

Chapter 3

PUTTING IT ALL TOGETHER

There are numerous examples of efficiency- and effectiveness-monitoring mechanisms that have been developed by the public sector. John Ashbaugh of the Human Services Department in Boston recently reviewed the literature on these mechanisms. He and his staff visited nineteen of the most promising national, state, and local sites to study their quality-assurance methods. Most of these were efficiency- or process-monitoring approaches; only a few focused on client outcomes. Three approaches emphasizing client outcomes will be reviewed in this chapter. They provide insight into the best approaches available. They are:

- the Michigan Training Schools and Camps, Michigan Department of Social Services;
- the Purchase of Services Program, Milwaukee County Department of Social Services;
- the Commission on the Accreditation of Rehabilitation Facilities (CARF).

These three were chosen because they have been in operation for over three years and thus offer the greatest opportunity to learn about the process of institutionalizing the process-monitoring approach on an on-going basis.

MICHIGAN TRAINING SCHOOLS AND CAMPS

The Institutional Services Division of the Michigan Department of Social Services operates the Michigan Training Schools and Camps for approximately 600 delinquents who generally are treated for one year. The mission is

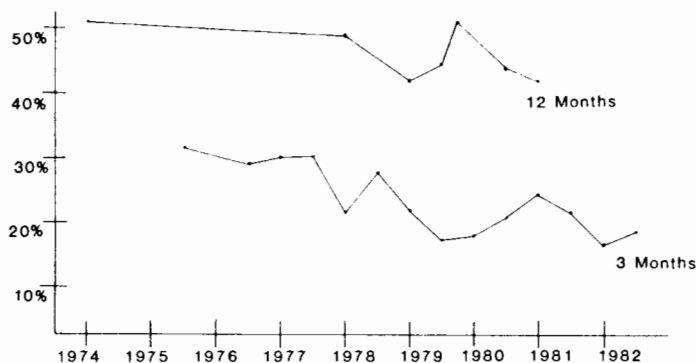
to provide temporary residential care which offers effective intervention of delinquent behavior where community diversionary efforts have not succeeded and which leads to an early return to permanent placement and a delinquency-free life style [Pinckney, 1983].

Some of the changes monitored while youth are in care include:

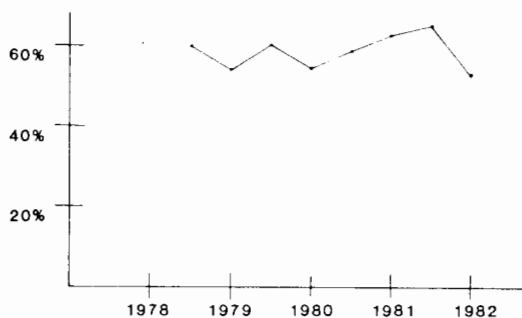
- changes in attitudes and values (as measured by a pre and post youth opinion poll);
- educational achievement;
- assault behavior on youth or staff;
- truancy and crimes committed while truant;
- length of stay.

The most impressive element is the collection of data on client outcomes three and twelve months after release from these facilities. Of the more than 4000 youths released between 1974 and 1982, outcome information was collected on 98 percent at three months and 90 percent at twelve months. Information on the rearrest status is gathered by telephoning the community service worker in the community where the youth was released. This monitoring system requires a full-time secretary and a full-time analyst. The data is tabulated and presented to workers in the facilities every six months.

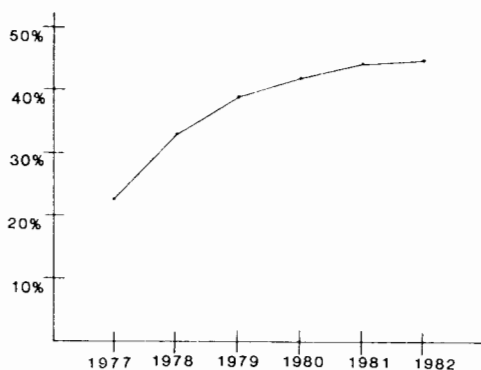
Approximately 25 percent of all youth released will be rearrested within three months and 50 percent will be rearrested within twelve months. About 60 percent of all youths released will be productive (school, work, training) within three months. Finally, 45 percent of all youth released will be in prison within five years of being released from these facilities. Figure 3.1, parts A and B, displays the trends in rearrest rates and productivity rates. In addition, part C shows the percentage of youths who ultimately spend time in the Michigan prison system.



(A) Rearrests 3 and 12 Months After Release



(B) Productivity 3 Months After Release
(Work, School, Training)



(C) Percentage of Youth Released in 1974-1975
Who Spend Time in Michigan Prisons

SOURCE: Adapted from Pinckney (1983).

Figure 3.1 Michigan Training Schools and Camps Client Outcomes

When information is shared with each of the ten operating centers, the results are reported for each treatment team within the center. Each team knows how it is doing relative to every other team in all the centers. This feedback, according to Vergil Pinckney, Director of the Institutional Service Division (1983), "adds a healthy element of constructive competition not only with the other centers but more importantly with last year's results for their own center." Mr. Pinckney has used the outcome information to reinforce or change current operating procedures and policies. In a recent presentation to a class on program evaluation he summarized some of his observations:

The productivity status (school, training or work) at three months after release is the best predictor of rearrest. As a result of knowing this we have emphasized our efforts to increase educational achievement and/or work skills while the youth is in care. This has been our best intervention strategy to insure a delinquency-free life style.

We use the fact that over 40% of the youth will spend some time in the Michigan Prison system as a deterrent. We tell the delinquent that unless they get some type of education and/or skill training while at Maxey they have a much greater chance of ending up in prison.

Outcome information allows us to defend our programs in budget appropriation hearings with data that clearly shows our effectiveness. This approach keeps us "on top" of the program and enables us to provide the best type of accountability. We are not as vulnerable to impulsive decisions or recommendations by budget analysts because we have better data than most programs by which to argue for continued funding. There is always a risk, however, with collecting outcome data. The risk is that you don't know how it's going to come out nor how it is going to be interpreted. This is true of all information, but it is particularly true of outcome data. Over the years, however, the range is relatively small and there are few really surprising deviations from the rates which were experienced in the first few years.

The outcome measures are not perfect. However, they are our best estimators at this time. Not everyone is completely content with them and occasionally the rate of expected outcome or the wording needs to be renegotiated. It is important that managers not try to establish the "perfect" outcome measure but only the best ones

because there are no perfect measures which everyone will agree with.

One of the difficulties of client outcome findings is that you have no other state to which to compare yourself. You end up comparing your achievements against last year's achievements. Until there are more agencies developing this kind of information I do not know how effective my programs are on a comparative basis.

What Mr. Pinckney has done can be done in any agency with a commitment to collecting client-outcome data. His system is not elaborate; it doesn't use a computer. However, it does give the director the kind of information he feels he needs to defend his budget each year. In 1981 Mr. Pinckney received the Program Manager of the Year award from the American Public Welfare Association for his commitment to client outcome monitoring.

DIRECT CLIENT FEEDBACK IN MILWAUKEE

The Milwaukee County Department of Social Services wanted to know how effective various purchases-of-service agencies were in providing day-care, work assistance, and homemaker services. The Milwaukee County Board of Supervisors also was convinced that it was necessary for the good management of these \$11 million programs. They created a county ordinance in 1972 mandating a client satisfaction sample every year:

At least once a year, the Department (of Social Services) shall offer qualified recipients receiving care or service from an agency, or their respective guardian, a questionnaire regarding their impressions as to the adequacy and quality of the care or service provided to them by the agency. Results of these questionnaires shall be tabulated annually by the Department according to agency. [Milwaukee County Ordinance 46.09, 1972].

It costs approximately \$25,000 per year to draw up a 2 percent per month client survey, mail out the questionnaire, and tabulate the results. The subsequent reports by service by agency are shared with the agency. The consumer information is utilized by the Department of Social Services to draw conclusions on client satisfaction with specific services and provider agencies. Where problem areas are

noted, the information is used to improve the situation. Where major problems prevail this information is used to support a decision to terminate a purchase-of-service contract. Some of the other positive consequences of the consumer satisfaction data are:

- Many clients use the consumer survey to express their appreciation and to say thank you for the help given.
- Social workers take encouragement and motivation from a favorable client survey report.
- The survey has alerted the department to sarcastic, short-tempered social workers. Agencies, after further investigation, have terminated or reassigned such employees.
- Agencies know that the county (Department of Social Services) is watching and listening to the clients being serviced and that there is a monitoring process. We believe that this fact acts as a deterrent to misuse while encouraging quality service and provider honesty.
- The consumer survey helps reassure planners that programs are or are not responsive to client needs. The survey indirectly provides the consumer with a voice in the resource allocation decision-making process.

The following client questionnaire is used by Milwaukee County to assess the satisfaction with a specific agency.

Day Care Agency: _____

Milwaukee County Department of Public Welfare
Survey of Group Child Day-Care Services

I. Child(ren)

1. My child has been placed at this day-care center for:

- () 1. 0-3 months
- () 2. 4-6 months
- () 3. 7-9 months
- () 4. 10-12 months
- () 5. Over 12 months

2. Do you visit the center to observe your child's program?

- () 1. Never
- () 2. Seldom
- () 3. Frequently (monthly)
- () 4. Often (twice/monthly)
- () 5. Very often (weekly)

3. Has the day-care center invited you to observe your child's program?
 1. Yes
 2. No
4. How often does your child attend the day-care center?
 1. ½ day every week
 2. 1 day a week
 3. 2-3 days a week
 4. 3-4 days a week
 5. 5 days a week
5. Do you feel that the day-care staff shows concern for your child?
 1. Never
 2. Seldom
 3. Frequently
 4. Often
 5. Very often
6. Have your child(ren) learned from their day-care experience?
 1. Nothing
 2. Some things
 3. Unknown
 4. Many things
7. If you feel that the day-care center has benefited your child, how do you rate the care given?
 1. Poor (mark only if you feel your child has not benefited)
 2. Fair
 3. Good
 4. Very Good
 5. Excellent

II. Staff and Center

1. Is the day-care center open on the days and hours that you were told it would be?
 1. Never
 2. Seldom
 3. Often
 4. Very often
 5. Always

2. Have you had periodic contact with the staff at the day-care center?
 - () 1. Never
 - () 2. Seldom
 - () 3. Frequently
 - () 4. Often
 - () 5. Very often
3. Have you been invited to "join" a parent group organization by the day-care staff?
 - () Yes
 - () No
4. Do you feel the program offered for your child is good?
 - () 1. Part of the program is good
 - () 2. Part of the program is excellent
 - () 3. Have not paid attention to program
 - () 4. It is a good program
 - () 5. It is an excellent program
5. Name the best thing the day-care center does for your child:

III. Parent

1. Are you employed?
 - () Yes
 - () No
2. Do you work full-time (40 hours/week) or part-time?
 - () 1. Full-time
 - () 2. Part-time
3. Are you in a training program?
 - () Yes
 - () No

If yes, what type of training are you receiving?
4. Do you have any comments to make about day-care?
5. Have you joined a parent group at the day-care center?
 - () Yes
 - () No
 - () Plan to join

Source: Ramminger (1980). Used by permission of the Milwaukee County Department of Social Services.

Ken Ramminger, the former Deputy Director of the Milwaukee County Department of Social Services, was responsible for writing the county ordinance. He resolved the need for client-outcome information by an effective and creative legal mandate that has allowed Milwaukee County to monitor continuously the quality and impact of purchase-of-service contracts. You could initiate similar approaches in your agency.

COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES (CARF)

One way to ensure true accountability is to make it mandatory if the agency is to receive payment for servicing clients. Some public agencies rely upon specific funding sources; rehabilitation facilities are heavily dependent upon federal financial support from the HHS.

The Rehabilitation Act of 1973 is one of the rare examples of a piece of federal regulation clearly requiring that client-outcome information will be collected. Sections 401 and 101 contain such statements as:

The secretary (HHS) shall measure and evaluate the impact of all programs . . . and the state agency shall provide assurances that continuing studies will be done as well as an annual evaluation of the effectiveness of the program in meeting goals and priorities set forth in the plan. . . . In addition, the Rehabilitation Act specifies the development and use of general standards for evaluation of the program and project effectiveness in achieving the objectives of the Act.

More recently, Public Law 94-103 for the developmentally disabled presents a requirement in Sections 128 and 110 which, instead of stating that "evaluation shall be done" requires that an evaluation system be developed (composed of objectives, measures, etc.) which will need to be adopted and installed in each state as a condition of receiving funds. In effect, rather than only requiring an annual evaluation of programs, an evaluation system needs to be installed which will continuously provide policymakers with performance information to clearly describe who is being served, results, and the cost of obtaining results [CARF, 1977: 1].

HHS thus requires states to mandate that agencies install evaluation systems. One way of mandating the collection of outcome information is to necessitate that an agency be accredited by an association

that requires the development of outcome measures as part of its standards. The Commission on the Accreditation of Rehabilitation Facilities (CARF) is such an association.

In order to help develop standards for program evaluation and outcome monitoring, CARF received support from two foundations: Lilly Endowment in Indianapolis and the Kellogg Foundation in Battle Creek. CARF, in turn, hired Walker & Associates of Minneapolis to help develop on-going client-outcome monitoring systems for 130 agencies such as: the Crossroads Rehabilitation Center in Indianapolis, Indiana; Mary Free Bed Hospital in Grand Rapids, Michigan; Abilities Center of Southern New Jersey in Westville, New Jersey; Federation Employment and Guidance Service, New York, New York; Kenosha Achievement Center in Kenosha, Wisconsin; Brooke Industries in Fond du Lac, Wisconsin; Rehabilitation Center of Sheboygan in Sheboygan, Wisconsin; L. E. Phillips Career Development Center in Eau Clair, Wisconsin.

Robert Walker and I were members of the National Advisory Committee on Program Evaluation for CARF, and, along with several other representatives from private research firms and the federal government, helped validate the original set of program standards for compliance with the program evaluation requirement:

- The evaluation system shall provide for a statement of purposes, program goals, and objectives.
- There shall be a relationship between the statement of purposes, program goals, objectives, who is served, and services provided.
- Statements of program goals and objectives shall meet the following conditions:
 - The goals and objectives must be achievable.
 - The objectives must be capable of measurement.
 - The attainment of all objectives should enable the program goals to be achieved.
- The facility's evaluation system shall provide for measures of effectiveness.
- The facility's evaluation system shall provide for measures of the efficiency of the facility.
- There shall be a system to describe and monitor who is being served by the facility.
- The evaluation system results shall be communicated to appropriate parties and be utilized in facility decision making.

- Appropriate information on results shall be made available in an understandable fashion to the governing body and staff of the facility and to the public, including purchasers, contributors, and consumers.
- The facility shall have a mechanism to provide for a continuous review of the adequacy of its evaluation system.

In order for a facility to be accredited they must pass a review by a group of CARF surveyors who assess all dimensions of the standards including the evaluation criteria outlined above. The current standards for evaluation have been integrated into the other standards.

Table 3.1 illustrates the kind of information typically included in an evaluation of a vocational rehabilitation center. It allows the agency to designate different levels of expectation for each objective from minimal to goal to optional and encourages each to be weighted so that the overall value of the achievement is kept in perspective.

Once a client-outcome monitoring system has been implemented there are many ways to use the information. The commission has summarized these in a very helpful publication for CARF entitled *Program Evaluation: A Guide to Utilization* (1982). The commission found that most agencies use such information for the following purposes:

- increasing benefits for persons served by carefully selecting clients who can best benefit;
- developing new programs based on analysis of gaps in services;
- identifying cost-containment measures;
- more effective marketing by publicizing what results are being achieved;
- helping board members to better understand the agency's goals and achievements.

Some agency directors found that many workers actually liked to be held accountable but wanted more input into how to achieve the results expected of them.

We did not achieve substantial increases in our outcomes until we held each staff person within a program accountable. Then our performance scores really took off. Individual accountability was not easy to do. We had problems, for example, trying to figure out who should be responsible for a program objective when it was clear that more than one person was providing services to achieve it.

TABLE 3.1 Rehabilitation Center

Primary Objectives	Measures	Who Applied to	Time of Measure	Data Source	Obtained by	Expectancies			Relative Weight
						Minimal	Goal	Optimal	
(1) Obtain stable competitive employment	Percentage of clients who obtain competitive employment	All terminees	After 90 days of continuous employment	Followup interview schedule	Placement Specialist	20%	30%	40%	30
(2) Obtain skill training or OJT placement	Percentage of clients accepted for or enrolled in training	All terminees	Time event occurs	Followup interview schedule	Placement Specialist	15%	20%	25%	10
(3) Obtain sheltered employment	Percentage of clients who obtain sheltered employment	All terminees	After 90 days of continuous employment	Followup interview schedule	Placement Specialist	5%	10%	15%	5
(4) Obtain other status 26 closures	Percentage of clients who obtain other status 26	All terminees	30 days after entry in status	Followup interview schedule	Placement Specialist	3%	5%	7%	5
(5) Obtain community referrals and acceptances for services	Percentage of clients referred to other community resources and who are accepted for services	All terminees not obtaining objectives (1) (2) (3) (4)	Time event occurs	Referral form Followup	Rehabilitation Coordinator	50%	80%	90%	5
(6) Obtain reasonable competitive wage	Average gross weekly salary	All terminees obtaining competitive employment	On the 90th day of employment	Followup interview schedule	Placement Specialist	\$90/ week	\$110/ week	\$130/ week	10
(7) Obtain reasonable sheltered employment wage	Average gross weekly salary	All terminees obtaining sheltered employment	On the 90th day of employment	Followup interview schedule	Placement Specialist	\$30/ week	\$40/ week	\$50/ week	5
(8) Minimize program length for positive terminees	Average number of program weeks	All positive terminees (obtaining objectives 1-4)	At termination	Termination form	Rehabilitation Coordinator	14 weeks	12 weeks	10 weeks	10
(9) Minimize program length for negative terminees	Average number of program weeks	All negative terminees (not obtaining objectives 1-4)	At termination	Termination form	Rehabilitation Coordinator	7 weeks	6 weeks	5 weeks	20

NOTES FOR TABLE 3.1

SOURCE: Commission on Accreditation of Rehabilitation Facilities (CARF), *Program Evaluation in Vocational Rehabilitation Facilities*. Copyright © 1977 by CARF. Reprinted by permission.

Definitions:

1. *Full-Time Competitive*: At least 30 hours a week, minimum wage, nonseasonal, and permanent.
2. *Occupational Skill Training*: Specialized training in a particular area of employment. Obtainable in an accredited vocational school or OJT Program.
3. *On the Job Training*: Involves a written contract, wages earned in training. The expectation is that the client will remain on the job after the completion of training.
4. *Other Status 26*: Any other status 26 outcome not previously counted.
5. *Program Length*: Number of weeks between the first and last day of service which is paid for by the state rehabilitation agency.
6. *Terminees*: All clients who have obtained benefits 1, 2, 3, or 4 or clients who have completed the competitive employment program and have not entered a benefit category within 60 days of service completion.

However, I believe that individuals perform better when they know that they are expected to produce and if they are held accountable for the results. I was pleasantly surprised to find out that most staff like individual measures because apparently it verifies their skills. Also we found out you need to give them a great deal of freedom to provide services and reward them when they achieve [CARF, 1982: 15].

In short, the Rehabilitation Act requires states to ensure that outcomes are monitored as part of the criteria for an agency to qualify for funding to treat rehabilitation clients. One way to assure this is to require CARF certification. A number of states currently consider CARF certification as sufficient proof of meeting this requirement.

CONCLUSION

Each of these three examples demonstrates the influence of one person's commitment to client-outcome monitoring. Vergil Pinckney, Ken Ramminger and Alan Toppel, Executive Director of CARF, all played a critical role in implementing complete accountability measures within their program, throughout a county's purchase of service program, and across a whole category of rehabilitation facilities.

It is truly impressive what one person can do in a key leadership position. Each of you can have an impact and collectively we can have a national impact on the future of human services.

EXERCISES

- (1) Mr. Pinckney chose rearrest as a key outcome measure for his delinquency program. What are the limitations of using this indicator three and twelve months after release from his agency? Are these limitations common to most outcome measures or unique to rearrest data?
- (2) Mr. Pinckney chose productivity (work, school, or training) as a key outcome measure for his delinquency program. What are the limitations of using this indicator three and twelve months after release from his agency? Are these limitations common to most outcome measures or unique to productivity data?
- (3) What other measures of success would you suggest Mr. Pinckney use to assess the impact of his program on clients or communities?
- (4) Mr. Ramminger used customer satisfaction as a measure of client outcome for services provided in Milwaukee county. What are the strengths and weaknesses of this approach to measuring the impact of services on clients? What additional questions would you include on this questionnaire?
- (5) What other measures would you suggest Mr. Ramminger use to assess the impact of his programs on clients or communities?
- (6) One of the most important dimensions of institutionalizing the collection of outcome monitoring is creating a legislative mandate to require the collection of such data. Develop a strategy for establishing such a mandate. Be sure to include a list of the key decision makers and how you would get cooperation and the necessary support to implement this strategy.
- (7) What other measures of success would you suggest for a rehabilitation facility, other than those listed in Table 3.1? What would be some of the objections you may encounter in using the criteria outlined in Table 3.1?