

Chapter 2

ELEMENTS OF ACCOUNTABILITY

Criteria for accountability include both efficiency and effectiveness measures. Efficiency can best be reflected in terms of the cost to provide a unit of service. Effectiveness can best be reflected in terms of the cost to provide one outcome. This chapter briefly reviews these elements along with the general need to provide basic demographic information on clients served and services provided.

THE SEVEN KEY QUESTIONS

Each year when a program manager presents a request for funds, there are seven key questions that legislators, funding agencies, and top administrators should ask:

- (1) How many clients are you serving?
- (2) Who are they?
- (3) What services do you give them?
- (4) What does it cost?
- (5) What does it cost per service delivered?
- (6) What happens to the clients as a result of the service?
- (7) What does it cost per outcome?

The answers to these questions should be based on data from recent experience in order to justify future funding. Unfortunately, this set of seven questions is not systematically asked of each program. The larger, more established programs generally receive only a cursory

review while new programs are more thoroughly assessed. Most reviews focus on the areas of clients served and costs. The question least likely to be discussed is client outcome or impact; if it is asked, the legislators may assume that anecdotal evidence of "goodness" is applicable across the target group to be served. There is usually only a small amount of discussion on this dimension of accountability.

Each of the seven key questions will now be briefly discussed.

(1) HOW MANY CLIENTS ARE YOU SERVING?

The number of clients served is probably the easiest element to obtain. There may be some difficulty defining when a client becomes a client (i.e., referral, case opening). There is generally some form of eligibility determination or payment system that provides managers with a basis for establishing when a client becomes a client. Often this is a monthly count of clients that is multiplied by twelve to get a yearly count. Unduplicated counts are frequently difficult, if not impossible, to provide.

(2) WHO ARE THEY?

A demographic description of clients usually includes such elements as age, sex, income level, disability level, and race. These characteristics are often important for understanding the outcome information.

For example, in Michigan we have found that basic adult services (counseling) had its greatest impact on the clients at the lowest functioning levels. In the treatment of delinquents, however, we found that there were no client characteristics that predicted subsequent rearrest rates.

(3) WHAT SERVICES DO YOU GIVE THEM?

Services refer to the intervention strategies. If there is only one service provided, it is generally easier to assign an expected client outcome or result. It is more difficult to assign expected outcomes to a case in which multiple services are being provided. It is most important to determine which client received which service(s) resulting in which outcome. Without such information it is impossible for a program manager to discover those services that need to be expanded, reduced, or maintained.

Joel Fischer (1978) has emphasized the need to develop services having a distinct technology (i.e., behavioral modification) in order to measure what is being delivered. Many services are vague and undefined so that there is no agreement about what is being delivered. However, day-care is a service having relatively clear definition. Counseling, case management, and information and referral are more ambiguous.

A concrete definition of services provided by public agencies should be developed so that legislators, administrators, and the public are clear about what is being purchased.

(4) WHAT DOES IT COST?

The costs in implementing a program are generally included as a special line item in an appropriation bill or budget. Most of the costs are for personnel. There are many hidden administrative costs that should be delineated and understood. There are numerous ways to determine costs; each is arbitrary. The key is to indicate clearly how the cost was determined and then to be consistent from year to year in establishing the cost.

(5) WHAT DOES IT COST PER SERVICE DELIVERED?

This is the best measure of efficiency. This cost can be established by dividing the total cost by the number of services delivered. There is increasing pressure on public agencies to purchase services from private agencies. This trend will probably continue with the Reagan administration's emphasis on the alleged superiority of the private sector.

(6) WHAT HAPPENS TO THE CLIENTS AS A RESULT OF THE SERVICES?

This is the most difficult and most important dimension of accountability: What happens to clients as a result of the service provided? There are many examples available to help managers define the expected client outcome. Most managers will resist defining an outcome except in the vaguest of terms. Table 2.1 illustrates some examples. The best source of ideas in this area is the Urban Institute's recent publication, *Developing Client Outcome Monitoring Systems* (Millar and Millar, 1981).

(text continues on page 38)

TABLE 2.1 Client Outcomes

<i>Name of Program</i>	<i>Goal or Objective</i>	<i>Range of Client Outcomes</i>	<i>Source of Information</i>
(1) Delinquency Program	— delinquency-free lifestyle	<ul style="list-style-type: none"> — 17-32% of males will be arrested 3 months after release — 2-15% of females will be rearrested 3 months after release — 27-52% of males will be rearrested 12 months after release — 16-30% of females will be rearrested 12 months after release — 45-64% of males will be either in school, training; or employed 3 months after release — 21-23% of males will be in prison 2.5 years after release 	— Institutional Services Center's Report, MDSS (1983)
(2) Foster Care	— permanent plan is established and implemented within a short time frame	— 24-49% of cases entering care have achieved a permanent placement within 6 months (returned home, returned to other parent, relative placement, released for adoption, petitioned, filed for termination of parental rights)	— Overbey and Avellar (1981)

- 87-89% of cases in foster care for at least 1 year achieved a permanent placement within 2 years (return to parents, adoption, termination of parental rights with the child awaiting adoption, planned long-term care)
- 10% of foster care children returned home within 6 months will reenter foster care as a substantiated abuse/neglect case within 18 months of returning home
- 42% of cases had a reduced propensity to reabuse or neglect after service was provided according to workers
- 17-33% of substantiated abuse or neglect cases will reabuse or neglect
- 11.3% of workers report that they were very successful with clients treated last year
- Oregon Project, Permanency Planning Project, Regional Research Institute for Human Services, Portland, Oregon as reported by Rooney (1982). The other major study was the Alameda Project in Oakland California. Both projects had workers with 25-children or 25-family caseloads.
- Overbey and Avellar (1981)
- Cohn (1979): "In other words, workers judged they had been successful with less than half their cases."
- Collignon (1980)
- Chess (1981: III-55). Workers (N = 231) answered the question: "Thinking about the clients you served last year, how successful would you say you were in your professional work?"
- (3) Protective Services
- prevent child abuse and neglect

(continued)

TABLE 2.1 Continued

<i>Name of Program</i>	<i>Goal or Objective</i>	<i>Range of Client Outcomes</i>	<i>Source of Information</i>
(4) Day Care	-- provide supportive service for more primary goal of employment or protective services	-- 78.4% of workers report that they were somewhat successful with clients treated last year	-- Chess (1981: II-23)
		-- 28.1% of all substantiated cases had previously been substantiated	-- Kosinski et al. (1980)
		-- 80-85% client satisfaction with day care provider and payment mechanism	-- Ramminger (1979). One agency results from regular client follow-up questionnaire on 5% of POS clients, 1979
		-- 78% of clients who have children in day care center report that the day care is a "good" or "excellent" program	-- Ohls and Carcagno (1979)
(5) Work Incentive	-- provide assistance in placing AFDC recipients in jobs through training, job placement, job clubs or other programs	-- 10-20% of clients obtain unsubsidized employment for at least 30 days	-- GAO (1982). GAO reported that only 50% of WIN registrants became WIN participants. 36% of the participants entered employment and half of them attributed their job to involvement in the WIN program. This results in an 18% placement rate for those clients who were worked with on an active basis

- (6) Adult Chore Services
- assist aged and disabled to remain in their own home
 - 61% remaining at home
 - 20% closing to Adult Foster Care, Nursing Homes
 - 25% of clients were assessed as improving 6 months after an initial assessment across 5 functioning areas (using the OARS instrument)
- (7) Social Services
- reduce or resolve presenting problem through a variety of intervention strategies
 - 49% goal achieved
 - 69% successful outcomes
 - 77.8% to 88.4% improvement rate
 - 90% reported that services were at least "somewhat" helpful
- (8) Marital Counseling
- improve presenting problem
 - 67% of counselors and 66% of clients reported improvement in their presenting problem
- (9) Vocational Rehabilitation
- provide training in order to obtain competitive employment
 - 40-48% of terminations will enter competitive employment at a minimum wage for a period of at least 60 calendar days
- Kremer and Haas (1980)
- Caldwell et al. (1979). The instrument is the Older American Resources and Services (OARS) instrument developed by the Center for Study on Aging at Duke University Medical Center in Durham, North Carolina.
- Chess et al. (1980). The studies summarized efforts to assess all social service recipients in several locations (Maine, Oklahoma, Michigan, national sample)
- Beck (1975: 153-179). Data from Beck and Jones (1973). The article reviews 32 other studies also reporting positive changes.
- McClarnon (1982).

Regardless of the resistance, it is absolutely necessary for explicit client outcomes to be established. It has been done in rehabilitation centers, hospitals, schools, some social programs, and in many industrial settings. Without client outcomes there is only limited accountability; with client outcomes you have the opportunity for accountability.

(7) WHAT DOES IT COST PER RESULT?

This is the true bottom line — only a portion, perhaps a relatively small portion, of all cases will attain the expected result. Some examples of expected outcomes are:

- 35 percent of the children entering foster care will return home within six months of case opening;
- 10 percent of employment and training clients will find employment for six months or more after case closure;
- 65 percent of delinquent youth will not be rearrested within one year of release from the program.

This cost per outcome gives the legislator, administrator, client, and public a realistic set of expectations about what can be done at what cost. The estimate is made by dividing the cost by the number of outcomes.

There is tremendous resistance to developing even this final measure. Program administrators fear that if the public knew this bottom line, there would be considerable negative publicity. However, there is a need for the taxpayer to know how expensive it is to provide an effective intervention strategy. The best programs will survive and the least effective may not survive such a test of accountability.

INITIATIVES TO COLLECT CLIENT-OUTCOME DATA REGULARLY

Historically, there have been only a few attempts to collect client-outcome information systematically on an on-going basis as part of the routine of human services agencies' information systems. Most of the efforts to date have been on isolated research and demonstration projects initiated by local or state agencies and funded by the federal government or by foundations. This may have been a necessary first stage in the establishment of reliable and valid measures of

outcome monitoring questionnaires and procedures for collecting this type of information.

Unfortunately, these studies are of limited usefulness to the agencies involved and the outcome measures have not been adopted as a regular part of the management information system. This has happened in part because of the underlying message to workers that client outcome data are not important enough to make collecting it a regular part of their jobs. It is simply part of a research project that will eventually go away.

Some examples of agencies that have completed time-limited client outcomes studies include

- State agencies that have an evaluation unit that regularly conducts specific program studies (i.e., Michigan Department of Social Services, Texas Department of Human Resources, Florida Department of Health and Rehabilitative Services, New Jersey Department of Human Services);
- The Urban Institute, a Washington-based policy and research firm, has conducted client-outcome studies in Durham, North Carolina, and Chesapeake, Virginia. In addition, the Urban Institute has developed procedures for implementing outcome monitoring systems;
- West Virginia has completed a three-year demonstration project to conduct outcome studies;
- Jefferson County, Colorado (Denver), has conducted client surveys of closed WIN cases.

The Child Welfare League of America (CWLA) conducted two studies of the use of client-outcome measurements in 1974 and 1979. CWLA, a nonsectarian federation of private and public child welfare agencies in Canada and United States, surveyed 50 state social service departments and the 393 member agencies. The studies asked about the use of "structured outcome measures" (i.e., tests, scales, rating forms, questionnaires, interview schedules). Survey forms from the more extensive 1979 study (Magura and Moses, 1980) were returned by 196 of the 406 sent out (48 percent). The findings indicated that

- Of the agencies, 43 percent routinely use a structured client-outcome measure for at least one service.

- Public agencies were less likely to use outcome measures than private agencies.
- There is little uniformity in the choice of outcome measures.
- The most frequently used published measures were the Family Service Association Follow-Up Questionnaire (10 agencies), Devereux Child Behavior Rating Scale (4), Wide Range Achievement Test (4), Goal Attainment Scoring (5).
- Residential treatment programs most frequently measured their outcomes for clients.
- Day-care and homemaker services were measured least often.
- Client self-reporting of outcomes via a mailed questionnaire was common. None of the state-level agencies used a client self-report measure for routine evaluation of any service — 41 percent of the measures identified were self-report.
- The caseworker completed 33 percent of the measures.
- Assessments were made in 11 percent of the measures by people other than the client or caseworker.
- Of the measures, 15 percent were a combination of the above approaches.
- At case closing, 59 percent of the measures were completed.
- Of the measures, 20 percent were completed at six months or more after closure of the case.
- Outcome measures are frequently revised.
- The average length of time agencies have been using their outcome measures is three years.
- Outcome measurement information is most likely to be used for program evaluation, case management, casework supervision, management reporting, budget preparation/justification, and program planning.
- Agencies were no more satisfied with measures developed internally than with existing measures they had adopted.
- Agencies usually criticized their own measures as being overly subjective; too global, general, simplistic; insensitive to case progress or changes over time; too time-consuming or expensive to use; not applicable to all case situations; of undetermined reliability and validity.
- Most agencies in 1979 recognized the necessity and desirability of improving outcome measurement techniques, whereas the 1974 survey found fewer agencies recognizing the importance of such information.

Most recently, a number of states' human services agencies have initiated projects to collect client outcome information regularly. The states are Minnesota, Wisconsin, Michigan, Colorado, and Texas.

MINNESOTA

In 1979 the Minnesota legislature passed the Community Social Services Act, which required each county to evaluate all of the human services programs "on the basis of measurable program objectives and performance criteria" (Chapter 256E.10).

In 1982 the Minnesota Department of Public Welfare received a demonstration grant from the Office of Human Development in the Department of Health and Human Services (HHS) to develop client-outcome monitoring systems as part of their on-going client information system. An October 29, 1982, memo to all county boards of commissioners from the commissioner of the Department of Public Welfare clearly stated the intent of the project:

The emphasis will be on developing specific measurable criteria to be applied after the termination of services or periodically during the course of services to determine to what degree the expected results were achieved and at what costs.

This project was scheduled to take eighteen months to complete. At that time Minnesota will have the first state-wide client-outcome monitoring mechanism for its approximately forty social service programs.

WISCONSIN

In 1973 Robert Elkin, a consultant for Peat, Marwick and Mitchell (a national certified public accounting and management consulting firm), and Kenneth Ramminger, a top administrator, Milwaukee County Department of Public Welfare, developed client-outcome measures for Milwaukee's social service programs. Although the proposed measurement system was not adopted statewide, Mr. Ramminger introduced a county ordinance requiring purchase-of-service clients to be surveyed regarding their satisfaction with the services they received.

Since 1977 the Division of Vocational Rehabilitation within the Wisconsin Department of Health and Social Services has required all purchase-of-service providers to report the results of their services according to client outcomes. Kenneth McClarnon, the Deputy Ad-

administrator of this division, has always believed that "accountability is most easily measured by the outcomes of the programs — i.e., the success of vocational rehabilitation services in getting disabled people jobs." He rightly contends that his agency's approach to performance contracting is unique and that

rarely do you find a government agency dealing with outcome criteria and further, it is rare to find a governmental agency actually meting out rewards and/or sanctions based on the experience with outcomes. Government agencies in general and human services programs in particular, have problems defining real, solid outcome measures. [McClarnon, 1982].

Mr. McClarnon is convinced performance contracting that includes client outcome expectations is the preferred approach to accountability, "particularly in times when there are very few dollars and we all have to work to be as efficient as possible."

In December 1982 the prestigious Johnson Foundation (Johnson Wax) held a conference entitled "Wingspread Conference on Outcome Contracting in the Human Services." This conference invited the key Wisconsin political and human services agency representatives to discuss requiring client-outcome information as part of *all* purchase-of-service contracts in the state. The conference was sponsored by the Jewish Vocational Service of Milwaukee, the Governor's Employment and Training Office, Milwaukee County Department of Institutions, and the Wisconsin Department of Administration.

The remarkable and most promising aspect of this conference was that it demonstrated the need to develop the necessary constituency to lobby for client-outcome monitoring as the basis for true accountability. A second follow-up conference was planned to discuss progress on institutionalizing client-outcome monitoring across all purchase-of-service contracts.

MICHIGAN

In 1977 the Michigan Department of Social Services developed and publically announced in its *Annual Plan* a set of desired program results. These results were client-outcome measures for all service

programs. Levels of performance were established and information systems enhanced to measure these outcomes. At the end of each year the department published the achieved outcomes.

Although there are still some desired program results that remain unmeasured, there is a clear direction for programs. Michigan continues to develop the information system requirements to monitor these outcomes.

COLORADO

In 1981 the Colorado Department of Social Services created the Office of Client Outcome Monitoring. The intent was to provide management with a mechanism to gain information on a regular basis on the impact of services.

In 1982 the Office of Client Outcome Monitoring initiated a Services Revitalization Project, which includes the development and implementation of a uniform assessment instrument for children, adults, and families. This functioning scale will be used to assess clients at select intervals while services are being delivered and after.

Colorado is beginning the process of regularly collecting client-outcome information across several social service programs.

TEXAS

In 1981 Dr. Murray Newman, Assistant Commissioner, Office of Research, Demonstration and Evaluation, Texas Department of Human Resources, submitted to the department's executive staff a document entitled a "Master Plan for a Texas Department of Human Resources Impact Evaluation System." The plan's purpose was to

provide on-going client outcome monitoring for Texas Department of Human Resources, the focus of which will be the effectiveness of services. The evaluation system will be designed to assess the impact of services upon clients. The goal of this effort will be to design a user-oriented system that will begin by identifying potential users and their information needs. The users range from caseworkers to executive-level staff. User orientation ensures that relevant information will be collected and that the system will be used to its fullest potential.

TABLE 2.2 Examples of Program Outcomes and Indicators

<i>Program</i>	<i>Outcome</i>	<i>Indicator</i>
Protective Services	To prevent the reoccurrence of abuse/neglect in a family PS has helped	Recidivism rate
Community Care Services	Prevent or delay institutionalization	Percentage of clients processed during month and still in their homes nine months later
Work Incentive Program	Successful placement	Percentage of trainees employed six months after training

SOURCE: Murray Newman, *Master Plan for a Texas Department of Human Resources Impact Evaluation System*. Prepared for the Texas Department of Human Resources. Reprinted by permission of author.

Texas estimated that it would take four to five years to develop an on-going evaluation system that could be piggy-backed on current information systems for five program areas:

- protective services for children,
- institutional care,
- community care for the aged and disabled,
- family self-support services,
- income assistance services.

Examples of program outcomes and indicators are listed in Table 2.2.

The first program for which outcomes have been detailed is the child protective services program. The outcomes include:

- percentage of abuse/neglect cases in which there is a reduction in severity or nonrecurrence of abuse/neglect during Department of Human Resources (DHR) intervention;
- percentage of on-going services cases that were reinvestigated and reopened;
- percentage of caretakers who provide acceptable parenting after DHR intervention;

- percentage of children whose permanency plan is achieved;
- percentage of families in which all children remain with the family;
- percentage of families who had all their children returned to the home following removal;
- percentage of nonreunited families in which parental rights were terminated by the courts.

CONCLUSION

Although there are seven key questions making up the data elements of complete accountability, the most important is the client outcome resulting from the intervention. Only recently has there been a serious effort to collect this most important information regularly for decision-making purposes. Some managers at the local and state level are beginning to see the importance of this proof of effectiveness.

Much of the material in the following chapters is drawn from the research and demonstration projects and the beginning efforts of a few lead states.

EXERCISES

- (1) Choose a human service program and describe the process of treating a typical client including referral, eligibility determination, case plan, treatment, closure, and follow-up. This is an important exercise because it is first necessary to understand a program before you can discuss realistic and appropriate measures of efficiency or effectiveness.
- (2) Choose a human service program and answer the seven most frequently asked questions listed and discussed at the beginning of this chapter.
- (3) List the factors you think should be included in establishing the cost to treat one client in one program.
- (4) Arrange to meet with one human agency director, program manager, or staff person with an agency that performs oversight functions (i.e., Department of Management and Budget, United Community Services, House or Senate Fiscal Agencies) and ask them to answer the seven questions listed at the beginning of this chapter for one program.

- (5) Define a client and specify when a client begins to be a client and ends being a client.
- (6) List potential sources of expected outcomes (i.e., legislation, agency director). Compare these definitions with definitions from five first-line workers in a specific program.
- (7) Choose an agency and ask the director if the agency collects client-outcome information. If yes, ask to see the information. If no, ask why not?