, government contracts, counseling fees, and The United Way of the National Capitol Area. They served 27,000 adults, children and families in the past year (NVFS, 2000, pp. 2).

The NVFS offers specialized programs in many areas, such as Adult Assistance, Children and Youth Services, Family Services, and Special Foster Care. Within each of these areas, there are various programs offered:

The following programs are offered within Adult Assistance (NVFS, 2001):

- **Adult Health Program** – Provides low income adults with private health care professionals and other resources. Health services include: sick visits, physicals, lab tests, pharmacy services and dental exams.
- **Anger Management/ Employee Assistance Program** – An 8 week program that provides short term counseling, workshops and trauma assistance services to individuals and businesses during difficult times.
- **Debt Management: Credit Counseling** – Provides confidential credit and debt counseling on topics such as budgeting, practical spending, and help to prevent bankruptcy. Training

sessions are offered on “Credit Cards,” “Your Child’s College Education,” and “How to Live on a Limited Budget”.

- Eviction Prevention Program – Provides no-interest loans and grants to help needy families pay rent. Transitional housing is also available to help single, homeless mothers. Life-skills training, financial planning and counseling are offered in both programs to help families and mothers remain self-sufficient.
- Family Loan Program – Provides interest free loans in the transition from Temporary Assistance for Needy Families (TANF) to independence. Loan applications are submitted and reviewed by a volunteer council, and eligible individuals can receive up to \$3,000 of assistance if selected for a loan; however, the loan must be paid back in full within 24 months. All recipients must also attend financial and budget counseling sessions offered by NVFS.
- Individual Counseling – Provides counseling to adults, children and adolescents experiencing difficult situations affecting their mental health. These sessions aim to promote self-knowledge and self-confidence, develop trust, and enhance communication in order to find positive solutions to life problems.
- Job Training – Training Futures and CTOP are the 2 job training programs offered.
- Training Futures is a 21 week clerical training programs. This program helps unemployed and underemployed individuals seek secure jobs. This program offers courses in: computer skills, business math, business English, keyboarding, 10 key calculator, filing, customer service and job search skills. Internships are also available through the program.
- Construction Training Opportunities Program (CTOP) is a 10 week training course for men and women in the construction industry. The areas of instruction include sprinkler repair,

electrical wiring and masonry. Students are taught in the classroom 2 days a week, and they are on job sites testing their skills 4 days a week. All students must be at the 8th grade reading and math level to be eligible for this program.

- Operation Match – This program is a referral service that links home providers with home seekers. Each eligible individual receives their own room, and common living space is shared with other housemates. This program is funded by Fairfax County.

The following programs are offered within Children and Youth Services (NVFS, 2001):

- Healthy Families/Early Head Start – This program provides comprehensive support and guidance through home visitation to vulnerable parents. The program foci on building each family's strength to promote positive changes in their lives. It aims to promote good parental care, healthy births, appropriate child development milestones, and prevention of child abuse and neglect.
- Special Foster Care – This program provides temporary, quality family settings for children with special needs. They serve children from birth to age 18 with behavioral, emotional or physical developmental needs that cannot be met in their own homes.
- Therapeutic Respite Care – This program pairs special needs children with specially trained families for regular visits. This allows parents to recuperate from the demands of raising a special needs child.
- Health Access – This program negotiates with local health care providers to ensure that all children receive the health care that they need.
- Child Counseling – This is the same counseling provided to families in need (mentioned in the Adult Assistance section).

- Youth Initiatives – The Resource Advisory Program (RAP) helps students manage obstacles that lead to school drop-outs and other destructive behavior. These obstacles include family problems, emotional or behavioral issues, substance abuse and teenage pregnancy. An anger management program for teens called EQUIP is also offered. This helps teens develop alternatives to destructive thinking and actions.
- Anger Alternatives for Teens - This program promotes personal responsibility, anger management, social skills and self respect for teens with behavioral problems.

The program offered within the Family Service division is a program called “Family Support Program” (NVFS, 2001). This program helps parents discuss what children may go through when a divorce or separation occurs. They help parents recognize the signs of a child who is in trouble, as well as skills to help children properly cope with divorce, and what community assistance is available to them.

NVFS also offers awards to outstanding businesses in the community. These CARE Awards, Companies as Responsive Employers, began in 1992 to recognize businesses that provide a family-friendly workplace. Employee recruitment, morale, productivity and retention are important criteria in determining winners of the award. These awards are an integral part of the NVFS organization (NVFS, 2001).

2.2.2 Northern Virginia Urban League

Northern Virginia Urban League (NOVAUL) is a social and civil rights organization, started in 1964 by Alexandria Citizens. Their goal is to address problems for Alexandria County’s minorities, elderly, children, and poor. NOVAUL was accepted as the 114th affiliate of the National Urban League in 1990.

The mission of the National Urban League is to assist African Americans in the achievement of social and economic equality. The Board of Trustees of the National Urban League and all of its affiliates reflect a diverse body of community, government, and corporate leaders. The League implements its mission through advocacy, bridge building, program services and research (NOVAUL, 2001).

NOVAUL serves approximately 600 people per year. They do not have a financial report available. In the pursuit to build the bridges of racial understanding, NOVAUL offers a wide variety of programs for citizens of all ages (NOVAUL, 2001):

- Senior In-Community Service Program – This program offers citizens 55 years of age or older part-time training opportunities in clerical work, receptionist training, data entry, custodial services, home companionship and food service. These jobs are performed in non-profit agencies across Northern Virginia. Training for this program ranges from three months to fifteen months, and is sponsored by the US Department of Labor.
- Job Readiness Program – This program is focused on providing job training skills to the recipients of “Aid to Families with Dependent Children” in order to make a smooth transition from welfare to work. The program helps the recipients identify their strong and weak abilities, qualifications, and job skills, as well as interviewing skills and career planning. This program is Sponsored by The City of Alexandria Office on Employment Training.
- Youth Services and Education – This program strives to promote excellence in education, avoid destructive behavior and encourage community service among

children in the Northern Virginia Area. This program also offers annual scholarships, including academics awards for public high school seniors from Alexandria, Arlington, and Fairfax Counties

- Community Service Project (CSP) – This program was created in 1981 to provide “meaningful community work experience” throughout the city of Alexandria for youth between ages 12 and 18 in the juvenile court system. “CSP in most cases serves as an alternative to prosecution, incarceration or as a condition for probation” (NOVAUL 2001)
- New Horizons/Male Teen Responsibility Project – “This project is designed to foster responsible behavior and reduce the incidence of early parenthood through the provision of structured educational, recreational and cultural activities” (NOVAUL 2001). The target age for this program is between 8 and 18. They strive to prepare young men for life as adults, and to build confidence through weekly life skills sessions.
- Alexandria Resource Mothers Project (ARMS) – This program was developed in 1994 as a support system for teen parents and pregnant teens. “Resource mothers” provides guidance to the teen mothers from the time of conception through the child’s second birthday, as well as encouraging school attendance and discouraging repeat pregnancies. This program is funded through a variety of foundations, including Alexandria Early Childhood Commission’s Children’s Fund and the Freddie Mac Foundation. This is the program that will be focused on in our contact with NOVAUL. It is the only program that they collect outcome assessment data on.

- “Service to Alexandria” AmeriCorps Project (STA) – This program provides housing rehabilitation and maintenance services to low-income, elderly or disabled community residents. They attempt to meet a variety of social needs of the citizens of Alexandria and surrounding communities.
- Interagency Consortium on Adolescent Pregnancy (ICAP) – This program is “committed to reducing adolescent pregnancy and promoting services to adolescent parents” (NOVAUL, 2001). This program provides outreach activities to male teens, as well as female teens. They receive funding from foundations including Freddie Mac Foundation and Arlington Health Foundation.

Since it’s inception, NOVAUL has been dedicated to assisting minorities and disadvantaged people in becoming productive members of society (NOVAUL, 2001).

2.2.3 Jewish Social Service Agency

The Jewish Social Service Agency (JSSA) of Central Washington provides services in three main categories: Mental Health, Home Health and Hospice, and Career Services. JSSA serves approximately 2,600 people per year within all of their programs. JSSA does not have any goals or a mission statement. They are also missing a financial statement. The Council on Accreditation of Family and Children’s agencies accredits the Mental Health services. Home Health and Hospice is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JSSA, 2001). The Career services category serves 850 individuals per year. They are accredited by Maryland DOE, Rehabilitation Services (JSSA, 2001). These services are seen in their programs: Children and Adolescents, Marriage and Parenting, Older Adults, Bereavement, Separation and Divorce, Depression, Anger and Stress, Attention and Impulse

Disorders, people with Disabilities, Career Services, Hospice Home Health, Adoption Services, Deaf and Hearing Impaired, and In Home Support.

There are many children and adolescents programs that provide mental support through specific therapy programs for academic underachievement, anxiety and stress, ADHD, and other impulse and attention disorders (JSSA, 2001). For children with impulse and attention disorders there are various types of treatment. JSSA offers individual assessment, educational and psychological testing, therapy sessions, social skills groups, parental support and educational groups, and medication evaluation and management. There are also programs for children with Aspergers Syndrome, which is a disorder similar to Autism but differs in the degree of severity of social skill loss. Children with Aspergers Syndrome tend to have better social skills than children with Autism. There are also support groups for children who are experiencing depression, suicidal tendencies, divorce or separation, eating disorders, grief or loss, as well as school phobia and other friendship difficulties (JSSA, 2001).

JSSA also provides programs in marriage and parenting skills. One of their most popular programs is the “Making Marriage Work” session. This program was developed about 20 years ago at the University of Judaism. It provides support for couples who are getting ready for marriage, as well as couples who are already married. Data shows that after completion of the program, 90% of the graduates remained married. Other sessions that are offered are communication workshops, parenting workshops, individual, family, and couple therapy, and other general support groups (JSSA, 2001).

One of the biggest programs at the JSSA is the older adult home and hospice care division. Through in-home health care and mental health services, the JSSA provides services in escorted transportation, Kosher meals-on-wheels, homemaker services, shopping assistance, and

a specific program called Premier Homecare (JSSA, 2001). Premier Homecare provides elderly assistance either around the clock, or on a daily basis. It provides basic daily living assistance in private homes, nursing homes, hospitals, and assisted living facilities (JSSA, 2001).

The JSSA also provides Bereavement programs, which provide mental health support through individual and group therapy, peer support groups, and workshops for adults and children. The workshops include a session for parents who have lost a child (JSSA, 2001).

The JSSA knows that separation and divorce can be a troublesome time for both adults and children involved. That is why they offer counseling programs that offer support through therapy for adults, children, and families, workshops for children and teenagers, and support groups for both adults and children (JSSA, 2001).

Counseling for depression, anger and stress is also available at the JSSA by various methods. Those offered are group and individual therapy and workshops, as well as a medication evaluation and management service (JSSA, 2001).

The final service that the JSSA offers is a Career Services program. Through this program, many opportunities are given to refugees from the former Soviet Union. This program is called "Moving On." This program provides vocational training, career counseling, and career assessment for immigrants who have been in the United States for over two years (JSSA, 2001).

2.2.4 Family and Child Services of Washington, DC

Family and Child Services of Washington, DC (F&CS) is one of the oldest social service organizations in Washington, DC. They provide programs and services for over 10,000 children, families and seniors in the Shaw, Clarendon, Old Town, Silver Spring and Anacostia neighborhoods each year. Their mission is: "We put children, families and seniors first,

empowering and strengthening them to form a strong foundation for our community” (Family and Child Services, 2001). F&CS has a goal to provide social services to individuals at all stages of life. There was no financial statement available for Family and Child Services of DC.

The services that Family & Child Services provide for children are (Family and Child Services, 2001):

- Foster Care – This program began in 1963. Today, the program offers traditional and therapeutic foster homes, group facilities for young men and an independent living home for teen moms and their children called Bright Futures.
- Adoption – This program finds loving homes for abused, neglected or abandoned children. They also have a program in order to raise the adoption rate of African American children.
- Camp Moss Hollow – This camp is located in Markham, Virginia and is a summer camp for children living in the city. It provides hiking, swimming, canoeing, poetry writing, conflict resolution and life skills courses. The weekend winter camp is a reinforcement of the summer session.

The services that Family & Child Services provide for families are (Family and Child Services, 2001):

- Childcare – This program provides quality, affordable childcare for families in the city. The care is provided in the home, which ensures confidence for parents and guardians.
- Mental Health Services – This program offers individual, group and family counseling services. These services include a domestic violence program, parenting classes and academic performance classes. These programs are designed to increase family cohesiveness, prevent substance abuse, and reduce juvenile crime.

The services that F&CS provide for senior citizens are (Family and Child Services, 2001):

- Senior Centers – Columbia Senior Center and Model Cities Senior Wellness Center provide social wellness and recreational services for senior citizens in the area. This program attempts to minimize the isolation and diminished abilities associated with aging.
- RSVP – This program, Retired and Senior Volunteer Program, offers volunteer opportunities for people over the age of 60. This program is aimed at keeping senior citizens active in the community.

2.2.5 United Community Ministries of Fairfax County, VA

United Community Ministries' (UCM) mission is "To assist families and individuals to improve the quality of their lives in a manner that builds their self-esteem and fosters their ability to function at the greatest level of their capacity-socially, economically, and emotionally" (UCM, 2001). The organization's goal is to provide self sufficiency and emergency services for low to middle income families in Southern Fairfax County, Virginia (UCM, 2001). However, this organization does not have any client eligibility criteria, so families with special needs in other income brackets may still be served by their programs. The lack of client criteria allows the organization to fill in gaps in governmental aid programs that have stricter guidelines.

UCM does not serve Christian clients exclusively, however they do apply some Judeo-Christian beliefs to their programs. Two examples given were grace and going the extra mile. UCM defines grace as, "The belief that there is a time for giving others what they may not deserve in order to increase their sense of being loved. Psychology has assimilated this concept as a useful means of building self-esteem and therefore helping people to become more deserving (UCM, 2001)." Going the extra mile is defined as: "...patience and a willingness to believe that

not all people can be treated by the same criteria. Psychology has assimilated this concept under the name of individualized attention (UCM, 2001).”

UCM specifically treats clients as a whole people aiming to treat all aspects of a person, and they do not categorize by demographics or conduct group sessions. “We treat each individual as one who has a unique problem and is coming from circumstances which cannot be easily categorized (UCM, 2001).”

UCM offers a variety of programs including adult education classes, transportation to doctor’s appointments, childcare, employment services, and providing clothing and food. Childcare programs include tutoring and the Bryant Early Learning (BEL) center. The BEL center is a day care program for children up to age six. The staff uses a developmental approach towards learning by stimulating touch, sight, smell, taste and hearing (UCM, 2001).

2.2.6 Crossway Community

The Crossway Community is a community-based non-profit organization that began in 1990. The mission of Crossway Community is, “To promote learning, creativity, and community for all families” (Charitable Choices, 2001). The Crossway Community goal is to primarily focus on helping at-risk mothers and children in the greater DC area who are battling with homelessness, substance abuse, domestic violence, social isolation, and multigenerational welfare dependency. With a staff of 28, The Crossway Community served more than 1,000 families last year alone, and introduced them to the Family Leadership Program:

Our signature two-year Family Leadership Program integrates life skills, parenting, education, career and child development resources with safe, affordable housing to 41 low-income families at a time. Crossway also serves more than 200

low-income families in a non-residential capacity through outreach and free family focused programming (Charitable Choices, 2001).

This program empowers parents to make positive changes in their own lives, as well as the lives of their children. Crossway Community offers a fresh start for the families in a stable and positive environment (Charitable Choices, 2001).

The Crossway Community is funded through organizations such as the FannieMae Foundation, Community Wealthy Ventures, Inc. and the MeyerFoundation. In 2000, The MeyerFoundation awarded Crossway Community with \$20,000 to expand the toddler and infant program, which is an essential element of the services that they provide. A more extensive budget plan was not available (Charitable Choices, 2001).

2.2.7 Boys & Girls Clubs of Greater Washington

The Washington chapter of the Boys and Girls Club (BGCGW) has been serving the Greater Washington community since 1886 at the Newsboys and Children's Aid Society. This was replaced by the Working Boys Home and Aide Association. In 1973, girls were officially included in the services provided by the organization and was renamed the Boys and Girls Club of Greater Washington in 1981. The agency currently has 20 clubs in the Greater Washington area, which serve over 30,000 children (BGCGW, 2001). There was no financial statement available for the Boys and Girls Club of Greater Washington.

The mission of Boys and Girls Clubs of Greater Washington is to help boys and girls of all backgrounds, with an emphasis on at-risk-youth, build confidence, develop character and acquire the needed skills to grow into productive, civic minded, responsible adults (BGCGW, 2001).

Programs for children include: tutoring, recreation and sports, leadership development, photography, culinary arts, martial arts, arts and crafts, music, dance, and drama. Programs for teens include: job ready programs, book clubs, keystone clubs, passport to manhood, SAT preparation, and sports leagues. Individual programs have different goals for each (BGCGW, 2001).

The BGCGW has a Group Homes and Shelters Program whose goal is, "...to provide comprehensive care to abandoned, neglected, abused, and homeless youth with a primary goal of helping them to become responsible and self-sufficient members of society." The program was established in 1981 when the first emergency group home was opened:

The goal of the emergency or short-term program is to provide emergency foster care services to youth residents for up to 90 days and to assist them in preparing to return home to their families or move onto long term programs with a minimum of adverse adjustment experiences. (BGCGW, 2001)

Long-term group homes were opened in Washington in 1986 to supply children with a stable home environment. This is open to children and youths until their teen years, and they may continue to live in the home until they are twenty one years old. The objective is to "provide a foundation that will contribute to their growth and development." (BGCGW, 2001)

The Teen Mother's Support Program was established in 1985. Their goal is to assist the mothers in becoming self-sufficient members of society and good parents. The objective is to provide universal skills needed for "success" which will allow teen mothers to "break the cycle of abuse and their children will thrive and grow to know the best that life has to offer" (BGCGW, 2001).

The programs in group homes and shelters support nearly 400 youths annually. Their services include: 24 hour care, case management, group and individual counseling, tutoring in reading and math, life skills and independent living training, career planning, and social skills development. The results of this program as stated by their web site are, “We have witnessed group home residents graduate from high school, go on to college and graduate from college, complete training courses and certificate programs receive numerous awards and honors in the pursuit of excellence and much more (BGCGW, 2001).”

2.2.8 Big Brothers Big Sisters of Central Maryland

The Baltimore chapter of the Big Brothers Big Sisters of America (BBBSA) was founded in 1952, and supports the Baltimore, Carroll, Harford, Howard, and Anne Arundel counties.

Their mission statement is:

The mission of Big Brothers Big Sisters of America is to make a positive difference in the lives of children and youth, primarily through a professionally supported One-To-One relationship with a caring adult, and to assist them in achieving their highest potential as they grow to become confident, competent, and caring individuals, by providing committed volunteers, national leadership and standards of excellence (BBBSA, 2001).

The Central Maryland chapter of the BBBSA provides three programs to complete their mission; Starfish, One-to-One Together, and While you Wait. These programs’ goal is to support children from single or no parent families in need of a strong positive role model (BBBSA, 2001). BBBSA serves over 500 people in their three programs. There is no current financial statement available.

Starfish is the traditional BBBSA mentoring program pairing one mentor with one child for a minimum of one year. The adults are screened and trained, to provide the best experience for the pairs. This program currently contains 209 pairs, based on the child's needs, interests, hobbies, and preferences (BBBSA, 2001).

One-to-One Together is a mentoring program specifically aimed at inner city children from ages 8-12. The program was established in 1994 to serve clients who come from parts of urban areas associated with high school dropout rates, illiteracy rates, gang alliances, juvenile crimes, drug trafficking, drug usage, teen pregnancy, unemployment, and low business investments (BBBSA, 2001).

“While You Wait” is a group mentoring program that serves youth that have not yet been matched with a mentor in the other programs. This was established in 1994 and allows the BBBSA to continue contact with families while they are waiting for a more permanent mentor. The mentor groups meet monthly to discuss topics including; self esteem building, conflict resolution, gang resistance, communication, health awareness, and violence prevention. The groups also provide some less structured activities (BBBSA, 2001).

A study was done in 1995 by an outside agency in Philadelphia on the effectiveness of the BBBSA mentoring programs. They found after regular mentor meetings for a year, the youth were: more trusting of parents and guardians, less likely to lie, felt more supported by peers and friends, forty-six percent less likely to start using illegal drugs, twenty-seven percent less likely to start drinking, fifty-two percent less likely to skip a day of class, and thirty-seven percent less likely to skip class (BBBSA, 2001).

In 1997 the national BBBSA piloted a POE (Program-based Outcome Evaluation) method for outcome assessment with 10 participating agencies. Two focus groups of 25 staff members,

including case managers, executive directors, and program managers, discussed outcomes expected from the mentoring programs. Eighteen outcome indicators were chosen from these focus groups. Three more were added in 1999 resulting from the Search Institute's recommendations. The final twenty-one indicators are broken into three categories (BBBSA, 2001):

- **Confidence:** Self confidence, able to express feelings, ability to make decisions, interests or hobbies, personal hygiene or appearance, and sense of the future
- **Competence:** Uses community resources, uses school resources, academic performance, attitude towards school, school preparedness, class participation, classroom behavior, ability to avoid delinquency, ability to avoid substance abuse, ability to avoid early parenting
- **Caring:** Shows trust to you, respects other cultures, relationship with family, relationship with peers, relationship with other adults

These indicators are filled out by the child's mentor and teachers, for use as both an assessment and a case management tool. The areas of improvement or concern are examined initially at the six-month milestone and then on an annual basis.

3.0 Methodology

3.1 Task One – Interviewing Non-profit Organizations

Each organization was asked the same interview questions to make certain all necessary data were collected. By working with the Urban Institute, semi-structured, open-ended questions were chosen for the interviewing process. Two sets of interview questions, called Standard Interview Guides, have been written. These guides are the Central Level Interview Guide, and the Program Level Interview Guide. Both guides will be used to interview various people in different positions at each organization.

3.1.1 Central Level Interview Guide

The questions were set to ask each Chief Executive Officer, Quality Control Manager, or other Central Level employees interviewed, are in the Central Level Interview Guide. They are as follows:

1. Which programs in your organization collect outcome assessment data? For how many years?

From these questions the team hopes to get a general idea of the programs at their organization that are collecting outcome assessment data, as well as gain an idea of the organizations familiarity with outcome measurement and give a basis for the feasibility of an outcome measurement plan.

2. What outcome reports do you and other central level administrators receive? What outcome assessment data is included in these reports? How frequent are these reports? (May we have a copy of this/these?)

This question will determine the relative amount of internal outcome assessment data usage. If no information is reported to the central staff internally, probing questions will be asked as to why this is not happening. If information is reported to the central staff, these questions will help to know exactly what types of outcome assessment data they see, and how effective these types of reports may be.

3. How do you and other central NPO officials use the outcome assessment data?

This question is meant to obtain specific examples of usage at the central level from the outcome assessment data that is received by the central level staff. The organizations will probably be able to give both external and internal examples of usage, but only the internal examples will be of great interest to us.

4. Of the programs in your organization, which have outcome assessment data, how are each of these persons or programs/units using the outcome assessment data?

This question will provide an overview of who receives and who uses the outcome assessment data to benefit their program. This will also provide contact information that will be helpful for choosing follow-up interviews.

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

This is an opinion question. It will provide the positive reasons for outcome usage, and will probably lead to the negative reasons for non-outcome usage. This question will help aid in writing the final report, since one of the foci are on effective use.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

From this question the team will receive information on barriers to usage, both past and present. The past examples may help to understand how the agency overcame a barrier, possibly by a change to a program. This question will also aid in writing the final report.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

This question gives the agency an opportunity to learn how they would like to use their information if they had the ability to overcome the barriers that they have cited. This question will aid in writing the final report as well, because one of the foci are on suggestions to better outcome usage.

3.1.2 Program Level Interview Guide

The Program Level Interview Guide was used when interviewing individual program leaders. It is important to obtain the same basic information as the central level guide, only specific to their program. The program level interviews have provided the team with more

specific examples of outcome assessment data usage within the programs. It is important to find out how the organizations used these measurements to change their programs, and if there is a management plan based on the outcome assessment data.

The list of Program Level Interview questions are below:

1. What outcome assessment data has your program been collecting? For how long has your program been doing outcome measurement?

This question will give specific information on the outcome assessment data for the program. It will also provide examples of outcome measurements that are not provided to Central Level Employees.

2. In what form is the information reported? How frequently? (May we have a copy of this/these reports?)

This question will expand on the documents mentioned in question 1. It will give a time frame for the reporting of outcome assessment data within the program.

3. To whom else are the outcome assessment data reported internally (including staff in this program or unit)? To whom are the data reported externally?

This question will give better details of who is reading and reviewing the outcome assessment data for the program. Although it is important to know whom the data is given to externally, the focus is on the internal usage of the outcome assessment data.

4. Are you using the data? How are you using it? If not, why not?

This question will hopefully provide examples of how the data was used to change a program or procedure within the program. If the program manager is not using the data to its fullest potential, they will be probed as to why.

5. Who else is using the outcome assessment data, including staff of this program or unit? How is each using the outcome assessment data?

This question is an extension of question 4, and will hopefully give more knowledge as to the internal use of the data, and who is using it.

6. What obstacles to use of the outcome assessment data do you believe have been, or are currently, present?

From this question information will be received on the barriers to usage, both past and present. The past examples may help to understand how the agency overcame a barrier, possibly by a change to a program. This question will also aid in writing the final report.

7. What factors do you believe have contributed to the use of the outcome assessment data in your organization?

This is an opinion question. It will give the positive reasons for outcome usage, and will probably lead to the negative reasons for non-outcome usage. This question will help aid in writing the final report, since one of the foci are on effective use.

8. What suggestions do you have for improving the usefulness of the outcome measurement process to help the program improve its service? What would you like to see happen?

This question gives the agency an opportunity to learn how they would like to use their information if they had the ability to overcome the barriers that they have cited. This question will aid in writing the final report as well, because one of the foci are on suggestions to better outcome usage.

The questions from the Central and Program Level Interview Guides have provided enough information to analyze each organization and will help to come to the final conclusion and report.

3.2 Task Two – Rating Scale

A rating scale (as seen in Chapter 4) was used to evaluate the overall usage of outcome assessment data for each non-profit organization. Each interviewing team has completed this rating scale form for their interviews. The scale's concentration will be on the internal, external, and potential, or planned uses, of outcome assessment data for the organization. The recommendations made from this scale include improving programs, data analysis, collection, and reporting methods. In order to not criticize individual organizations, and compare them to one another, the rating scale is completely anonymous. Each organization was assigned a letter, in no particular order, and is referred to as that letter whenever the scale is mentioned.

The rating scale will consist of ten points. After the interviews with the non-profit organizations, the team has chosen the most important and valuable contributions to an outcomes

management system. Each point on the scale is equal in worth. Some points can be broken into two categories, so that each category is worth a half a point. Each point received a rating of 0, 0.5, or 1.0, and the numeric value was totaled at the end.

With the results of this rating scale conclusions have been made on the areas in all multi-function non-profit organizations that need improvement. The results also show areas that are strong in non-profit organizations. The individual organizations have not been compared to each other.

3.3. Task Three – Data Analysis

To evaluate the data obtained from the interviews open coding content analysis was used (Bernard, 2002, pp.476). The main foci are on common themes, concepts, and semantics, between the interviews with each agency, when we evaluate and interpret the data. To use open coding content analysis, our group has looked at the data for a specific message, or answer (Bernard, 2002, pp.477). The data that we used are the answers to the interview questions. Each interview was analyzed for its content by 2-3 people, in order to analyze the data properly, efficiently, and effectively, as well as to achieve reliability and validity.

To fully analyze the data, the answers that were given by the NPO interviewees for each question were written as specifically as possible. The focus was on the specific examples of a change in the program or program procedure, because that is the focus of our research on internal outcome assessment data usage.

This report focuses on four major themes. The first theme is the examples of usage of outcome assessment data within each organization. The research team has not found many of these, because most of the organizations that have been interviewed have just recently begun collecting outcome assessment data. The second focus is the effective use of outcome

assessment data. This data was extracted from the answers given to question 7 on the Program and Central Level Interview Guide. The next focus is on the obstacles or barriers to usage of outcome assessment data. This data was extracted from both the interviews performed, as well as the project team's observations of other barriers not mentioned in the interview. The final focus is on the suggestions to better outcome usage. These suggestions came from the interviews, as well as the project team. The suggestions from the two groups are clearly distinguished.

4.0 Results and Discussion

To obtain the information below, selected people from eight non-profit organizations were interviewed. The Interview Guides discussed in Chapter 3 were used, as well as additional probing questions.

4.1. Interview Questions and Answers

4.1.1 Northern Virginia Family Service

Organization: Northern Virginia Family Services
Person Interviewed: Linda Dunphy, Director of Early Childhood Program, 11/14/01, 12/03/01
UI Attendees: Jake Cowan, Nancy Geoffroy, Caitlin Harvey

1. What outcome assessment data has your program been collecting? For how long has your program been doing outcome measurement?

The outcome objectives for the Healthy Families Virginia program are set by Healthy Families of America. Northern Virginia Family Services has been collecting data on this program for 10 years, since the inception of the outcome assessment program for Healthy Families America. This site was one of the pilot sites for outcomes measurement for Healthy Families of America back in 1991.

The program participants are parents, or future parents, that may need extra support with their first child. The clients are referred to the program by community sources such as hospitals and health departments. The program offers services in the following areas; child development, nutrition, child care, preventative health care, employment and housing assistance, and links to other community resources.

NVFS collects a survey on each family at the beginning of the program. They collect personal information, family background information, insurance information, employment and education information, and child care information. This survey is collected semi-annually for each family enrolled in the program. Refer to “Healthy Families Program – Family Summary” for the complete form.

NVFS has an Infant /Child update survey that they collect on each child at the beginning of the program as well. This outlines each child’s medical history, immunizations, dental care and mental health conditions. For a full survey, see the “Infant/Child Update”.

NVFS has a number of client satisfaction surveys, which they collect both during the program, as well as at completion of the program. The “Home Visiting Survey” is to be

completed by the case supervisor and the parent over the phone. This survey collects data on the home visits, the quality of care by the Family Support Worker, FSW, when he/she visits and other information related to the home visits by the NVFS personnel. The “Family Satisfaction Survey” is completed at the end of the program. This survey measures how happy the family was with the service that NVFS provided them. The survey addresses what the family liked best and least about the program, whether the visits from the FSW were helpful, how often the visits occurred and whether they would refer other people to their program.

2. In what form is the information reported? How frequently? (May we have a copy of this/these reports?)

This information is put in an annual report for funders and for the Healthy Families of America national office. This information is also written up quarterly for the staff. They also hold Quality Assurance/Management Information Systems, QA/MIS, meetings quarterly to discuss quarterly results of outcomes. Information is also entered into a newly rebuilt database for analysis. See “Northern Virginia Family Service Executive Summary” for a complete list of targets and outcomes. The database aids in producing reports.

3. To whom else are the outcome assessment data reported internally (including staff in this program or unit)? To whom are the data reported externally?

The information is reported internally to the QA/MIS team, consisting of the agency quality assurance director, the program managers, the program assistants, MIS database manager, the division director and a member of the administration team. The information is also reported to the Chief Operating Officer of NVFS.

Externally, the data is reported to all funders of NVFS, as well as Healthy Families America.

4. Are you using the data? How are you using it? If not, why not?

The Program Director states that she “looks at the outcome assessment data and keeps refining it.” She is also a peer reviewer for other divisions of NVFS. The outcome assessment data drives the agenda setting in the Early Childhood Program. She gives feedback to her program supervisors based on this data. Then the program supervisors give feedback to the case workers and program managers. The use of outcome assessment data makes this feedback process more routine and functional.

The QA/MIS team has established a system of steps to utilize the data and make changes. The QA/MIS team gives feedback to central level staff, program directors, program supervisors, program managers, and case workers.

An example of how they use outcome data is their child immunizations program. The data on child immunizations, and child developmental milestones, are looked at on an individual basis to establish outcome targets, and to track the progress towards them.

5. Who else is using the outcome assessment data, including staff of this program or unit? How is each using the outcome assessment data?

NVFS is using the data both internally and externally. They use it internally to change targets and improve programs. Healthy Families Virginia meets their outcome targets 95% of the time. They have made changes to the methodology and how discharges and enrollment are recorded. All of these changes took place due to the analysis of data. They perform quality assurance for missing data by compiling the “unknowns” and going back to each individual case and seeing why there is unknown information (e.g. – participant has dropped out of program). Looking at the outcome assessment data on an aggregate basis triggers the staff to review the individual cases that have poor outcomes

Another example of quality assurance using outcome assessment data is the analysis of developmental screenings. They did this on a case-by-case basis, and found that the screens were not meeting the goals due to sloppy reports by case workers and an inexperienced substitute supervisor. They addressed these issues internally and corrected the problem.

6. What obstacles to use of the outcome assessment data do you believe have been, or are currently, present?

NVFS collects outcome assessment data from secondary sources for their clients. This is a problem because they do not know how this data is collected, and may lead to inconsistencies in data. The records from the State Health Department are occasionally missing information or have unclear data. The records are also occasionally out of date, or not given to the Northern Virginia Family Services in a timely manner. To rectify this problem, they have asked families to verify records. They also visually document the child’s progress during case worker meetings at the client’s home. Spot checks are randomly performed to ensure quality.

Another problem in data collection is client confidentiality. The nature of the Healthy Families program is to serve potentially problematic families. This information can be a sensitive issue to their clients.

7. What factors do you believe have contributed to the use of the outcome assessment data in your organization?

The strengths that have contributed to outcome usage are that Healthy Families Virginia support their outcome objectives. The staff pays attention, in that they keep the files with family information up to date. They know that it is their job to use outcome assessment data, and they accept the responsibility. The sporadic checks that they run on their clients assures that the caseworkers are keeping files up to date, in order to meet their objectives. The technology is adequate for their organization, due to the newly rebuilt database. Forms cannot be submitted to their database unless all the required fields are completed. This makes the data analysis a much more efficient process, since no data will be missing.

8. What suggestions do you have for improving the usefulness of the outcome measurement process to help the program improve its service? What would you like to see happen?

They suggest having a quality assurance system that tracks their client documentation. They also run random audits, which they feel is helpful for quality assurance. Every organization should have policies and procedures that govern operations, to assure that things run smoothly. Summary reports should be collected and staffing resources are necessary. Reflecting on the annual reports is important to know how or where they should be in a program.

The Program Director plans to use this information to address organization-wide problems. An example of this is keeping case worker loads full. She is able to read the raw outcome assessment data to tell that case worker loads are not full enough (an average of two short per worker), but she needs the outcome assessment data to show why the loads are not full. In order to do this more training is needed in data analysis. Then a change can be made in the system to make sure that the case workers have full case loads, making their program more effective.

This data analysis training can also be used to find the causes in other problems in the organization, such as retention of families. They can look at the data on an aggregate basis, then reassess the cases where families have dropped out of the program. They can then analyze client satisfaction data from them, helping to improve their programs.

4.1.2 Northern Virginia Urban League

Organization: Northern Virginia Urban League Person Interviewed: Alicia Smith – ARMS Program Assistant, 11/19/01 Florene Price – Case Coordinator, 11/29/01 UI Attendees: Elaine Morley, John Albrecht, Cara Pleau

1. What outcome assessment data has your program been collecting? For how long has your program been doing outcome measurement?

The Northern Virginia Urban League's Alexandria Resource Mothers Project (ARMS) provides support services for pregnant teens and teen mothers. When a teen enrolls in the service, they are given Resource Mothers. Resource Mothers are supposed to provide assistance to the pregnant teen. The help is administered through weekly meetings of the resource mother, where she advocates keeping up with prenatal care, healthy eating, continuing of education, and discourages a repeat pregnancy. To be eligible for these services, one must be a 12-19 year old teen mother or expecting mother from the city of Alexandria. ARMS collects outcome assessment data on the teens progression towards completing the ARMS program. The overall goal of the ARMS program is successful

completion of the project. Completion of the project is determined when all five goals are completed. These goal are found below.

- Ensure that healthy babies are born to mothers participating in ARMS.
 - Outcome example: 95% of babies are born weighing 5 lbs. 8 oz. or more
- Ensure that teens participating in ARMS attend and complete their secondary education.
 - Outcome example: 60% of the teens were enrolled in school or alternative education program
- Assist ARMS teens that have graduated from school with the pursuit of post secondary educational, training or employment opportunities.
 - Outcome example: 83% of teens who were or became high school graduates received assistance
- Ensure that ARMS babies receive scheduled well baby and developmental care
 - Outcome example: 100% of babies received all required immunizations and check-ups
- Help ARMS teens prevent a subsequent pregnancy while enrolled in ARMS
 - Outcome example: 100% of teens used a form of birth control

They have been collecting outcome assessment data since the beginning of the program in 1994. As the years have progressed they have collected more specific outcome indicators that have provided them with more informative outcomes on the clients.

2. In what form is the information reported? How frequently?

The main form of outcome assessment data reporting is in an Annual Outcome and Evaluation Report. This is done at the end of each fiscal year, which ends on June 30th. It is given to funders, community supporters of the program, and all board members. The data that is put in the Annual Outcome and Evaluation Report is collected during different points of the clients time in the program.

Data is collected at the intake of the client, during their pregnancy, after their pregnancy, and after they finish the program. Intake data is mostly demographic data, such as age, race, trimester of pregnancy, and due date. During the teen's pregnancy time in the program other information is collected, such as prenatal appointment attendance records, birth weight, and school enrollment. After the baby is born, the teen is allowed to be in the program until the child's second birthday. During this time, information collected is mostly about the baby, but also includes the teen's chosen birth control method (if any) and whether the teen is in school or working. After the client either leaves or completes the program, a NOVAUL staff member generally calls her to see how she is doing. There is a standard form of questions that they ask and fill out. A staff member will generally call once every three months for two years after the client leaves or completes the program. These questions are mainly about the baby, and to find out whether the mother is in school or working, as well as whether the baby's father is involved at all. All of the data is collected by the Resource Mother, except for the intake data. The information is collected on a monthly basis, and compiled into a spreadsheet type database (very non-technical). This information is gone over on a monthly

basis by the case coordinator, and submitted to other central level workers in quarterly and annual reports.

3. To whom else are the outcome assessment data reported internally (including staff in this program or unit)? To whom are the data reported externally?

All Resource Mothers receive this information, which includes 5 full time resource mothers, a part time resource mother, a case coordinator, and a program assistant. The information is compiled into a report once a year for most funders, but is checked by the program assistant (Alicia Smith – who oversees the ARMS program) regularly, and meetings are set up on an as-needed basis with the case coordinator.

4. Are you using the data? How are you using it? If not, why not?

The program assistant and case coordinator use the outcome assessment data the most, by reviewing the performance of the teens and resource mothers. When certain goals are not being attained, such as teens not continuing their education following birth, the assistant will sit down with the resource mother and case coordinator to determine what line of action should be taken to improve outcomes if needed.

Less common is the use of outcome assessment data on a broader scale to make a sweeping change in protocol or methods; only one example of this was given. Resource mothers in the program have been unsuccessful in meeting their goal of getting 80% of teens complete their secondary education, or pursue a career or another type of skills learning. Since only 60% of the teens reached this goal, the case coordinator and program assistant decided to take action and determine the cause of the problem. After some research, they determined that Latin American girls were reluctant to continue with their education because of a cultural difference. With this in mind, they hired a new resource mother, a recent graduate of the ARMS program, who is a young Latin American woman, and is familiar to the customs that many Latinas face. They also changed the approach to which they talk to Latinas about going back to school. The Resource Mothers are now told to approach school gently. They try to bring it up at the beginning of treatment, to first see how the girls respond. They then go from there on an individual basis, dropping the idea temporarily for some girls, and providing education for other girls. The ARMS program has seen a good turn around in the past couple years with the new Latin American Resource Mother working with the clients and the new plan for the approach to education.

Other examples of changes that were provided by the Case Coordinator were not specific changes to a program or procedure, but instead to the data collection methods. Upon reviewing the data reported by the Resource Mother, the Case Coordinator felt that the data wasn't representative of what they were doing in the program. This caused her to increase the amount of data collected. Resource Mothers now are told to record almost everything regarding the baby once it is born, or the mother before the baby is born.

The Case Coordinator uses the quarterly reports to find problems that might be present in the program. She usually takes the quarterly reports and makes a list of possible problems, and will then discuss the data with either the Program Assistant or the Resource Mothers.

From the interviews, we have found that these two people are reviewing the data monthly. At monthly meetings with the Resource Mothers, the data is not discussed unless a problem has arisen. Sometimes a Resource Mother will ask how they are doing, and then their data will be individually discussed.

There are monthly board meetings where the Program Assistant will present the data obtained for the month, and give a brief report on how the program is doing on a whole.

5. Who else is using the outcome assessment data, including staff of this program or unit? How is each using the outcome assessment data?

There is nobody else within the program besides the Program Assistant and the Case Coordinator that are using the data to our knowledge.

6. What obstacles to use of the outcome assessment data do you believe have been, or are currently, present?

The ARMS program currently enters its outcome indicators on basic spreadsheet software. This allows for minimal data interpretation. Alicia Smith, the current program assistant, stated that she knows well how to use statistical manipulation software, but that it is not available within the budget. Use of more technical software would enable ARMS to compare multiple types of breakout categories.

The Case Coordinator feels that a main barrier to outcome assessment data usage is the fear of obtaining negative outcomes. She feels that often times people don't want to use negative outcomes to represent the program, when in fact negative outcomes are very helpful to making improvements to the program. In the case of NOVAUL, the main goal that is missed is Goal 2, ensuring that the teens attend and complete their secondary education. For the last fiscal year the target was 80% to 90%, but the actual number reached was only 60%. The Case Coordinator mentioned that the numbers of teens attending and completing their secondary education is going up, and she and the Program Assistant hope that the numbers will continue to go up.

7. What factors do you believe have contributed to the use of the outcome assessment data in your organization?

ARMS has been able to use the outcome assessment data well because of excellent data collection. All data is collected and reported in a standardized form, all entered by one person (Program Assistant) into the data base. Because of the good collection methods, the data is very well trusted, leading to greater use. ARMS is also collecting data that is not required by funders. The Case Coordinator has developed, over the years, multiple outcome indicators that will tell a person everything about the program that they need to know. Both

the Program Assistant and The Case Coordinator feel that the data is an excellent representation of the program.

8. What suggestions do you have for improving the usefulness of the outcome measurement process to help the program improve its service? What would you like to see happen?

Both the Program Assistant and the Case Coordinator would like to be able to have a database that is able to manipulate the data indifferent ways. They would use this database to look at breakouts, such as race, school enrollment, and so forth. They would also like to be able to compare the results from year to year.

4.1.3 Jewish Social Service Agency

Organization: Jewish Social Service Agency Persons Interviewed: Joanne Natrass – Chief Operating Officer, 11/07/01 Ellen Pskowski – Quality Control, 11/07/01 Stanley Fagen – Social Skills Therapist, 12/03/01 Susan Loughman – Training Coordinator for Mental Health, 12/04/01 UI Attendees: Elaine Morley, Jake Cowan, Harry Hatry, John Albrecht, Cara Pleau
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1. Which programs in your organization collect outcome assessment data? For how many years?

There are four main program branches within JSSA, and each collects various outcomes, some with greater extent. Judging upon the interview with Joanne Natrass, the two programs that collect and use the most data are Home Health & Hospice and Child Mental Health. These programs have been collecting information for over 8 years.

2. What outcome reports do you and other central level administrators receive? What outcome assessment data is included in these reports? How frequent are these reports? (May we have a copy of this/these?)

Central level administrators receive quarterly and annual reports on client satisfaction surveys. All programs use the same client satisfaction survey, and the results are aggregated across all programs. Within the client satisfaction quarterly report, three questions are labeled as outcome indicators:

- Have the services been helpful?
- Overall satisfaction with the quality of services
- Would you call JSSA again?

In addition to the client satisfaction survey, the programs use other outcome instruments. Children social services uses other questionnaire forms for collection, completed by a family

member. Parents are asked to complete three instruments: a Social Skills Rating System (SSRS), a child behavior checklist (CBC), and a social skills outcome questionnaire. While the first two are standardized instruments created by external sources, the outcomes questionnaire is a tool created by the JSSA staff. The CBC and SSRS are filled out both as pre and post evaluations of the child's behavior, and the social skills outcome questionnaire is also mailed home with the post evaluations.

The SSRS is a test which consists of two parts, a listing of social skills graded on a 3 point importance level, and a list of problem behaviors that the parents rate on the same 3 point scale as to how often the behaviors are exhibited. The CBC is in the same light, but includes open ended questions as well. Indicators include things such as their compliance to house rules and chores, and their overall interaction with family members and those at school. This information is collected regionally at each of the three participating social skills centers, Rockville, Gaithersburg, and Northern Virginia. The information is not aggregated throughout the entire agency, however, and is not collected into a formal report.

Approximately every other year an extern is hired by JSSA. The extern is hired to complete an Outcome Study. The Outcome Studies are done on different divisions in JSSA, with the most recent being done in June 2000 on the Social Skills division. The Outcome Study has 3 sections, covering the methods used to collect the data, the results of the data, and a discussion of the results found. All Central Level and Program Level Employees of JSSA receive these reports.

All programs within JSSA collect outcome assessment data through incident reports. The head of the department, as well as the patient's clinicians and the quality assurance manager study these forms, and look for trends. However, no formal procedure is in place for reporting or analyzing the data. Other programs do collect other forms of indicators, but this information has not been collected in as much detail, and should be followed up upon.

3. How do you, and other central NPO officials, use the outcome assessment data?

The client satisfaction survey is discussed at board meetings, and if a problem is noted, usually when a goal is not met, they discuss actions to take to remedy the problem.

4. Of the programs in your organization which have outcome assessment data, how are each of these persons or programs/units using the outcome assessment data?

Within the child social skills program, clinicians meet with the program director, and discuss on a case by case basis how the services are going. The program director looks for a rise in performance with the CBC and SSRS checklists, and use this information as indicators. In addition, the clinicians review the outcome questionnaire. The data from the general outcome questionnaire is not aggregated, only reviewed by clinicians, the Training Coordinator, and the Quality Improvement Manager; all looking for any useful feedback from the parents.

An example of how Stanley Fagen, a therapist who leads several child social skills groups, has used the outcome assessment data is adding more seminars for parents of social skill deficient children. Due to responses from the general outcome questionnaire, the outcome instrument deemed most helpful by Stanley Fagen, he determined that the parents wanted a more active role in their child's treatment. The two larger instruments that Stanley Fagen uses are the SSRS and the CBC. Not much is done with the post tests, but the pretests are used to guide a child's individual treatment.

Susan Loughman, the training manager for JSSA's therapists, uses the feedback from the client satisfaction surveys for two things. She uses it to discern what topics are a concern for parents and people in the community. From this, she creates training programs that are administered to the therapists, and to external symposiums. She also looks at the client satisfaction surveys to find cases where there was dissatisfaction on survey responses. She foci on the negative cases by looking at the aggregated results from the client satisfaction surveys. From the negative client satisfaction surveys she then looks at what is wrong, and sees if more training is needed to fix the problems.

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

A large factor to the effective use of the data is JSSA's willingness to change outcome instruments if they are not as useful as desired. For example, child social skills was using a tool called MESSY prior to the SSRS and CBC. The agency switched to the two newer tools because the MESSY tool was not giving enough useful information upon performance. According to Joanne Natrass, JSSA knows that it is not perfect in collecting information on the right indicators, but appreciates any feedback and wishes to change its data collection techniques for better outcomes.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

The largest problem with the Child Social Skills Program is low confidence in data. Nearly all outcomes collected are done by questionnaire, with the pre test data since the post surveys are not required to be returned. The post test data has problematic results because the feedback from the surveys is sometimes as low as 26% of participants in a program. With such low response rates, confidence in the aggregated data drops, since typically only those who hold a strong opinion of the program will respond.

Information for the Home Health & Hospice program is entered into the computer database by each clinician, despite their unfamiliarity with the computer software. This caused data to be entered erroneously, dropping confidence in data.

Another limiting factor to their usage is technology. Currently, the entire organization works on several year old computer systems, and they are not connected to a wide area network, connecting the six regional centers. Information cannot be shared, so data cannot be aggregated easily. The software system used by the health care employees is antiquated and

is very non-user-friendly. These barriers appear to be in the process of change, as funds are being used to improve the MIS system gradually.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

Stanley Fagen suggests all collected outcome assessment data, throughout all participating centers, should be aggregated and given to the therapists to review. He feels that the information is being collected, but not put to good use, and needs to be placed in reports in a periodic manner. Secondly, Dr. Fagen would like all outcome assessment data to be broken out by therapist, setting, and group, and compared to each other. Dr. Fagen would like a staff person to collect and tabulate (aggregate) the data obtained from the SSRS and CBC questionnaires. He feels this would be very interesting to see, and could help improve the quality of their work. Dr. Fagen realizes this could be seen as a threat for some therapists, in terms of proving them less efficient workers, but overall would be beneficial to the organization. Dr. Fagen would also like to meet on at least an annual basis with all the social skills therapists from the three regional centers, and have a discussion on treatment and trends in the practice.

Susan Loughman, a training manager for the mental health department, would like to know more about program dropouts. She would like to know the disposition of those terminating services with the organization, whether they left satisfied or unhappy with the treatments. She also feels that a more in depth questionnaire would be useful in determining how well a program went.

In order to receive a higher response rate from surveys, Dr. Fagen suggested holding a relaxed meeting where the parents could fill out the forms. Other suggestions included shortening the surveys so they seem less of a time consuming task, and offering some sort of incentive for their completion.

4.1.4 Family and Child Services of DC

Organization: Family and Child Services of DC

Persons Interviewed: Michael Holder – Chief Operating Officer, 11/26/01

Faye Hegburg – Director of Mental Health Services, 11/26/01

Nicole Pettus – FAST Program Director, 11/26/01

Tony Casey – Director of Senior Services, 11/26/01

Patricia Adams – Director of Senior Services, 11/26/01

UI Attendees: Jake Cowan, John Albrecht, Cara Pleau

1. Which programs in your organization collect outcome assessment data? For how many years?

The programs in Family and Child Services (F&CS) that are collecting outcome assessment data are the FAST Program, Mental Health Services, Senior Services, and the Senior Social Services. In addition to each program's specialized indicators, a client satisfaction survey is being administered to clients in each program.

F&CS uses the Families And Schools Together (FAST) program as a substance prevention program, also aiming to build family skills. The FAST program has been at F&CS for 7 years, and has been collecting outcome assessment data since it's beginning. However, the current outcome instruments have only been used for 2 years. The outcome instruments were changed due to a change in the funding source.

Mental Health Services offers counseling services to families. They offer group and family psychotherapy services, including parenting classes. Mental Health Services has been collecting outcome assessment data for 1 year, since the Director, Faye Hegburg, began working at F&CS.

Senior Services and Senior Social Services are separate programs run by the same two people. Senior Services is a health care program. They supply nursing services, and other volunteer services. Senior Social Services offers services such as rides to the grocery store and house cleaning. Both programs have been collecting outcome assessment data with the same indicators for 2 years.

2. What outcome reports do you and other central level administrators receive? What outcome assessment data is included in these reports? How frequent are these reports?

Each program completes a quarterly report that is done in the same format. In addition to basic data about the program (age group targeted, program leader, etc.) the quarterly reports include open ended questions with relevant outcome assessment data. An example of one of the open ended questions is asking for a list of barriers to program methods and their strategies to address these challenges. All programs also administer a client satisfaction survey. This is administered at the end of the service or program. All programs submit

quarterly and annual reports in which the outcomes achieved are listed. Most of these outcomes are listed as statistics.

The FAST program administers questionnaires before and after the program. The surveys that are given at the beginning of the program are Family Environment Surveys, and Child Evaluation Surveys. The surveys that are given at the end of the FAST program are the Youth Program Evaluation, Family Program Evaluation, and the Student Survey. The Student Survey is a very long questionnaire, and is administered by the program director in order to get the most accurate results. The Student Survey asks the child about their Alcohol, Tobacco or Drug Use (ATOD Use). It also asks the child about their relationships with their friends and family. The program director reviews the raw unaggregated data, and then sends it to the external agency for analysis. Aggregate data has not yet been provided to the program director. The FAST program also does a monthly report that has a set format. The report includes basic information about the program, as well as covering topics on the monthly goals, achievements, incident reports and any changes in staffing.

The Senior Social Service Division collects data in to put in a report for the United Way. While the United Way (UW) report is aimed at UW funding, it is still useful internally because it lists the outcomes as short term, intermediate, and long-term outcomes. This information is created using a variety of instruments. The instruments used to collect the data are The National Council on the Aging Public Benefit Checklist, Physical Functioning Survey, Nutritional Outcome Survey, Transportation Satisfaction Survey. These forms are filled out by the patient. Other forms of data collection are an Agitated Behavior Scale, and a Caregiver Stress Interview. Both are administered by the case worker. The data from this is aggregated, and a report is produced that lists the Outcome Evaluation Statements.

The Senior Service Division uses two different questionnaires. They use the Older Americans Resources and Services (OARS) questionnaire and the Satisfaction with Life Scale (SWLS). The SWLS is a brief survey designed to find out whether the client is happy with their life or not. The OARS questionnaire includes questions that are designed to determine the extent of the client's daily living capabilities. Both questionnaires are filled out every four months. The data is entered into a spreadsheet and compared to the previous trimester's answers. This information is placed in a report that measures improvement or decline in the client's life satisfaction.

3. How do you, and other central NPO officials, use the outcome assessment data?

Michael Holder, the Chief Operating Officer of F&CS does not use the outcome assessment data at all. He says that he mostly just looks at the data but does not have enough time to evaluate it.

The FAST program collects data from the children and parents, the director then reviews it, and then the data gets sent to an outside agency to be evaluated. Since the program changed their outcome indicators two years ago, they have not received any feedback from the evaluated outcome assessment data. The FAST program does not use the client satisfaction surveys because they do not find them useful. The responses from the parents are

usually all praise and the responses from the children are usually superficial comments about things like food.

The Mental Health Services use the outcome assessment data to demonstrate the progress of the program. [It is unclear whether they use the outcome assessment data for anything else.]

Senior Services and Senior Social Services look at the outcome assessment data to see if they are meeting their targets. Since they have a large clientele – 850 people – they perform a random sampling of 15%-20% of clients. They give them a “satisfaction with life” questionnaire and the OARS Multidimensional Functional Assessment Questionnaire. From these surveys, they find out who is “dissatisfied” or “extremely dissatisfied” with life. This data is not aggregated to show trends with the senior citizens as a whole. Senior Services and Senior Social Services use the client satisfaction surveys by meeting on a regular basis to discuss them.

4. Of the programs in your organization which have outcome assessment data, how are each of these persons or programs/units using the outcome assessment data?

The Senior Services and Senior Social Services division mainly uses the Satisfaction with life survey and the OARS survey. These are the tools that are used in the random sampling. Each are done three times per year, and the data is collected by the client’s case worker. They then enter the data into a database type spreadsheet, and evaluate the people with poor results. The people that are either “extremely dissatisfied” or “dissatisfied” are listed, and a meeting is held with the Director of Senior Services, the client’s case worker, and the client’s doctor to discuss why the client feels this way and what they can do to make life better for the client.

The FAST program is using the outcome assessment data that it receives by briefly reviewing it before sending out for analysis. The way their grant from Addiction Prevention Recovery Association (APRA) works is they are supposed to have an in-house research analyst, but because of low funding they have worked around it, and instead send their outcomes to an off-site evaluation center and receive support from a floating APRA consultant. Since they started using these outcome indicators 2 years ago, they have not received any results of outcomes from the outside evaluation agency.

[It is unclear how the mental health services uses their outcome assessment data aside from demonstrating the progress of the program. This could be because they just started doing outcomes assessment very recently.]

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

The FAST program feels that once they get the outcome assessment data back from the outside evaluation agency, it will be very useful. They feel that getting the support from APRA to have the outside evaluating agency has been very helpful, since they can’t afford to have someone to evaluate the data in-house.

The Senior Service Division and Senior Social Service Division both think that having the advantage of a spreadsheet type database has been very helpful. Since one of the directors developed the database for them to use, it was free, and has been very helpful in data analysis.

The Mental Health Division feels that the data is more useful to them when it is being collected for a purpose. The director feels that sometimes data is collected just to give to funders or just to be collected. This is not a problem for the Mental Health Division because they are collecting all of their data for a purpose.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

There are obstacles within the whole organization that affect how each division uses their outcome assessment data. The computer system within F&CS is antiquated. All of the division directors and the Chief Operating Officer would like a better MIS system. This improved MIS system would allow them to put the data into a database so that they can evaluate clients by demographics and diagnosis, among other things.

The FAST program's largest barrier to using the data is that they haven't gotten any information from the evaluating agency. Because they haven't gotten any feedback, they haven't been able to make any changes to make the program better. The director feels that the best thing for them would be to have enough funding within the agency to be able to afford an in-house data analyst. This would save them time because they would not have to wait to get the data back from the outside analyst.

The Senior Social Services and Senior Services' largest barrier to using outcome assessment data is the age group that they work with. As Patricia Adams, Director of Senior Services, said, "if a frail patient comes to you with Alzheimer's, when they finish the program, they will still be frail and have Alzheimer's, they won't get any better." In terms of physical improvement, making program changes from outcome assessment data does not necessarily help the clients because they are often not able to get any better. The directors feel that at times the outcome assessment data just does not do a good enough job of providing useful information about their program's performance.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

Michael Holder, Chief Operating Officer, would like to be able to have an aggregate report of the data from each of the programs. He knows that the data usage at Family and Child Services is not as developed as it could be, and that they do not utilize the data for problematic decision making. Michael is also relatively new to the organization, he has only been at F&CS for a little over a year. He has not fully been able to use outcome assessment

data, and has not been able to implement all of his plans for the organization. He has also not been able to see the results of his actions.

Patricia Adams, Senior Services Director, said that she would like to breakout the outcome assessment data by the results of the SWLS to see if there are any trends with people that are “extremely dissatisfied” and “dissatisfied” with life. This was suggested to her during the interview, and she found it to be a very great idea.

4.1.5 United Community Ministries

Organization: United Community Ministries
Persons Interviewed: Sharon Kelso–Executive Director (2 Hours), 11/14/01
Bailey Center–Assistant Director, 11/14/01
Adrian Vaughn–Employment Program Director (2 Hours), 12/01/01
UI Attendees: Elaine Morley, John Albrecht, and Cara Pleau

1. Which programs in your organization collect outcome assessment data? For how many years?

United Community Ministries (UCM) collects outcome assessment data on several of its many programs. Of these programs, the ones that were cited specifically for using and collecting outcome assessment data are as follows:

1. BEL Center – Day care/child Development program for children ages 0-6
2. Basic Needs (Emergency Service) – provides food, clothes, furniture, rent money, utility money, and help with medical care payments
3. Neighborhood Community Center – recently taken over by UCM
4. Employment Services – help people get jobs, serves hard to employ, unemployed, underemployed
5. Supportive Housing – interim housing for chronically homeless. This also encompasses battered women’s housing and single parent housing.

The programs that have collected the most outcome assessment data are the Employment Services, Basic Needs, and Supportive Housing programs. They began collecting their outcome assessment data since mandated by the United Way in 1986, and have been progressively developing their collecting procedures and outcome indicators more and more over the years. The Basic Needs program did not start collecting outcomes until 1987. Across all programs, each caseworker reports their outcomes monthly using their coding system, later to be turned into reports.

When the interview team asked which program the central level staff felt would be useful for a follow up interview, the BEL Center and Employment Services were mentioned. Sharon Kelso, the Executive Director, felt that these programs had the most potential use for outcome assessment data, however they did not have the time and resources to concentrate on

data as much as desired. When we spoke with Adrian Vaughn, the Program Director of Employment Services, she gave us the instruments used to collect data specific to her program, and explained how they were administered. These included:

- Micro-Business course class evaluation – A simple two-part questionnaire aimed at determining client satisfaction and any recommendations to better service.
- UCM employment follow-up survey – A form sent to the employers every 30 days for 120 days regarding their status as employees.
- Employment Center’s Job Counseling Outcome Measures – Another client questionnaire with both client satisfaction based questions and questions that lead to direct outcomes (i.e. “What type of position did you interview for, and did you get the position?”)

2. What outcome reports do you and other central level administrators receive? What outcome assessment data is included in these reports? How frequent are these reports? (May we have a copy of this/these?)

For each program, the data collected by each caseworker is reported monthly, listing all the outcomes they achieved. They then aggregate the data on a quarterly basis. The information is again aggregated into an annual report, but it unclear as to how they go through these steps. The Executive and Assistant Directors receive all of the monthly reports, and each Program Director receives the reports for their individual programs. All of the directors also receive the quarterly, 6 month, and annual reports.

When writing a grant proposal, as well as the quarterly reports, UCM tries to make goals that will actually be achieved. The Program Directors know the goals that were achieved during the last year, and so they usually aim to keep the goals the same. UCM does not use 100% as a worker’s goal because they know it is virtually impossible to achieve.

3. How do you, and other central NPO officials, use the outcome assessment data?

The Executive and Assistant Directors use the outcome assessment data to monitor progress towards the targets to be met at the end of the year. Each program or department sets their targets when they are writing a grant proposal. These goals are listed within the quarterly and annual reports. They also use the information to see if something is wrong and in need of being changed. For example, when the Executive and Assistant Directors were looking over the monthly reports, they saw that one worker was reporting an outcome called “improved health” in his outcomes reports. This was an unknown outcome, and he had a lot of them. After speaking with the worker, they found out he was noting things like, “if I noticed the client didn’t smile when they first came in, and then after a couple weeks they smiled then I thought that was improved health.” The Executive and Assistant Directors felt this was an invalid outcome, so they made the worker take it out of his outcomes reports. They then implemented a system where the outcome has to be entered as a code. They have a list of codes that can be used in the database.

The program directors do not meet with the executive directors regarding the monthly reports, only on a quarterly basis, and when a program needs to be addressed. When the

Executive and Assistant Directors receive the first quarter report, they don't look at the results too much because it is not fully representative of the rest of the year. Once they get to the 6-month report they stop and look at it very closely to make sure that they will be able to reach their projected goals by the end of the year.

4. Of the programs in your organization that have outcome assessment data, how is each of these persons or programs/units using the outcome assessment data?

The Employment Services Director goes over the data with her staff at their monthly meetings. The Director of Social Services oversees three different programs. This director reviews the outcomes for these individual programs with the staff of each individual program. Outcome quotas are not created per employee, but per program. The monthly reports are shown to all employees, and are used to motivate less productive employees to keep up with more efficient caseworkers. Some outcomes are harder to achieve, and therefore carry more importance.

Changes were made to internal procedures for referring clients from the Basic Needs housing program to the employment program based on staff review of outcome assessment data. The data indicated that few clients from the housing program were being enrolled in UCM's employment program. Program directors found that housing program staff were referring clients to the employment program, but some of them did not enroll in the program, apparently because they became frustrated by intake procedures at the employment program. The staff made changes to the process for referral and intake of housing program clients so that the housing case manager would accompany the client to the employment center for the initial intake meeting. The housing case managers now also provide the client with a more detailed explanation of what the client needs to accomplish to obtain employment, and the employment case manager describes how that program will help the client accomplish these things. [After speaking with the Employment Services director, conflicting information was found regarding this change. According to the director, no one from Basic Needs comes with their clients to follow through upon employment, and they thought the Executive Director could have been referring instead to the interrelationship between Employment Services and Supportive housing. Check with Executive Director and clarify this information.]

The Employment Services director also analyzes the data to determine which services are used the most, and decides if more support is needed in these areas. They meet with all of the caseworkers "all the time" in staff meetings, and the monthly reports are touched upon to varying degrees. If outcomes are continuously not completed or if the outcome is significantly lower than the expected goal, the director talks with the individual director to find out what the problem is. If outcomes are consistently not being met, the goals are lowered (not a desirable action, but an action based upon outcomes nonetheless). Important goals are noted on a white board in the office for all to see, which acts as a motivational tool.

A problem that was found through the follow up questionnaires with the employers was that employees were not retaining their jobs. Some clients were repeat enrollees, despite previously finding them solid employment. This was addressed by trying to better assess

their optimal work environment (clerical, day labor, etc.) and match the clients with these jobs.

Employment services has also added and amended some of its programs based on feedback from its clients. A Job Club was added to their services as a preemptive action when caseworkers noticed a lack of motivation for clients to find employment, as well as through suggestions from the clients. The program allows for clients to meet together and find jobs within a social environment. UCM believes this gives the clients motivation to come to the meetings, and has improved their outcome performance, although they have no specific improved outcome assessment data that can be specifically linked to this program change. A group orientation program was implemented last year because they found that many clients were not showing up for their scheduled individual appointments. Employment services has also added and expanded training programs that needed change. Training in customer service was added, as many clients did not have interpersonal skills required by secretaries and other entry-level data entry positions, where a majority of their clients find employment. The follow up questionnaires sent to employers asks if they believe more training is needed in specific areas, and programs are bolstered if they are found to be lacking, i.e. if a new software package needs to be taught.

The BEL Center made a change to the tests that they are performing on each child in their program. In the past they performed three exams: a Denver screening, a speech and language screening, and a dental screening. Both the Denver screening and the speech and language screenings tested to find developmental disabilities in children. The difference was that the Denver screening was free, and the speech and language screening was administered by an outside agency and cost \$17 per test. After using both tests, the Director of the BEL Center began to notice that on every occasion the Denver screenings and the speech and language screenings were coming up with the exact same results. The change was then made that they only administered the free Denver screenings instead of the Denver screenings and the speech and language screenings, which saved UCM approximately \$1,000 per year.

A change that was made to the Family Renewal Program, a sub-program of the Supportive Housing division, was not in the specific program, but in the location of the program. The Family Renewal Program is a weekly program for the whole family. It consists of dinner for parents and their children, and then the parents participate in a seminar and the children either play with each other or participate in an arts and crafts session. Once a month a questionnaire is administered to the parents. In the questionnaire there is a section about seminars the parents would like to have at the program, as well as a comments section. After having the program for a while, the program directors began to notice that attendance was falling. In one of the monthly questionnaires they asked "why?" and found that the location where they were holding the event was hard to get to. They then changed the location, and attendance went up again. After a while, however, attendance began to fall. They asked "why?" in the monthly questionnaire, and found that the location was still hard to get to. This time, instead of changing the location, they started offering a van service, where a driver would pick families up in vans and drive them to the location of the event. They also started a carpooling program, where families would pick up other families. This is the step that the program is at now. The program directors have noticed an increase in family attendance, and

many families are supportive and enthusiastic about the carpooling and van service part of the program.

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

Sharing the outcomes of the individual caseworkers with all of the employees has created a bit of competition between them, hopefully leading to higher outcomes.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

One obstacle is that there is often not enough time to look at the data every month when it is reported. The amount of time that each program spends looking at outcomes depends on the size of the program, and the amount of clients that they serve. Employment Services has only five workers in their department, and they have a lot of clients, so they don't have a lot of time to look at the outcomes. However, the Social Services department has around 30 people in their department, so they are able to spend more time looking at outcome assessment data. Some employees also are concerned only about either percentages or numbers of successful outcomes they completed. Both goals need to be stressed to ensure a higher quality of service.

UCM knows that they can use the outcomes and turn them into marketing strategies, but they currently aren't doing that.

Another barrier is that the data entry of outcomes can be cumbersome. Each individual employee reports his or her own outcomes per month. Some workers wait until the end of the month to enter all the data, while others spend more time and enter data weekly or daily. This can be a problem, because some workers wait until it is too late, and miss entering data. Therefore, their monthly numbers are low one month and then high the next month. [This is more of a data collection barrier, but causes misleading outcome assessment data, which in turn can cause inappropriate actions to be taken]

Within the Employment Services program, many of the clients do not want to have UCM check up with either their employers on their performance or with themselves as to how they are doing. They attribute this to pride (the clients do not want the employers to know they needed help finding a job, and therefore will not report to them they did find a job through their service) and do not know yet how to address this sensitive subject.

The Employment director also does not believe that the indicators used do not correctly show their true performance, and the work that they put into the clients. To combat this, caseworkers compile monthly reports listing the tasks completed, regardless of whether they fully meet the desired end outcomes.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

The Executive and Assistant Directors would like to begin to report data by more breakout type groups. They feel they are making sufficient use of the data in all other respects.

4.1.6 Crossway Community

Organization: Crossway Community Person Interviewed: Tom Sherman, Chief Business Officer, 11/27/01 Kathleen Guinan, CEO, 11/27/01 UI Attendees: Elaine Morley, Nancy Geoffroy, Caitlin Harvey
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1. Which programs in your organization collect outcome assessment data? For how many years?

All three program areas, referred to as “profit centers” collect outcome assessment data. These three programs are: The Family Leadership School, Health Careers Training Center, and the Montessori School.

The Family Leadership School has collected outcome assessment data for the longest of all three programs. [The actual amount of time they have been collecting data is not known.] The Family Leadership program uses an assessment questionnaire called Family Evaluation System (FES). An initial questionnaire is administered at intake, and again at one month, six months, one year, two years (which is the completion of the program) and then every year thereafter for 5 years (after graduation from the program). This is compared with results as they work through the program. The questionnaire is based on a 100 point scale and measures progress in four key areas: health, education, economic literacy, and family living or parenting. This tool was developed at Crossway Communities by Dr. Cam.

The Health Careers Training Center (HCTC) trains low income clients for health careers, primarily for CNA (Certified Nurses Assistant) positions. This program used to measure how many clients completed the program and obtained their certification. The new outcome measurement for the program is measuring the percentage of clients who attain a job within 60 days of graduation. This measurement is new as of April, 2001. A planned outcome measurement is the job retention rate within one year of graduation from the program.

The Montessori School is slowly beginning to use outcome measurement. They are still in the first stages of gathering the resources and data necessary to being using these measures. They would like to be able to measure school readiness, but do not have any measurement tools in place to begin that at this time.

2. What outcome reports do you and other central level administrators receive? What outcome assessment data is included in these reports? How frequent are these reports? (May we have a copy of this/these?)

Crossway Community compiles an annual report based on their strategic plan. This report includes their outcome assessment data for the three programs. The outcome assessment data for the programs is reported quarterly. Crossway Community uses a balanced scorecard method, tracking their progress within five key areas related to their goals.

Some of the vital outcome objectives are to increase the job placement for the CNA graduates, improve methods of assessing students needs and expectations as well as evaluating their own performance as an organization, a GNA course completion rate of 80% or better, and create a consortium of employers.

For internal usage, they publish a quarterly report called a business plan, and they review and analyze the data in these reports at the Business Plan Reviews (BPR's). In these reports, there are 5 main headings to organize the data:

- objective
- planned action
- performance measures
- baseline
- target and date

The objective is the target goal that they have set for themselves. The planned action is how they will specifically go about achieving their objective/goal. The performance measure is how they will determine if they are achieving their objective. The baseline is the lowest rate of success that they will accept; either a percentage of people who complete and succeed at the program, a minimum dollar value they receive, etc. Finally, the target and date is the number they are aiming for and the deadline is when they would like to meet this target, and when they have to have above the baseline. For a sample of the Business Report, please see "Health Cares Training Center FY 2002 Business Plan".

3. How do you, and other central NPO officials, use the outcome assessment data?

Central NPO officials hold quarterly meetings with their staff to review their balanced scorecard, the business plan and to review the progress on the strategic plan goals. There are two teams that look over the data before the quarterly BPR meeting take place. The first BPR team is the executive team, comprised of the chief business officer, the chief executive officer and the chief program officer. The second BPR team is the life skill management team, comprised of the chief business officer, the chief executive officer and other selected staff members.

The quarterly meeting is a three step process. The first meeting that takes place is a meeting with the CEO, the CBO and the CPO. This meeting is followed by a second meeting with the managers of each "business line," or cost center, and any staff members that the

managers would like to have present at the meeting to review and discuss programs and any changes that need to be made. The third meeting, the final step in the quarterly meeting process, is an all-staff meeting. This meeting addresses progress and deficiencies in all areas of the organization.

If targets are not met, based on the scorecard method, the teams discuss what the executive team can do to help, if the measures are valid, if the targets are valid, and if action plans need to change. The goals and objectives of a program are never changed. If the targets are continually exceeded, the standards will be reviewed and eventually raised.

4. Of the programs in your organization which have outcome assessment data, how are each of these persons or programs/units using the outcome assessment data?

The Health Careers Training Center had changed their outcome measures. Their original outcome assessment data was based on the graduation rates. They changed this because they felt a more effective measure of their program was the employment rates. Employment is a greater benefit to the clients. The graduation data is still collected, but the focus has been changed to the employment outcomes assessment data. Employers now attend the orientation of the HCTC program. A job fair is also conducted mid way through the program. Some students are actually offered jobs at that time, contingent upon successful graduation from the program. Since the inception of this program, job placement has been higher than in the past. The main target is to place 80% of the graduates in the CNA field within 60 days of graduation. Crossway Communities also plan to record the job retention rate to make sure their program is adequate on a long-term basis.

The Family Leadership School uses a 100 point based system covering four key areas: health, education, economic literacy and family living or parenting. The average gain score from the pre-test at the time of admission to the completion of the program two years later is 30 points. This data is reviewed quarterly with the executive team, the life skill management team and at the quarterly meeting in which the entire staff is invited.

An example of a program change in the Family Leadership Program is their experimenting with split classes based on level of development in the curriculum. This should allow their clients to have more personalized attention in the program, as well as teaching each child at the level they are at. They are also considering changes to the curriculum.

Another example of a program change is the targeting of families with children less than five years of age for their Family Leadership School. Crossway Community did not see as much progress with families who participated in the program with children over five years of age. This was based on a RAND report, rather than Crossway's outcome assessment data.

The Montessori School is not using the outcome assessment data in any way. Because of the special nature of the school, they do not feel that it is in their best interest to use the data collected.

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

The Family Leadership School has an alumni network. Through incentives, Crossway Community can track outcome assessment data a period after the program has ended. This network has also become a referral network for new clients.

The executive team at Crossway Community has strongly emphasized participation in outcome measurement and management. Tom trained the staff on outcome usage, and they talked about changing the organization's atmosphere to a more business oriented atmosphere, rather than a non-profit oriented atmosphere. The clinical supervisor, Dr. Cam, has implemented their outcome measurement for the Family Leadership School, and she has been working on it for ten years. This consistency in data has greatly helped their usage.

After changing their outcome measurement to track job placement, employers come to orientation and the job placement rate is much higher for graduates.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

Initially, staff reservations were a barrier to usage. The director of the HCTC has resigned upon implementation of outcome measurement, however, it is not clear if outcome implementation is the reason she resigned. Many employees are concerned that some outcomes, such as getting a job upon graduation, are out of their control, and feel that they should not be held accountable for outcomes such as these. The Montessori School has a seven-year time commitment. Tracking long-term benefit for clients is difficult for the agency because of the length of time that clients are enrolled in their programs. The Family Leadership School has a two-year time commitment. The HCTC has a five-month commitment. They have not received data on the newest measures from the HCTC program. The Montessori School just graduated the first group of children and only began tracking outcomes this fiscal year.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

To improve the usefulness of outcome measurement at Crossway Community, better measurement standards and measurement tracking methods are necessary. Outcome indicators must be consistent in order to find trends. Participation and support from the entire staff, as well as commitment from the executive team is necessary to use outcome measurement as a primary management tool.

4.1.7 Boys and Girls Club of Greater Washington

Organization: Boys & Girls Club of Annapolis & Anne Arundel County
Persons Interviewed: Reginald Broddie, Director for Annapolis Area Clubs , 12/04/01
Roosevelt Britt, Club Director of Bywater Branch, 12/04/01
Norman Randall, Club Director of Annapolis Gardens, Bowman Court
Branch , 12/04/01
UI Attendees: Harry Hatry, Nancy Geoffroy, Caitlin Harvey

1. Which programs in your organization collect outcome assessment data? For how many years?

The programs that collect outcome assessment data are: Nike Girls Sports Programs, Summer Sports Camp, Sailing Camp, Study Hall for Athletes, Nike Winter Basketball League, Nike Swoosh Club, Boys & Girls Club Fitness Challenge, Nike Sports Summit, Nike Swoosh Leadership Camp, Fine Arts Exhibit Program, Expression Dance, Youth Art Summit, SMART Moves, SMART Girls, Act SMART, Kids in Control, Street SMART, Quick SMART, Kids Café, Goals for Growth, Power Hour, Ultimate Journey, TEENSupreme Keystone Club, Torch Club, and Youth Council Program.

According to the Director of Annapolis Area clubs, the Boys and Girls Clubs of Annapolis and Anne Arundel county have been collecting data for 3 years based on the logic model. This data is collected for all programs.

2. What outcome reports do you and other administrators receive? What outcome assessment data is included in these reports? How frequent are these reports? (May we have a copy of this/these?)

In March of 2000, Boys & Girls Clubs of Annapolis & Anne Arundel County administered a survey to all of its branches. 30 clients were selected from each branch, 10 for each of the three age groups: Elementary School, Middle School, and High School. For each age group, there were 5 males and 5 females. The survey measured their current status, as far as outcomes, as well as what parts of the programs need improvement. The Director of Annapolis Area Clubs is still using the data from this survey for both internal improvements, and funding purposes. This survey was a one time survey, which they would like to administer again, given the resources and funding. That is not possible at this time, however. That survey used interns to help tabulate the data. That appears to be the only outside technical assistance that BGC of Annapolis has used.

Another outcome report that they receive are the pre and post tests for the sports program and the SMART program. These tests are administered at the beginning and end of each sports season: fall, winter and spring. Therefore, they are administered approximately every 2 months. It is also administered at the beginning and end of each SMART session. The SMART program is a 17 week long program, so it is administered in 17 week intervals. The Director of Annapolis area Clubs reported that all programs collect pre-post data and report

the results to him, though it is not clear that all programs are doing this. To see a sample pre and post, please see “What is your Drug IQ?” We received two questionnaires, each of one page in length. Both of these only assess knowledge of, and attitudes towards, drugs and alcohol. They do not ask about the client’s own behavior.

For at least the basketball program, the Director asks another coach to tabulate and assesses the results of another club’s basketball program.

Once all of the tests are collected, the club director reviews them to obtain an overall census of what the students know about drugs. They then take the results and meet with the coaches of all the sports teams to review what the children know, and what they should be taught during the season. Reginald Broddie, the Director of the Annapolis Area Clubs also gets a copy of the report for the pre and post test results. He reviews them and shares the results with the staff.

3. How do you, and other NPO officials, use the outcome assessment data?

Outcome assessment data collected from pre and post tests is analyzed by the entire staff of the sports programs, as well as the SMART Moves program. These results are analyzed to find the areas in which the children lack knowledge. The programs focus on these areas to ensure better results on the post test. These tests are changed every season, keeping the questions up to date. The programs are also changed every season, depending on the knowledge deficiencies found in the pre and post tests. The curriculum for these programs is changed at a meeting where all coaches, program directors, sports directors and the director of Annapolis & Anne Arundel County are present.

The outcome assessment data collected from the March 2000 survey was shown to funders. It was also discussed amongst club directors and the director of Annapolis & Anne Arundel County. From this survey, they made a significant change in the sports program. They now require that all athletes participating in the sports program also participate in the Power Hour program, which is a homework participation program. Each student athlete must log three days a week for Power Hour in order to play in the Saturday games. The games are intentionally played on Saturday to ensure that the students log the required three days. This change is a result of the outcome assessment data, because they found that the students were passing in little to no homework on a weekly basis. The sports programs have the highest participation rate of the programs at Annapolis. Therefore, this change has affected a large amount of children, as well as helping the Boys & Girls Club to achieve their “Education and Career Development” goals.

The completion of homework by each individual youth is posted each time on the wall of one of the main facility rooms — as a motivator. The club also provides prizes as incentive awards for completing homework regularly.

Another change made to the SMART Moves and sports program was the focus on marijuana and alcohol substance abuse. The data from the pre and post tests indicated that alcohol and marijuana were in need of more attention than other drugs such as LSD and

cocaine. Therefore, they narrowed down their focus from all drugs to mainly alcohol and marijuana. The SMART and sports programs also have a speaker from the police department come in to talk about drug usage.

Thus, in effect, they have used the pre-data to let them know what are the gaps in clients' knowledge and attitudes in order to help them identify what areas on which they should focus. They use the post-data to let them know if they have been effective and to see what they need to work on later. In effect, they use the data as a diagnostic tool to the youth.

Project Learn, a program focused on boosting academic performance, collect report cards for all participants. They review the report cards and find deficiencies in grades. They then speak to the teachers and/or parents about the grades, and what they can do to help improve the grades. The Director of Annapolis Area Clubs stated that they do not record or tabulate the report card data. They found, however, that most, if not all, of their high school age clients had no more than a C average and [based on what information?] found that these high school students had not fully adjusted to high school. Now, he wants to link a high school student to eighth graders to help them adjust and thus get better grades.

The Club Director of Annapolis Gardens, Bowman Court Branch indicated that he shows the aggregate pre-post data on his club to the youth. He believes that this helps motivate the youth.

4. Of the programs in your organization which have outcome assessment data, how are each of these persons or programs/units using the outcome assessment data?

The main use of the data is redefining the programs from the pre and post test. The main example of a change in a program due to outcome assessment data is the sports program in conjunction with Power Hour, mentioned in question #3. The change in focus from all drugs to mainly alcohol and marijuana use in the SMART and sports programs, also mentioned in question #3, is a change due to outcome assessment data.

The summer camp program experienced a change due to report card data. Teachers reports showed that students did not do well during the first term of the academic year. Due to this report, the summer program at the Boys & Girls Club now has one hour of reading per week, and three hours of math per week.

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

The Annapolis Director clearly supports outcome measurement and appears to have gotten at least the two club directors, with whom we interviewed, to be supportive of the effort.

The Club Director of Annapolis Gardens, Bowman Branch feels that they have sufficient software and funding to support collecting and analyzing data. Both Annapolis Gardens and Bywater branches feel that they have dedicated and willing staff members, which makes data

collection a much easier process. They have embraced the idea that data collection is their obligation to succeed as an organization. They strive to find the issues and address them as best as they can.

They feel that changing the programs every year, based on the test data, is a useful tool to ensure that students are gaining new knowledge each year. The coaches share their techniques for establishing good outcomes. They also have an influence on the curriculum, as well as the program directors.

The Director of Annapolis Area Clubs emphasized that his philosophy was that these evaluation activities not be designed to “do it to them” but “do it for them.”

They use incentives to individual clients for good performance but incentives are not used, to our knowledge, for staff outcome performance. As noted above, the clubs provide prizes for attendance. Also, to participate in the sports league, youth need to have a C average at school and have logged three homework hours per week at the club.

They changed some questions in the outcome questionnaires each time to capture timely issues, based in part on what they learned from the past pre-post questionnaire findings. The questions are developed jointly with the staff and volunteer coaches. The staff believe this made the surveys more useful to them.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

One of the obstacles cited by both branches is an inadequate number of staff and the lack of volunteers available to collect, tabulate, and analyze the data. They believe that training could focus more on the use of outcome assessment data.

The Bywater branch felt that technology was a barrier to usage. Their computers are not networked and they don't all have access to the internet. The Bywater branch also feel that funding is a barrier to incorporating technology into the sports program.

Not all directors have seen the findings from the 2000 survey. They would have liked to see it to get a better perspective on their clients and how their club was doing compared to others. (However, because of the small sample sizes from each of the five clubs, 30 youth, the comparisons would have been shaky.)

They are unable to follow up with graduates of the program, which would be helpful in establishing a long-term benefit for the programs. A 6-question survey was mailed to 150 graduates of the Boys & Girls Club program, complete with a self addressed stamped envelope in March 2001, and they received no responses. No incentives were used to obtain responses.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

Both branches would like to have a part time staff member dedicated to data collection and evaluation. It would be helpful to have a process for realistically addressing the issues brought up by the outcome assessment data. They would like funding for software, newer computer systems, and other technology. The staff also felt that additional training in available technology and evaluation methods would help them use outcome assessment data to a greater extent.

One club director indicated that he would like to have annual behavioral data similar to that from the 2000 survey on the youth served by his specific club (presumably requiring a larger sample size).

An online database for the national Boys & Girls club would be helpful for comparison to their own programs. It would be helpful if the national branch would process the data for them, or give them data examples. The Director of Annapolis stated that they would use the Boys & Girls club questionnaires more frequently if the national branch would tabulate the data for them. However, he would like to add and delete questions from the national questionnaire.

They would also like to complete follow-ups with graduates of the programs to show the longer-term benefits of their clients.

They can't get any feedback from parents because parent involvement is very low. They would suggestions on how to get the parents more involved than they currently are. They have used incentives, with little to no result.

They would like to survey behavioral changes with pre and post tests. They currently administer educational pre and post test. The behavioral data may show a greater benefit to the client. This could potentially improve programs, and increase funding.

They would like to adapt their programs to draw in more teens. Their programs do not currently serve many teens, but the staff feels that the outcome assessment data may help improve their programs to draw in more teens.

One club director felt that the aggregated outcome assessment data should be shared with parents and youth. All staff members felt they should see the results of the outcome assessment data from the 2000 survey, as well as future surveys.

4.1.8 Big Brothers Big Sisters of Central Maryland

Organization: Big Brother Big Sisters of Central Maryland Person Interviewed: Nelson Berigtold, Program Director, 11/19/01 Robin Tomechko, President and CEO, 11/19/01 Lois Miller, Fundraising Director, 11/19/01 UI Attendees: Jake Cowan, Nancy Geoffroy, Caitlin Harvey

1. Which programs in your organization collect outcome assessment data? For how many years?

Both the school based mentoring and the community based mentoring programs collect some form of outcome assessment data.

The school based program is the program in which the big brother or sister and little brother or sister meet with each other at school. They are not allowed to meet outside of school for insurance reasons. There is usually a specific time of the week or month, depending on how frequently they meet, which the pairs meet consistently. This consistency gives the children a sense of stability with the big brother or sister. Nelson stated that they found more success with the school program than in the community program as far as recruiting mentors for the children. For the school program, they ask corporations to sponsor the program by asking employees to volunteer during the workday, which makes recruitment easier. The school program matches are only one year long, however 15-18% of the children transfer from the school program to the community program. By doing this, they are allowed to continue meeting with their big brother/sister in the community after the school match program is completed. Another option for the matches is to renew the school match at the start of the following school year.

The community-based program is the program in which match can get together at anytime, and meet at anyplace. The big can meet the little after school, or go over to the little's house to pick them up. There are fewer limitations on what they can do, compared to the school based program. In the community program, it is more difficult to find big-little matches because there are not enough volunteers. 20% of the community matches last longer than a year.

Both programs collect outcome assessment data from two sources. The school program collects information from the mentor and the teacher. The community program collects information from the mentor and a parent or guardian. Outcome indicators are collected in 21 areas of interest (see attached spreadsheet-"21 Outcome Indicators").

National Big Brothers Big Sisters of America began using 18 POE indicators for their community based mentoring program, beginning in spring of 1997. Outcomes indicators for the national school based mentoring program were collected on a school based mentoring pilot program in 1999. The current system of 21 outcome indicators was established in 2001 on a national level. Big Brothers Big Sisters of Central Maryland moved to using these

standard 21 Program Based Outcome Evaluation (POE) indicators when Nelson arrived in January 2001.

The school-based program in Central Maryland was collecting outcome assessment data experimentally last year and is continuing that collection this fiscal year. It is unclear when the community based mentoring program of Central Maryland started collecting outcome assessment data.

2. What outcome reports do you and other central level administrators receive? What outcome assessment data is included in these reports? How frequent are these reports? (May we have a copy of this/these?)

Outcome assessment data is collected relating to the child's changes in behavior in three key areas; Confidence, Competence, and Caring. The confidence indicators involve the child's ability to make decisions, sense of the future, and other self-sufficiency skills. The competence indicators involve the child's classroom behavior, attitude towards school, and ability to avoid substance abuse and early parenting. The caring indicators involve the child's relationships with family and peers, as well as respect and trust for others. See "Teacher Report On The Match" for detailed report form.

The data is reported in raw format to the Big Brothers Big Sisters of America database annually. It is also put into a database annually at the local Big Brothers Big Sisters level. The Program Director produces two reports, one for the school based program, and one for the community based program. Reports of the data also go to the Fundraising Director, and the President and CEO. The information in these reports may be discussed at future staff meetings, however those measures are not in effect currently.

3. How do you, and other central NPO officials, use the outcome assessment data?

The local data is not currently being used by the President of the Big Brother Big Sisters of Central Maryland for internal purposes, however she does look over the data to review their program's progress. The national level data was given to the Fundraising Director, who uses it externally to funders and corporations to recruit new mentors and fundraising.

One of the planned uses of the local data, by central level staff, is to recruit more funding. Big Brothers Big Sisters plan to use their outcome assessment data to distinguish themselves from other mentoring programs in the area, since the competing mentor programs do not collect outcome assessment data. This data is interesting to funders because it can show that their mentoring program has attained certain objectives for their client base.

Another planned use of the local data is to recruit more volunteers. The director of mentoring programs plans to show outcome assessment data to corporations in order to obtain the amount of volunteers necessary for the program. Showing the actual affect a mentor has on a child is an incentive for this program, as opposed to other mentoring programs. By recruiting new mentors, the agency will be able to expand the amount of children they are able to serve.

The program director at Big Brother's Big Sisters of Central Maryland, plans to aggregate this data by case manager. This will enable him to see what each case manager is doing correctly or incorrectly with the mentor pairings they supervise. This may indicate needed changes in mentor training, an increase or decrease in frequency of calls from case manager to mentor, parent, or teacher, or other measures to improve their program.

4. Of the programs in your organization which have outcome assessment data, how are each of these persons or programs/units using the outcome assessment data?

Currently case managers collect data on a case by case basis. They use it as a tool to assess each child in the program. Since the program and staff is relatively small and NVFS, the only real opportunity for outcome use at the program level with the case managers.

5. What factors do you believe have contributed to the effective use of the outcome assessment data in your organization?

Nelson's arrival at the Central Maryland Big Brothers Big Sisters has helped the organization begin measuring outcomes and plan outcome management programs. Nelson had previously consulted the Central Maryland Big Brothers Big Sisters as a national consultant. His experience with the national office has positively influenced staff on the usefulness of outcome measurement. The previous program director did not place much emphasis on outcome measurement and was not interested in using the data collected internally for the organization's benefit. The previous staff, board members, and executive director, did not support outcome measurement, and they have been replaced with new members. The former staff and board members did not support outcome measurement because they were concentrating on the financial status of the organization.

The Big Brothers Big Sisters of Central Maryland have recently received a grant from the Baltimore Foundation for \$10,000 to improve their technological infrastructure. Nelson, the Director of Mentor Programming used some of this budget for training in Microsoft Excel. The previous MATS system did not provide useful and useable information. They have also received funding from the national office to help implement outcome measurement and management procedures.

New mentor training has already been implemented. Big Brothers Big Sisters has done away with the group training procedures. They found that the group training procedures did not adequately train the mentors to effectively help the children.

6. What obstacles to effective use of the outcome assessment data do you believe have been, or are currently, present?

A leading obstacle at Big Brothers Big Sisters of Central Maryland is a lack of consistency in terms of how staff members use and fill out their outcome assessment data form. This form has 21 objectives or outcomes that the mentoree should show as a result of the pairing. This form is completed by the teacher for the school based program and by the

parent for the community based program. In both cases the mentor fills out the same form with the aid of a caseworker. This is a time consuming process for the staff because they oversee many cases, and the forms must be filled out in person with the mentor. However, if the process is done without the aid of a caseworker, the forms would be too subjective. Nelson believes that the organization needs training for parents, volunteers or mentors, as well as staff, to establish a standard on filling out the outcome forms.

When the school based program began, they only had 2 caseworkers supervising the program. This meant only some of the staff was familiar with the school based program. Nelson, the Director of Mentor Programming, also believed that the caseworkers were being underutilized. The caseworker manual was restructured because the caseworkers were becoming too specialized. This is partially why Nelson thought caseworkers were underutilized. Therefore, he empowered them with more responsibility in redesigning these worker manuals. This new manual also emphasizes these manuals at the "bottom line" to determine whether their new system is working.

The staff had reservations about using the outcome assessment data. They believed that the outcome measurement might show that the organization was not doing as well as they believed they were doing. This was considered a risk to the security of their organization regarding both financial and volunteer resources. When the Director of Mentor Programming began in January, he conducted formal and informal meetings on the usefulness of outcome assessment data. He showed the staff the national data, which proved that this method was just as effective for evaluation.

7. What suggestions do you have for improving the usefulness of the outcome measurement process to help you improve your various programs and services? What would you like to see happen?

Nelson wants to be able to break out performance by caseworker and eventually school. He hopes that this will give suggestions for the staff training and volunteer training that is needed. The information broken down by school system may give more insight as to what works best for children in the school based program. However, he is not confident in the effectiveness of this method because each school arrangement is unique.

Nelson also wants to be able to emphasize the importance of certain outcome indicators over others to the volunteers or mentor. For example, he believes that the mentors are not accurately assessing the change in the child's sense of the future. He considers this to be an important indicator for the child, and he is not confident in the accuracy of this indicator.

4.2. Evaluating Each Organization

A scale has been developed to rate each organization on how well they use outcome assessment data. This rating system was not meant to criticize each organization, but instead be a possible determination of how developed we have found multi-function non-profit organizations to be lacking in their outcomes management programs. The organizations were ranked from 0 to 10, with 0 being the lowest, no outcome usage, and 10 being the highest, with ideal outcome usage. To ensure that no organization is criticized, the organizations are ranked anonymously.

4.2.1. The Rating Scale

To develop the rating scale a point system was designed. A list was made of ten behaviors that a non-profit organization should exhibit to have an ideal outcomes management system in place. To rate each organization, interview data was analyzed to find out which of the ten points these organizations performed were most critical. Each ideal point is worth 1.0 point on the final scale. Each organization was anonymously rated, and the final sum of ideal points is the organization's final rating on the scale.

Before an organization is rated on the scale, it was first confirmed that they are collecting outcome assessment data. Once this has been established, we look at the ten ideal points to see which points each organization has met. The ten ideal points that make up the scale are:

1. An organization should collect outcome assessment data that is not required by funders.

This outcome assessment data should be in addition to the data they are collecting for their funding agencies.

2. An organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
3. An organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
5. An organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
6. An organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
8. An organization should set targets to be met during the year. These targets should be set for each program within the organization.

9. An organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
10. Finally, an organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

4.2 Organization Rating Scores

Each organization has been evaluated on their outcomes usage using the scale. The results are presented below. The following is each organization's evaluation.

Organization Name: A

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
- .5 5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
- .5 6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
- 1 9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 2.0

Organization Name: B

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 3.5

Organization Name: C

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
- 1 4. Data should be collected to show the long-term benefits of the program or organization.
- 1 5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
- 1 6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
- 1 7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
- 1 8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
- .5 10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 5.5

Organization Name: D

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 3.0

Organization Name: E

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
- .5 3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
- .5 6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
- .5 10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 2.5

Organization Name: F

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
- .5 3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
- 1 6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
- 1 7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
- 1 8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
- .5 10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 7.0

Organization Name: G

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
- .5 3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
- .5 5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
- 1 6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
- 1 7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
- 1 8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

Total Score: 6.0

Organization Name: H

1. An organization should collect outcome assessment data that is not required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies.
2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs.
- .5 3. Each organization should aggregate the data in some form. This ideal point is broken down into two parts. If the organization evaluates the data by breakout groups they receive 0.5 points on the scale. If they aggregate the data in some general form, then the organization receives 0.5 points on the scale.
4. Data should be collected to show the long-term benefits of the program or organization.
- .5 5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. This personnel should be trained in producing statistical reports and data evaluation. If the organization was found to have a database but no personnel to enter the data they were given 0.5 points on the scale.
- .5 6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. If the program was found to produce the reports, but not give them to all funders and staff, then they were only given 0.5 points on the scale. If they were found doing both, they were given 1.0 point on the scale.
7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to find out why they are lower than they should be.
- 1 8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization.
9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.
10. Finally, the main focus of our study, each organization should be able to provide specific examples of a program or procedure that was changed due to evaluating the outcome assessment data. If the organization was able to provide us with just one example, they were given 0.5 points on the scale. If they provided more than one example that we felt was a valid, representative example, they were given 1.0 points on the scale.

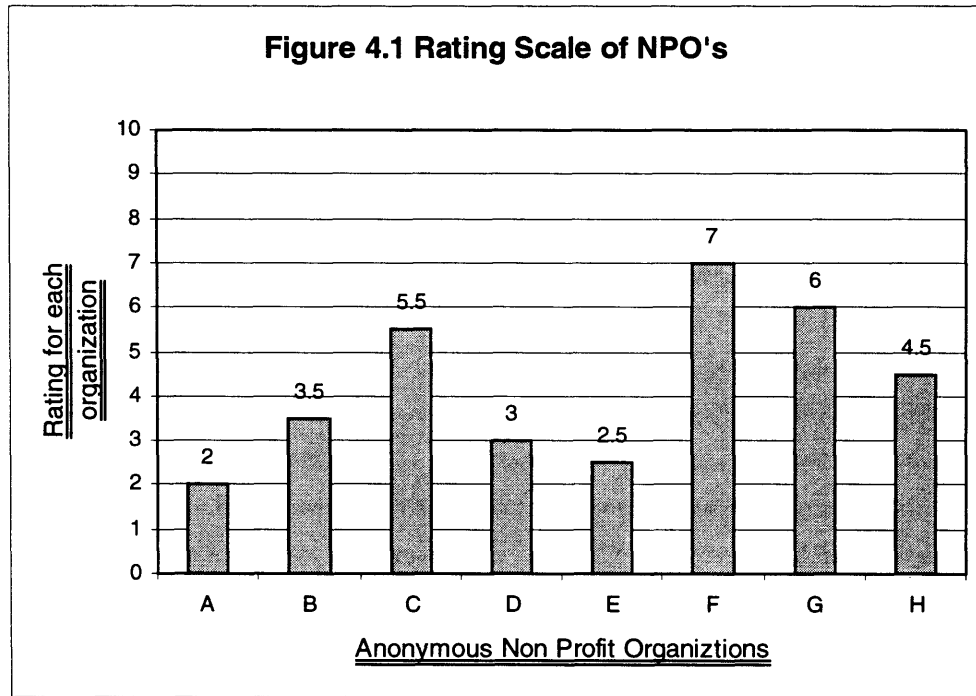
Total Score: 4.5

4.2.1 Organization and Ideal Point Scores

The rating scores for each organization are presented in Table 4.1 and Figure 4.1

Table 4.1 Rating Score for Each Organization

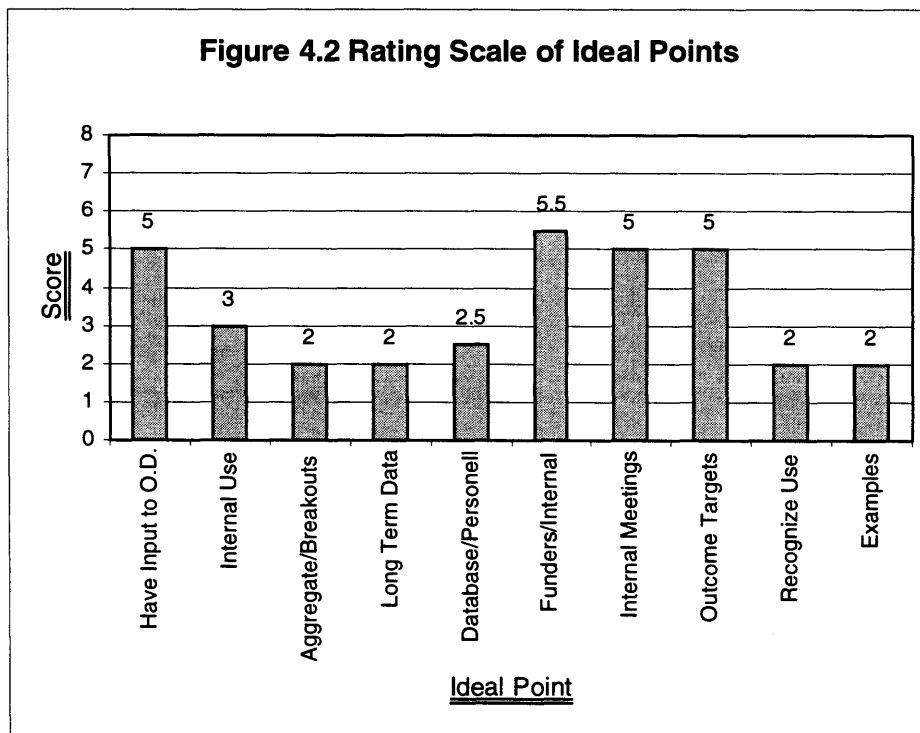
Organization	Score (out of 10)
A	2.0
B	3.5
C	5.5
D	3.0
E	2.5
F	7.0
G	6.0
H	4.5



The rating scores for each ideal point are presented in Table 4.2 and Figure 4.2

Table 4.2 Rating Score for Each Ideal Point

Ideal Point	Score (out of 8)
1	5.0
2	3.0
3	2.0
4	2.0
5	2.5
6	5.5
7	5.0
8	5.0
9	2.0
10	2.0



4.2.2 Analysis of the Scores

By analyzing the scores from the rating scale, it is apparent that some organizations are far more advanced in their outcome management program. These results are expected, since there are no guidelines to using outcome assessment data. All organizations should aim to be a ten on the scale. By obtaining a ten on the scale, an organization would have an excellent outcome assessment data usage program.

5.0 Conclusions and Recommendations

5.1 Introduction to Analysis of Research

This research project is intended to show examples of the internal usage of outcome assessment data by non-profit organizations. It will show the barriers to good outcome usage, as well as suggestions for each organization on how they can improve their own outcome usage. The project will also discuss the factors that contribute to effective outcome usage by each non-profit organization. A list of recommendations for maximizing usage of collected outcome assessment data is provided for all non-profit organizations that participated in the research study from the research team. These recommendations were compiled after a thorough analysis of the results of the interviews performed with the eight non-profit organizations.

The agencies who participated in the study were all multifunction non-profit organizations, operating within the greater DC area. The organizations are listed here:

- Big Brothers Big Sisters of Central Maryland
- Crossway Community
- Northern Virginia Family Services
- Northern Virginia Urban League
- Family and Child Services of DC
- Jewish Social Service Agency
- Boys and Girls Club of Greater Washington
- United Community Ministries

5.2 Central and Program Level Usage of Outcome Assessment Data

Outcome assessment data is used both centrally and at the program level in most of the organizations interviewed. There is a very different impact when using outcome information at the central level than when using it at the program level. Since central level staff receive outcome assessment data on an aggregated basis, changes made from central level staff are made

from analyzing data trends and therefore will affect programs throughout the organization. Changes made from a program level staff member however will be made on a much narrower scale. Often program level staff make changes on case by case basis, such as modifying the program for certain clients.

5.2.1 Big Brothers Big Sisters of Central Maryland

The Executive Director of the BBBSM currently uses the outcome assessment data to review program progress. The Fundraising Director uses the national data for recruiting new mentors and acquire funds. She plans to use the local level data for the same purposes once it is available to her. The Director of Mentoring Programs plans to breakout the data by case manager. This will enable him to see what each case manager is doing correctly or incorrectly with the mentor pairings they supervise. This may indicate changes as needed in mentor training, in the frequency of calls from the case manager to mentors, parents, or teachers, or other measures to improve their program.

In addition to this central level use, the program level case managers collect outcome assessment data on a case by case basis. They use this as a tool to assess the progress of each child in the program in relation to the program's goals.

5.2.2 Crossway Community

Crossway Community officials hold quarterly meetings with their staff to review their outcomes assessment data, their business plan and to review their progress on the strategic plan goals. The quarterly meeting involves a three step process. The first meeting that takes place is a meeting with the Chief Business Officer, the Chief Executive Officer and the Chief Program

Officer. This meeting is followed by a second meeting with the managers of each “business line,” or cost center, and any staff members in that program area that the managers would like to have present at the meeting to review and discuss programs and any changes that need to be made. The third meeting, in the quarterly review process, is an all-staff meeting. This meeting addresses progress and deficiencies in all areas of the organization.

If outcome targets are not met, the teams discuss what the executive team can do to help. If the measures and targets are valid, then the action plans will be modified to reach the outcome targets. If the targets are continually exceeded, the standards will be reviewed and eventually raised.

The Health Careers Training Center (HCTC) changed their outcome measures based on outcome information. Their original outcome indicator was graduation rates. An additional outcome indicator, the percent of graduates who obtained a job within 60 days of graduation, was added to the program’s performance measures. This change came about from client feedback in customer satisfaction questionnaires regarding the program. Clients commented that while they appreciated the education by HCTC, they felt more emphasis of the program needed to rely on job placement. In addition to this change, employers now attend an orientation of the HCTC program. A job fair is also conducted halfway through the program. Some students are actually offered jobs at that time, depending upon successful graduation from the program. Since the inception of this program, job placement has been higher than in the past. The outcome target is to place 80% of the graduates in the CNA field within 60 days of graduation. Crossway Communities plans to record the job retention rate to make sure their program helps retain jobs on a long term basis.

The Family Leadership School uses a 100 point based system covering four key outcome areas: health, education, economic literacy and family living or parenting. The average gain score from the pre-test at the time of admission to the completion of the program two years later is 30 points. This data is reviewed quarterly with the executive team, the life skill management team and at the quarterly meeting in which the entire Crossway Community staff is invited.

An example of a program change in the Family Leadership Program is their experimenting with split classes based on level of development in the curriculum. This should allow their clients to have more personalized attention in the program, as well as teaching each client at the level they have achieved.

5.2.3 Northern Virginia Family Services

Northern Virginia Family Services uses the outcome assessment data on the central level by reporting the information to the Chief Operating Officer (COO) and the Quality Assurance/ Management Information System Team (MIS). The COO meets with other central level staff to discuss the percentage of completion of outcomes. The QA/MIS team, which consists of the QA director, program managers and assistants, and division director, meet quarterly to discuss the outcome data. They use the data on an aggregate level to change targets when needed and improve programs. An example of how they use outcome data is their child immunizations program. The data on child immunizations and child developmental milestones are looked at on an individual basis to establish outcome targets, as well as to track the child's progress.

Looking at the outcome data on an aggregate basis triggers the QA/MIS team to review the individual cases that have poor outcomes. They give feedback to central level staff, program supervisors and managers, as well as individual case workers.

Another example of quality assurance using outcome assessment data is the analysis of developmental screenings. They did this on a case-by-case basis, and found that the screens were not meeting the goals due to “sloppy” reporting by case workers and an inexperienced substitute supervisor. They addressed these issues internally and corrected the problem.

5.2.4 Northern Virginia Urban League

NOVAUL creates annual reports that specify the desired outcomes, and shows the percentages of teens who complete these outcomes. These reports are reviewed in separate meetings with board members and the resource mothers. If a goal is not being met throughout the entire program, the program assistant and case coordinator look for better methods to reach this goal.

An example of this is the consistently low outcomes of teens continuing their education following the birth of their child. The outcome assessment data was reviewed, and it was determined that one of the major factors contributing to this problem was a culture barrier with teens of Latin American descent. The program originally started out as a service primarily for African American teens. Over the past few years, the population of the program has shifted to approximately a fifty-fifty ratio between Latin and African American teens. Resource mothers were advised of this problem, and asked to stress the importance of continued education to teens in the Latin American demographic. In addition, a new Latin American resource mother was added. New information regarding the change in outcomes has not been collected, but will be monitored by all employees within the program.

5.2.5 Family and Child Services of DC

Central level use of the outcome assessment data is very limited within Family and Child Services (FCS). The Chief Operating Officer receives monthly reports from program managers, but does not have the time to evaluate or give any feedback to his managers. The COO is also new to the organization (less than one year) and would like to change the amount of outcome usage within the organization.

Program level use of outcome assessment data within FCS is also limited in some respects. The Family and Students Together (FAST) Program is given a cursory look to make sure data is complete, and then sent to a national service, Alliance of Children and Families to be analyzed. This is a slow process, and information submitted for the last fiscal year has not yet been returned. Therefore, the outcome assessment data cannot be used internally.

Senior Social Services and Senior Services, two distinct programs run by the same management team, analyze the data to make sure they are meeting their targets. Since they have a large clientele, 850 people, they perform a random sampling of 15%-20% of clients. Although it has not been started, they would like to begin breaking down the data collected from their Satisfaction With Life Survey (a five question instrument designed to determine the client's overall happiness with life) by their rating, and concentrate specifically on those responding with either a dissatisfied or extremely dissatisfied rating. By breaking this down, they will look for trends in their lifestyles and determine if there are any ways to tackle these problems.

5.2.6 Jewish Social Service Agency

At the central level, the Chief Operating Officer discusses the outcome assessment data from client satisfaction surveys at the board meetings. If goals are not being met, they discuss methods to fix the problem. Externs are hired periodically and are used to develop in-depth program evaluations on selected programs. The board determines what type of in-depth report they would like them to complete. The COO also meets with the Quality Improvement Coordinator, and discusses all incident reports, looking for trends within them. An example of this occurred within the Home Health & Hospice Program, a program that offers in home care to the elderly. JSSA noticed a large number of slip and fall accidents. Upon review of these cases, they found that a large number of incidents occurred in the late afternoon, and determined this to be due to the seniors being groggy because they did not take a nap. This information was passed down to the program director, who stressed to the clinicians the importance of home safety evaluations.

Within the child social skills program, clinicians meet with the program director, and discuss on a case by case basis how the services are progressing. The program director looks for a rise in performance with the Child Behavior Checklist and Social Skills Rating System questionnaires, and uses this information as indicators. In addition, the clinicians review the outcome questionnaire and provide any feedback on any comments on the questionnaires.

5.2.7 Boys and Girls Club of Greater Washington

Outcome assessment data collected from pre-tests and post-tests on knowledge and attitudes towards drugs and alcohol is analyzed by the entire staff of the sports programs, the organization's largest program, as well as the SMART Moves program. These results are

reviewed to find the areas in which the children lack knowledge in drug resistance and prevention. The programs focus on these areas to ensure better results on future tests (These tests are changed somewhat every season, keeping the questions up to date). The programs are also changed every season, depending on the knowledge deficiencies found in the pre-tests and post-tests. The curriculum for these programs is reviewed at a meeting where all coaches, program directors, sports directors and the director of Annapolis & Anne Arundel County are present.

The outcome assessment data collected were collected in a special March 2000 survey of their clients, and were shown to funders. The data was also discussed among club directors and the director of Annapolis & Anne Arundel County. From this survey, they made a significant change in the sports program. They now require that all athletes participating in the sports program also participate in the Power Hour program, which is a homework participation program. Each student athlete must log three days a week for Power Hour in order to play in the Saturday games. The games are intentionally played on Saturday to ensure that the students log the required three days. This change is a result of the March survey outcome assessment data, because they found that the students participating in the sports program were passing in little to no homework on a weekly basis.

The completion of homework by each individual youth is posted on the wall in one of the main facility rooms. This posting is used as a motivator for the students. The club also provides prizes as incentive awards for completing homework regularly.

Another change made to the SMART Moves and sports program was the focus on marijuana and alcohol abuse. The sports coaches were shown the pre-test data at a joint meeting with the club sports directors, to provide ideas as to what the coaches should present to the youth. They used this data to find gaps as to where more preventative teaching should be administered.

The data from the pre and post tests indicated that alcohol and marijuana were in need of more attention than other drugs such as LSD and cocaine. Therefore, they narrowed down their focus from all drugs to mainly alcohol and marijuana.

5.2.8 United Community Ministries

The Executive Director (ED) and Assistant Director (AD) use the outcome assessment data to monitor progress towards the targets being met at the end of the year. Each program or department sets their targets when they are writing a grant proposal. The outcome assessment data are listed within the quarterly and annual reports. They also use the data to see if something is wrong and needs to be changed.

The program directors meet with the ED and AD regarding the quarterly reports. They review these on a performance level, and determine whether or not the outcome goals will be achieved at the rate of their current progress. If the ED feels they are not making adequate progress within specific outcomes, the program directors are told to motivate their staff more.

The Employment Services Director goes over the outcome assessment data with her staff at their monthly meetings. They compare their data to that of the previous quarter, and determine a plan of action to achieve all of the necessary outcomes that need to be fulfilled in order to meet their target. Tasks that need concentration are listed on a white board within Employment Services for all staff to see, acting as a motivational tool. Outcome targets are not created per employee, but per program. Another interesting method of motivation used by UCM is the sharing of individual outcomes to all employees, despite the fact that they do not have individual targets. They have found that individual caseworkers compete to reach higher levels of outcomes.

5.3 Factors Contributing to Effective Internal Usage of Outcome Assessment Data

5.3.1 Big Brothers Big Sisters of Central Maryland

The major factor contributing to usage of outcome assessment data at the Big Brothers Big Sisters of Central Maryland (BBBSCM) is the commitment of central level staff. Initially outcome assessment data was just used to give to funders, because central staff and the board of directors did not support outcome assessment data as a management tool. The board members and staff of the BBBSCM were restructured, and currently the staff and board fully supports outcome assessment. The Director of Programs at BBBSCM was trained by their national chapter, and has brought this emphasis and knowledge to the Maryland location.

5.3.2 Crossway Community

Crossway Community stressed that a major factor to successful usage of their outcome assessment data was the commitment of central level staff. Both their Chief Business Officer (CBO) and Chief Executive Officer (CEO) strongly support outcome assessment. The CBO and CEO review outcome assessment data quarterly, then meet with program level staff to discuss the data and allow input. The program level meeting also allows feedback to be given to all levels of staff in that program area. Finally, the outcome assessment data is reviewed at a whole staff meeting. This three part quarterly meeting process is another factor in usage of outcome assessment data at Crossway Community.

Another factor contributing to usage of outcome assessment data at Crossway Community is the staff's confidence in the data collected. This confidence is a result of their

data collection methods. Crossway Community also has ability to compare the clients' progress though the collection of follow up data, which makes it more useful to them.

5.3.3 Northern Virginia Family Services

Northern Virginia Family Services (NVFS) indicated that the support from central level staff was a key factor in the use of outcome assessment data. The Healthy Families of Northern Virginia, one of the programs at NVFS, has received support from Healthy Families of America. The Healthy Families of Virginia has been collecting outcome assessment data since the national Healthy Families piloted the collection of outcomes assessment data in 1991.

Central and program level staff also receive feedback on the programs though quarterly meetings with the Quality Assurance/ Management Information Systems team (QA/MIS). The QA/MIS team consists of the agency quality assurance director, the program managers, the program assistants, MIS database manager, the division director and a member of the administration team. The quarterly meeting is attended by the central level staff, the QA/MIS team, and the program level staff. The meeting allows all staff to have input to the programs at NVFS.

Another factor contributing to the usage of outcome assessment data at NVFS is the staff's confidence in the data. The database for NVFS will not let forms be submitted unless all the required fields are completed. The consistency in data from this database makes data analysis more efficient since there is no missing information. The staff are more confident in the resulting data, and that increases outcome assessment data usage.

5.3.4 Northern Virginia Urban League

Northern Virginia Urban League has indicated that the support from central level staff has been a factor contributing to the usage of their outcome assessment data. The central level staff meets with the Program Director on an as needed basis to discuss outcome assessment data and to give feedback. The Program Director meets with the case workers to give feedback about outcome assessment data and also allows input from the case worker to the programs. The program level meetings are not held to give feedback on outcome assessment data exclusively, other program related issues are discussed at these meetings.

Northern Virginia Urban League (NOVAUL) collects long term outcome assessment data on their clients. This collection method shows the longer term benefit for their client and makes the data more useful to staff.

Staff at NOVAUL use their outcome assessment data more because of the confidence they hold in the data collected. The outcome assessment data entered into NOVAUL's database is standardized because it is only entered by one staff member, and also because their data is collected on a standardized form. The standardization of the outcome assessment data accounts for confidence in the data from staff members.

5.3.5 Family and Child Services of DC

The Senior Services and Senior Social Services programs at Family and Child Services (FCS) of DC use their outcome assessment data more because of two factors; the confidence in data from their database, and the input and feedback from staff at quarterly meetings. The database was developed by a staff member at FCS. The staff at FCS believe that the database has been useful for data analysis.

The quarterly meetings with staff from the Senior Services and Senior Social Services allow staff to discuss the outcome assessment data collected. Feedback is given from central and program level staff. This is another factor to usage at FCS.

5.3.6 Jewish Social Service Agency

Jewish Social Service Agency (JSSA) has made outcome assessment data more useful to them by restructuring their questionnaire to allow collection of more representative data from both pre-test and post-test data. This data is now more useful because it shows the effect the program had on the client over the length of the program.

JSSA discusses their progress towards outcome targets at central level board meetings. The staff meetings consist of program level staff and clinicians who discuss their goals and objectives as well as outcome assessment data. This allows input from all levels of staff, and indirect feedback from all staff as well.

JSSA has also received funding to update their hardware and software. This makes data collection and analysis a much faster process. The outcome assessment data collected from the new software is more reliable, and therefore more useful to the staff.

5.3.7 Boys and Girls Clubs of Greater Washington

The central level staff of Boys and Girls Clubs of Greater Washington (BGCGW) are very supportive of collecting and using outcome assessment data. The emphasis from central level staff has made the entire staff of BGCGW more enthusiastic about using outcome assessment data. The central and program level staff meet with volunteers to go over outcome assessment data for two of their programs; SMART moves, and all their sports programs. The

staff and volunteers then focus the curriculum for their programs based on the outcome assessment data from the pre-tests and post-tests administered to their clients.

BGCGW has received training in using outcome assessment data at a national seminar. This has helped make the outcome assessment data the staff receives at a local level more useful.

BCGGW also has a unique method of using the outcome data. The staff posts data on bulletin boards throughout their clubs. The staff of BGCGW believes that this has motivated the clients to produce better outcomes.

5.3.8 United Community Ministries

United Community Ministries (UCM) indicated that one of the factors contributing to the usage of outcome assessment data in their organization was the meetings conducted quarterly with central and program level staff. At these meetings the outcome data is discussed by caseworker. The staff believes that this motivated the caseworker to achieve better outcomes

UCM has confidence in their outcome assessment data because they collect long term outcome assessment data which is useful to the staff to see the longer term benefit to their client. They also have a standardized database system for all outcome assessment data entered. The standardization makes the data analysis process much easier and more useful.

5.3.9 Common Trends Among Eight Non-Profit Organizations

One important factor contributing to use of outcome assessment data in nonprofit organizations is the commitment of central or executive staff to using outcome measurement. If executive staff does not support outcome measurement fully, it is less likely to be used to its

greatest potential. Central staff commitment includes tracking measurements over time to view trends, and also meeting with staff to discuss the organization's progress to certain targets.

Organizations that have indicated support with outcome measurement from executive staff are:

NOVAUL, NVFS, CC, BBBSA and BGCGW.

A second factor contributing to internal usage is being able to compare post test data with the data collected from the pre test is a factor that makes outcome assessment data more useful.

Comparing pre-tests to post-tests shows the effect the program had on their client over the program duration. This method is more effective when outcome data is also collected after the program is completed. The more data collected on each outcome target, the more useful the information will be. Organizations which compare pre-test and post-test data are JSSA and BGCGW.

Organizations which collect, or have made attempts to collect long term outcome data (such as outcome assessment data from program graduates) are: CC, BGCGW, UCM, and NOVAUL.

A third factor contributing to internal usage of outcome assessment data is conducting meetings monthly or quarterly to discuss outcome data with central level and program level staff is a method to use outcome assessment data. These meetings allow feedback to be given to supervisors from program level staff, and feedback from central level staff to be given to the program level staff. Organizations may also have a system in place to make changes to their programs based on outcome assessment data. This system, or process, allows input from all levels of staff involved in the outcome measurement, making it a more useful tool. This system may also be considered an incentive to staff, depending on how the data is shared in group meetings. One organization, UCM, goes over data by caseworker. UCM believes this motivates

the caseworkers to achieve better outcomes. The organizations that have meetings with various levels of staff, as well as a system to implement data driven changes are: JSSA, FCS, NOVAUL, NVFS, CC, UCM, and BGCGW.

Non-Profit Organizations are more likely to use the outcome assessment data when the staff feels that the data is accurate, or representative of the organization or programs. This is the fourth factor contributing to usage. To address the issue of staff confidence in outcome assessment data, JSSA has recently made improvements in their questionnaire to receive more representative data. These organizations have developed data collection methods that make the data much more useful to them: CC, NOVAUL, and NVFS. The following organizations have made data more useful to them by developing databases that make their data more consistent: NVFS, UCM, and NOVAUL.

Getting a higher response rate from questionnaires also contributes to having more representative data. This is done by two different ways. The use of incentives, as well as collecting the outcome assessment data during the last session of a program both help increase the response rate. Organizations that have an outcome data collection session at the end of the program are CC and FCS.

The fifth factor identified is sharing outcome assessment data with clients. One organization, BGCGW, posts the outcome assessment data as an incentive for the clients. The program director believes that this has made the data more useful. It has motivated the children to achieve better outcomes.

The sixth factor contributing to use of outcome assessment data is the availability of funding for technology. This includes new software, faster computers, and training in the available technology. If the staff is more familiar with the software or other technology, they are more

likely to be confident of the data, and more likely to use it. The organizations that have received grants to improve technology at their organization are BBBSA (also received funding for technology training) and JSSA. Funding for training in using outcome data or collection methods is also helpful to staff. BGCGW received training in technology and outcome usage during a national BGC seminar.

5.4 Barriers to Outcome Usage

After interviewing the eight multifunction non-profit organizations, many barriers to outcome assessment data usage within the agency have been identified. Many of the agencies have common barriers, while other agencies have barriers that are specific to their organization.

5.4.1 Big Brothers Big Sisters of Central Maryland

Big Brothers Big Sisters of Central Maryland have inconsistencies in filling out their data collection form. Data collection is a time consuming matter, because the mentor and the caseworker must fill it out at the same time. Since the case worker and mentor are very busy treating their clients, it is hard to find the time to meet. While this is a data collection barrier rather than a usage barrier, it affects the validity of the data. Invalid data cannot be used to find the time trend data they are seeking.

Another barrier within Big Brothers Big Sisters was that their caseworkers are being underutilized. The caseworkers were not focusing on the goal that the agency had for the client. If the caseworkers are not able to focus on the goal for the client, then the outcomes will be low. To remedy this problem, BBBSA restructured the casework manual. The results of this restructuring are not yet available.

The last barrier within Big Brothers Big Sisters is that the staff has reservations about using the outcome assessment data. They feel that the outcome assessment data does not fully represent how they are doing as caseworkers, and how the clients are improving over time.

5.4.2 Crossway Community

A barrier that Crossway Community has faced was that the director of the Health Career Training Center quit when new outcome assessment targets were instated. It is unknown if the director quit due to the implementation of new outcome assessment targets, or for other reasons. Another part of the problem is due to staff reservations about using outcome assessment data. Many staff members feel that some outcome targets are out of their control, and they should not be held responsible for them. An example of an outcome target that may be out of the workers control is job placement after graduation from the program. In one case, a person may not be able to get a job because of lack of training, which is within the staff members' control. In another case, they may not be able to get a job because there is a poor job market, which is out of the staff members' control. Because the data is not separated, both of these scenarios show up in the outcome assessment data as the same result.

5.4.3 Northern Virginia Family Services

The main barrier that Northern Virginia Family Services faces is the validity of their outcome assessment data. NVFS has the client data collected through a secondary source. They do not know how the data is collected, nor do they know whether there are inconsistencies in the data. Therefore, they do not know if it is valid for their uses.

The next barrier is that the State Health Department records are usually incomplete or out of date. Sometimes they are missing important doctor information, whereas other times the records are not delivered in a timely fashion, and are out of date by the time they reach the organization.

The last barrier is client confidentiality. The information may not be able to be analyzed for outcome assessment data because of client sensitivity. Many of their clients are problem families that are more likely to have elements of abuse or drugs. Many of the caseworkers cannot share client information with other people within NVFS. Therefore, it is hard to make program changes on an aggregate basis because the information is not shared. Due to this sensitivity, a representative sample of families may not be available.

5.4.4 Northern Virginia Urban League

Northern Virginia Urban League's main barrier is that they do not have a sophisticated database to enter and manipulate the outcome assessment data. NOVAUL is collecting a large amount of outcome assessment data, but is not able to compare it or aggregate it, due to their inadequate software.

The caseworkers at NOVAUL are afraid of obtaining negative outcomes that represent their program. Many caseworkers do not want to see or use negative outcomes because it does not fully represent what they are doing. While NOVAUL rarely obtains negative outcome assessment data, it is always a concern of the caseworkers.

5.4.5 Family and Child Services of DC

Family and Child Services' major barrier to outcome usage is that they have no database to enter and analyze outcome assessment data. The computer system for the entire agency is antiquated. The Senior Division has set up a spreadsheet-based database that they use within their program. This database is not sophisticated, and is not shared throughout the entire organization.

The FAST program sends their outcome assessment data to an outside agency to be evaluated. They have been doing this for two years, and have not received any evaluated data from the agency. This is a large barrier because they cannot make specific changes to the program without feedback.

The Senior Services Division finds a barrier with the age group they are working with. Since they are working with elderly people, the changes that they make do not solve all of the problematic cases they encounter.

5.4.6 Jewish Social Service Agency

The Jewish Social Service Agency has a technology barrier. Many people within the organization are using DOS based computer systems. They are currently bridging this technology gap by replacing the computers within the agency, as funding becomes available. Because of this technology barrier, many more problems are created. There is low confidence in outcome assessment data because it is not entered into a database. Many people do not use computers because they are very unfamiliar with the software that is installed.

Within the Mental Health Services program, it has been found that they receive a low response rate on post program surveys. This, in turn, causes low confidence in the outcome

assessment data. Also, the questionnaires that are returned are not aggregated, so no general conclusions can be made about the programs.

5.4.7 Boys and Girls Club of Greater Washington

The Boys and Girls Club has indicated that they have inadequate staff and volunteers to collect outcome assessment data. They have also found that training does not focus on outcome assessment data enough, so the staff they do have may not be collecting data properly.

A lack of computers and technology is another barrier the Boys and Girls Club faces. They have no database or data processing program to enter or analyze outcome assessment data. They do not currently have the funds to update their computer system or individual computers.

The Boys and Girls Club has not had success following up with program graduates. The post surveys are an important tool to making changes to programs because they show whether the programs have any long-term benefits.

5.4.8 United Community Ministries

The main barrier for United Community Ministries is that they do not have enough time to thoroughly evaluate the data. They are normally overwhelmed with clients, and everyone is therefore working to serve the clients rather than analyze outcome assessment data.

United Community Ministries is one of the only agencies in the study that has a sophisticated database to enter outcome assessment data. However, this database is very cumbersome to enter data into. Because of the difficulty entering data, some employees wait until the end of the month to enter their personal data, and therefore miss deadlines.

Within the Employment Services Program, there is a confidentiality barrier with clients. Many clients do not want UCM contacting their employer once they have a job because they are embarrassed that they needed help finding a job. Therefore, the Employment Services director feels that the data does not accurately represent the program. Everyone that is getting a job is not being entered into the database as being employed after completing the program.

5.4.9 Common Barriers Among Eight Non-Profit Organizations

The first recurring trend among three [BBBSA, CC, JSSA] of the organizations interviewed is that there is a lack of trust in the outcome assessment data collected. Some organizations have the data collected by outside agencies, and they have no way of knowing how accurate the data actually is. Another cause of a lack of trust in the data is a low response rate on post graduation surveys. Therefore, the staff has reservations about using and collecting the outcome assessment data. They are concerned that they will be held responsible for data that they have no control over. These reservations prevent effective collection, and in turn, use of outcome assessment data.

Four of the organizations [NOVAUL, FCS, BGC, JSSA] cited a technology barrier within their organization. This barrier mainly involves the lack of a database and outdated software. Some of the organizations are still running on a DOS based system. DOS based systems cannot support an effective database, and many people do not know how to use DOS based programs. Many people do not even know how to use updated systems. Training is required for many up to date data collection programs because they are semi-complex. This lack of knowledge, training and an effective running system poses a problem when looking to aggregate and analyze outcome assessment data.

Five of the organizations [BBBSA, NVFS, FCS, JSSA, UCM] cited barriers from data collection procedures. There are many errors in data collection, due to the lack of technology and an efficient database, but this is not the only error. Inconsistency in filling out data collection forms is found. The forms are sometimes confusing, therefore they are filled out incorrectly. The data may be out of date or not received, especially if it is obtained through outside sources. If a post program survey is mailed to the client's home, it may not be returned. The program may also have data entry system, but they may be cumbersome, and take too long to input data. Therefore, the system may be neglected due to a lack of data entry time.

Two of the eight organizations [NVFS, UCM] cited client confidentiality as a barrier to outcome assessment data usage. This is a very sensitive subject with many organizations dealing with programs for special cases such as battered or pregnant women, former drug users, prisoners, or children and teens that are minors. Clients have a right of confidentiality, and may not want their personal information to be released or shared with others outside of the agency. The clients may not want to be contacted at the conclusion of a program, because they would like to move on with their lives.

Finally, four of the eight organizations [NOVAUL, CC, BBBSA, UCM] cited a barrier due to unrepresentative data. These organizations feel that the outcome assessment data does not fully represent their program or their efforts to improve the lives of their clients. Some programs may greatly influence an individual's life positively, and this is not always shown by the data. On the other hand, outside negative influences may also affect the client greatly, in turn affecting the outcome assessment data negatively. The staff and caseworkers oftentimes have no control over these influences or their negative affect on outcome assessment data. An example of this

was given by UCM. After the September 11th attacks, client numbers have increased. Next year when the data is analyzed, there will not be a representative fall season.

5.5 Suggestions for Outcome Usage by the Non-Profit Organizations

Each of the non-profit organizations interviewed had many specific suggestions on how they could improve their own programs to better use outcome assessment data. Some of the suggestions were as simple as a training session for the employees, or as complex as updating software and building a database to store the information. However simple or complex the suggestions may be, these suggestions can be used to improve programs within the organization.

5.5.1 Big Brothers Big Sisters of Central Maryland

A suggestion given was to perform breakout groups for data analysis. Possible breakout groups could focus on performance by caseworker and performance by school. This breakout data analysis would help with staff and volunteer training. Breakout data may also give more information on what works best for the children enrolled in the program. In this breakout data, emphasis should be placed on certain outcomes, because some outcomes are more important to the program development than others.

5.5.2 Crossway Community

A suggestion given by Crossway Community was to improve the measurement standards, as well as measurement tracking methods. Staff participation and support is very important in setting goals for the program, as well as collecting outcome assessment data.

5.5.3 Northern Virginia Family Services

Northern Virginia Family Services (NVFS) wants to be able to track caseworker loads with their database. Currently the director of Child Services uses raw data to deal with this problem. She would like to have outcome assessment data to make changes to their programs. NVFS also had suggestions for other non-profit organizations that are beginning to use outcome assessment data. They suggest having a quality assurance system in place. This system would track documentation and outcome assessment data. A quality assurance system tied to a database ensures consistency in data. They also suggest performing random audits with clients. This is another branch of the quality assurance system, which checks on caseworkers to ensure they are performing helpful home visits.

NVFS suggests that every organization have policies and procedures to help them run operations smoothly. These will produce summary reports from the data collected and on staff members. Part of tracking staff members is making sure that their caseloads are constantly full. This does not mean overwhelming them with clients, but instead finding a happy medium. This medium guarantees that all caseworkers are performing to their fullest potential.

NVFS also suggests that all staff members be fully trained in outcome assessment data analysis. This training helps the staff aggregate and analyze data on their own, in the event that a database is not available.

5.5.4 Northern Virginia Urban League

NOVAUL thinks that a database is the highest priority in useful outcome tracking. They would like this database to manipulate their data by breakout groups, such as: race, school enrollment, etc. With this database, they would also compare the outcomes from year to year.

5.5.5 Family and Child Services of DC

Family and Child Services also feel that a database would be useful. They would use the database to create an aggregate report from each of the programs within their organization. The Senior Services Division would use the more advanced database to compare the results of the questionnaires they administer to see if there are any trends within the program.

5.5.6 Jewish Social Service Agency

Suggestions from JSSA included a more advanced computer system. This is in the process of being updated, and with this new system they will aggregate all data from the social skills groups, as well as perform breakouts on therapist setting type groups. The entire organization would like a staff person that would be in charge of collecting and entering the data into a database for each of the programs.

Another suggestion given was meeting on a scheduled annual basis to discuss the outcome achieved and the goals for the upcoming year, as well as treatment and program development. In order to receive a higher response rate on the post program surveys, they suggested holding a relaxed meeting where clients could fill out the forms.

5.5.7 Boys and Girls Club of Greater Washington

Boys and Girls Club had many suggestions for improving their organization. One of the main suggestions was to have a part time staff member dedicated to data collection and evaluation. From these data evaluations, they would then develop a process for addressing the problems that were revealed from the outcome assessment data. For this they would need more

funding, staff training, and better technology. Program managers would give all of these aggregated reports to all of the staff members so that they could all see the outcome assessment data.

A suggestion for the Boys and Girls Club Annapolis branch would be to enter the data from each individual branch on a national online database. This national database would have the capability of making comparisons of Boys and Girls Clubs across the country.

Boys and Girls Club would also like to collect follow up data from program graduates. From this they would survey behavioral changes from the pre and post tests.

5.5.8 United Community Ministries

The only suggestion given by UCM was to begin to report data in breakout groups. They already report data by worker and outcome type, so they are only lacking in reporting by breakout groups, or client characteristics.

5.6 Recommendations from the Research Team

1. An organization should collect outcome assessment data, in addition to the outcome assessment data required by funders. This outcome assessment data should be in addition to the data they are collecting for their funding agencies. This extra data gives each organization a chance to measure outcomes that they feel is representative of the work they do, rather than solely what the funders say they should be doing. It also ensures that indicators they are using for outcome reporting purposes are useful.

Northern Virginia Urban League offers a good example of this behavior within their ARMS program. The ARMS program is required by their funders to collect several outcome indicators, but the Case Coordinator did not feel that they were collecting enough data to be beneficial to their program. In this case, they knew that teens enrolled in the program were receiving education regarding immunization and birth weight for their children, but they did not know if they were acting on this information. To fix this problem, they began checking the birth weight of the enrolled teen's children, and made sure they received their immunizations. Since then, they have continued to collect this outcome, and even report it to external agencies, even if they do not ask for it. The extra information is regarded highly by the funding agencies.

2. Every organization should use all of the outcome assessment data that is collected. This means that the data being collected for the funders should not only be used for their purposes, but also to internally evaluate the programs. This internal evaluation should be used to change programs as needed.

Many programs display this behavior of outcome usage. While some organizations do not like the way particular outcomes portray the effort placed in the work by their workers, they still have to report the data to its funders. Instead of simply disregarding low outcome percentages, the low outcomes can be probed deeper to determine if there is anything that can be done to change the outcomes or there is a barrier to a high outcome in the area that can justify the low outcomes.

3. Each organization should aggregate the data in some form. The data should be aggregated into breakout groups to fully assess the clients enrolled in the program. Individual staff members should also be assessed to ensure they are working to their fullest potential.

Susan Loughman, director of training services at JSSA, noted how she uses outcome assessment data this way. Ms. Loughman receives feedback information from the various training programs she runs within the agency, as well as external workshops she presents at. She looks for trends in what people are asking for as well as what others in the field are offering, and makes decisions on what to offer in programs.

4. Data should be collected to show the long-term benefits of the program or organization. This information can be collected from post program surveys, completed by graduates of the program.

An example of this use lies with Crossway Community. Crossway Community's health care training center used to simply collect outcomes based upon whether or not the client received full training, and knew the information required. However, outcome assessment data stated that the clients were more concerned about the longer term effects, such as finding permanent full time job. So, new indicators were instated, such as job placement and job retention rates, and these are considered the long-term outcome goals of the program.

5. Every organization should have a database in which to enter the data, as well as having personnel to enter and evaluate the data in the database. These personnel should be trained in producing statistical reports and data evaluation.

While most organizations utilize electronic databases to compile their outcome assessment data, NVFS uses an advanced system that aids them in their outcome usage. When data is entered within the database system, checks are made to make sure all fields of the form are filled out before the data can be added to the worksheet. Incomplete and mistrusted data is one the largest impedances to outcome usage, and this safeguard helps eliminate some of those problems.

6. Each organization should put their outcome assessment data into a quarterly report as well as an annual report. These reports should be given to all funders as well as the staff of each individual program. The organization should evaluate the annual reports year to year to show time trend data of the organization or program.

United Community Ministries' Employment Services use their outcome assessment data in this way by calibrating their targets every quarter to determine whether or not they will be meeting their expected number of goals. Their quarterly meetings include all staff within the program, allowing everyone involved to provide input regarding their concerns. UCM's quarterly reports indicate both the percentage and number of outcomes reported, which helps estimate where they stand in completion of the annual target goal. If a goal looks in danger of not being completed, corrective actions will be taken.

7. An organization should meet quarterly and annually to specifically discuss the outcome assessment data that has been produced. These meetings should ideally discuss each outcome, and question poor outcomes to determine why they are lower than they should be.

Multiple levels of staff from Boys and Girls Club of Greater Washington meet to discuss how individual programs are progressing. In one instance, central level officials met with the volunteer coaches to discuss the student-athletes grade performance. The coaches are shown results from a pre-test administered to the athletes. Outcome assessment data showed that many students involved in sports programs were handing in little to no homework at school and not taking advantage of their Power Hour program, a weekly study session also run by BGCGW. Due to this outcome assessment data, new regulations require all students to maintain a C average and participate in the Power Hour program in order to continue the sports programs.

8. Each individual organization should set targets to be met during the year. These targets should be set for each program within the organization. All program employees should participate or have a say in setting the targets and goals for the year.

Crossway Community sets up reassesses their outcome targets at each quarterly and annual meeting. The central and program level staff will compare the intended goal to the actual effectiveness of a program and determine if it is a reasonable goal to achieve.

9. Every organization should have a system in place to evaluate the data and make changes to programs or procedures within the organization. This system can be program specific or can be for the organization as a whole. Part of the system should be to recognize the potential uses of the outcome assessment data.

Northern Virginia Family Services holds specific meetings and has a set feedback process in place that makes the outcome usage easier to handle. Program directors analyze the data, and give feedback to the program supervisors as to what programs and processes need to be refined. The supervisors then give feedback to the caseworkers and program managers as to the changes that need to be made.

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Appendix A
The Urban Institute

Mission

The Urban Institute is a nonprofit policy research organization established in Washington, D.C., in 1968 (UI, 2001). The Institute's goals are to sharpen thinking about society's problems and efforts to solve them, improve government decisions and their implementation, and increase citizens' awareness about important public choices.

Leaving politics to others, the Urban Institute brings three critical ingredients to public debates on domestic policy initiatives: accurate data, careful and objective analyses, and perspective. Our staff also evaluates government programs—practical work that grounds our policy research in the experiences of the people who create, run, and use these programs (UI, 2001).

Our strong suits are rigorous analysis, innovative methodology, fresh thinking, and technical expertise. Much of our research spans several disciplines and blends quantitative and qualitative approaches to problem solving. We are involved in research projects with partners in more than 45 states and 20 countries (UI, 2001).

Funding

Much of the Institute's funding comes from government agencies, corporations, and multi-lateral institutions such as the World Bank (UI, 2001). As a non-profit organization, the Institute also depends on grants from foundations and contributions from individuals.

Appendix B
Contact List of Non-Profit Organizations

Agency	Interviewee	Title
JSSA	Joanne Natrass Ellen Pskowski Stanley Fagen Susan Loughman	Chief Operating Officer Quality Improvement Social Skills Therapist Training Director
UCM	Bailey Center Sharon Kelso Adrian Vaughn	Assistant Director Executive Director Program Manager Of Employment Services
NVFS	Linda Dunphy	Director of Early Childhood Services
NOVAUL	Alicia Smith Florene Price	Program Assistant Case Coordinator (ARMS Project)
FCS	Michael Holder Faye Hegburg Nicole Pettus Patricia Adams Tony Casey	Chief Operating Officer Director of Mental Health Director of FAST Program Co-Director Of Senior Services Co-Director Of Senior Services
CC	Tom Sherman Kathleen Guinan	Chief Business Officer Chief Executive Officer
BBBSA	Nelson Berigtold Robin Tomechko Lois Miller	Director of programs President and CEO Fundraising Director
BGCGW	Reginald Broddie Roosevelt Britt Norman Randall	Area Director for Annapolis Club Director Club Director