

## *Chapter 5*

### **CREATING AN INTERNAL ENVIRONMENT FOR ACCOUNTABILITY**

You can create an internal environment for accountability in your agency. If the external environment is supporting your initiative, then it is much easier. The external environment is quickly changing and soon will be requiring even more information on how effective your agency is on the lives of the clients you serve.

You can begin the process by initiating a number of strategies to improve accountability. You can:

- clarify the expected outcomes;
- publically announce on a periodic basis the expected and actual outcomes;
- assure managers that you will be holding them responsible for program performance levels;
- educate first-line workers on the benefits they will gain from the data.

#### **CLARIFY THE OUTCOME MEASURES**

The most difficult part of developing a client-outcome monitoring system is defining the outcome measures. The process is detailed in chapters 7 and 8.

You will encounter resistance from some managers as you seek to clarify the program objectives and how to measure the outcomes to the clients. Some obvious examples are for employment programs the

client outcome is getting employment and reducing welfare dependency (i.e., welfare grants); for delinquency programs the client outcome is not being rearrested and getting employment, training, and/or schooling.

These are easy and appear self-evident. The client outcomes for the other service programs may not be as simple to determine. You must work with each program manager until *you* are satisfied that an appropriate outcome or set of outcomes have been defined and are measurable.

In 1978 the Michigan Department of Social Services (DSS) decided to create specific, measurable client-oriented results statements for the programs it delivered. These measures were called "desired program results." Specific performance levels have been established for those desired program results where a monitoring system is currently in place and baseline data have been collected. For those programs without a data base, the performance levels have been specified with an X. Desired program results are included to provide direction as to the results the department wants to achieve even though, in some cases, the specific level of achievement is not yet identified. The performance levels were established with the idea that achievement of the levels constitutes successful performance. The 1981 levels are listed below (Michigan DSS, 1980: 12-19).

#### EMPLOYMENT PROGRAMS FOR AFDC

- 25 percent of AFDC clients placed in job search will obtain employment within three months of service case opening.
- One hundred percent of those AFDC clients obtaining employment within three months will have a grant reduction resulting from earned income.
- Fifty percent of AFDC clients obtaining employment will have their cases closed.
- Sixty-five percent of those AFDC clients obtaining employment will still have income budgeted or not be on assistance after three months.
- Fifty percent of those AFDC clients obtaining employment will still have income budgeted or not be on assistance after six months.
- Fourteen percent of the AFDC caseload will have earned income (state average).

- (a) The outstate averages will be 20 percent with earned income.
- (b) The Wayne County average will be 8 percent with earned income.
- Seven percent of the AFDC cases will be closed to earned income.

**EMPLOYMENT PROGRAMS FOR GENERAL ASSISTANCE (GA)**

- Thirty-five percent of GA clients, placed in job search, will obtain employment within three months of service case opening.
- One hundred percent of those GA clients obtaining employment within three months of case opening will have grant reductions from earned income.
- Twenty-five percent of the GA cases will be closed due to earned income or nonparticipation in work relief.
- Ninety percent of those GA cases obtaining employment within three months of service case opening will have their cases closed.
- Sixty percent of those GA clients obtaining employment will have income or will not have returned to assistance after three months.
- Fifty percent of those GA clients obtaining employment will not have returned to assistance after six months.

**EMPLOYMENT PROGRAMS FOR BOTH AFDC AND GA**

- Seventy-five percent of clients (both AFDC and GA) entering training programs will complete their programs.
- Eighty-five percent of those clients (both AFDC and GA) completing training will obtain employment within three months after completing training.

**COMPREHENSIVE COMMUNITY CARE**

- X percent of the department's clients in community care will be in the least restrictive setting, and will be receiving the least restrictive services to meet their minimum needs for protection and care.
- X percent of the department's clients in community care will themselves have made an informed choice of the settings they are in and the services they are receiving, in preference to other available alternatives.
- X percent of the department's clients in community care will be in the most appropriate settings, and receiving the most appropriate services, for maximum personal independence and quality of life.

## ADULT COMMUNITY SERVICES — INTAKE

- Seventy-five percent of all adults initially assessed through the comprehensive community care assessment process will have their needs met by being maintained in an independent living setting, that is, in their own home, apartment, senior center, or relatives' home.
- Ninety percent of all adults initially assessed through the comprehensive community care assessment process will have their care needs met through appropriate community resources.

## ADULT COMMUNITY SERVICES — BASIC ADULT SERVICES

- No more than 2 percent of all clients who are eligible for, and in need of, adult home help services will be denied services due to the absence of a services provider.
- At least ninety-nine percent of all clients who are eligible for, and in need of, adult home help services will receive care in a manner most conducive to independent functioning and consistent with clients' changing needs, capabilities, and choice.
- Seventy-five percent of all cases in which Basic Adult Services have been provided will be closed satisfactorily due to attainment of service objective (objective mutually developed by worker and client at time of case opening that is directed toward resolution of specific problems).

## ADULT COMMUNITY SERVICES — PLACEMENT

- Ten percent of all adults in an alternative care setting, supervised by DSS, will move to more independent living situations.
- No more than ten percent of adults living in alternate care setting, supervised by DSS, will be closed for mental health institutional care.
- No more than ten percent of all clients who request and need adult community placement services will be denied a placement due to the absence of an appropriate alternate care setting.

## ADULT COMMUNITY SERVICES — PROTECTIVE SERVICES

- No less than eighty percent of all adult cases in need of protective service activities will be resolved through the use of social protection rather than legal intervention.

- Eighty percent of all cases in which PS is provided will be closed satisfactorily (i.e., client is living in a safe, stable living situation at time of closure).
- No more than twenty percent of all satisfactorily closed PS cases will become substantiated PS cases within six months of closure.

## **FAMILY SERVICES**

- No more than ten percent of clients closed satisfactorily from Family Preventive Services (program component is pending final approval) will become a substantiated referral to Children's Protective Services within six months of closure; no more than fifteen percent within twelve months of closure; and no more than twenty percent within eighteen months of closure.
- No more than ten percent of clients referred to Family Protective Services (terminology is pending final approval) from Children's Protective Services or Children's Placement Services will have substantiated referral within six months of a satisfactory closure (which means an improved level of family functioning); no more than fifteen percent within twelve months of closure; no more than twenty percent within eighteen months of closure.
- Fifty percent of all cases in which Family Preventive Services (program component is pending final approval) will show an improvement in the functional level of the family in areas associated with abuse and neglect at the time of closure.
- Seventy-five percent of all cases in which Family Supportive Services (terminology is pending final approval) have been provided will be closed satisfactorily due to attainment of service objective (objective mutually developed by worker and client at time of case opening which is directed toward resolution of specific problems).

## **CHILDREN'S SERVICES — DELINQUENCY**

- No more than X percent of all children placed in own home, with relatives or guardians, in a foster home, in independent living, in a group home, in a residential care center, in a private child care institution, or out-of-state will be formally rearrested within a three month period from date of that placement.
- No more than X percent of all children placed in own home, with relatives or guardians, in a foster home, in independent living, in a group home, in a residential care center, in a private child care institution, or out-of-state will be formally rearrested within a twelve month period from date of that placement.

- No more than X percent of all children released from placement in their own home, from a placement with relatives or guardians, from a foster home placement, from independent living, from a group home, from a residential care center, from a private child care institution, from out-of-state placements will be formally rearrested within a three month period from date of that release.
- No more than X percent of all children released from placement in their own home, from a placement with relatives or guardians, from a foster home placement, from independent living, from a group home, from a residential care center, from a private child care institution, from out-of-state placements will be formally rearrested within a twelve month period from date of that release.
- No more than twenty percent of males and ten percent of females released from training schools will be formally rearrested within three months of release.

#### CHILDREN'S PROTECTIVE SERVICES

- No more than X percent of all satisfactorily closed PS cases will be substantiated re-referrals to PS within six months.
- X percent of all closed PS cases will not become substantiated PS cases within six months of closure.
- Sixty-five percent of all cases in which PS is provided will be closed satisfactorily.
- Seventy-eight percent of PS cases closed will be closed with all victim children at home.

#### RUNAWAY SERVICES

- X percent of youth who have received emergency shelter will be living at home ninety days after leaving shelter.
- X percent of clients will report satisfaction with services received.
- X percent of youth will not run away for ninety days following receipt of services.

#### FOSTER CARE

- No more than X percent of children who have been in care over thirty days will experience a replacement.

- Increase to sixty percent the percentage of youth returned home, released by parents for adoption, or on whom a petition for permanent wardship has been filed within six months after entry into foster care.
- Reduce the number of neglect children in institutional placements.
- No more than X percent of children placed in foster care will be involved in substantiated cases of abuse or neglect.
- Decrease the percentage of transracial placements in Foster Care.
- Decrease the percentage of sibling splits.
- X percent of dependent and neglected children who are returned home will have no subsequent substantiated abuse/neglect within a six-month period.

## ADOPTION

- Achieve finalization of ninety percent of DSS children's adoptions.
- To place or facilitate placement into adoption seventy-five percent of the children who were planned for adoption within one year of establishing that plan.
- To place or facilitate placement into adoption thirty percent of the children who were planned for adoption over one year.
- Decrease the percentage of transracial placement in adoption.
- Decrease the percentage of sibling splits.

## SCHOOL YOUTH ADVOCACY SERVICES

- Twenty-five percent reduction in absenteeism.
- Twenty-five percent reduction in school suspension.
- Twenty-five percent reduction in disciplinary referrals.
- Reduce number of negative encounters with the law.

Some managers will seek to debate endlessly how impossible it really is to specify outcomes for *their* programs. It is important to involve managers in the development of outcomes. There is also a time to stop discussing and reach a set of outcomes. If no outcomes are possible, then you should seriously consider eliminating the program.

There is, in my opinion, too much commitment to participation in decision making within many human services agencies. I suspect that

the importance of talking within a counseling service delivery system has been translated into a normative management style that stresses discussion and consensus formation as a way for managers to work through a decision. This approach is preferred to giving direct orders.

The democratic style of management has serious consequences for establishing client outcome measures and complete accountability. Coupled with this value of consensus formation is a strong belief in professional autonomy. The ultimate effect is a tremendous organizational cultural resistance to resolving disagreements over the appropriate measures of outcomes because there are endless discussions about the intent of programs and meetings to reach consensus on outcomes. Ideological and personality differences can prolong this process indefinitely.

Instead there is a strong need for clear client outcomes and little or no debate about why a specific outcome. Dr. Vandenberg at the Mary Freebed Hospital in Grand Rapids, Michigan, is a firm believer in this approach because of his experience of trying to get "input, suggestions, commitment" and so on for outcome measures as he set up his evaluation program to meet CARF standards. Two years later 50 percent of his program managers had taken new positions or had changed their opinion on the nature of the client outcomes. The new managers did not believe in the outcomes as agreed to by their predecessors. This led quickly to organizational chaos because of the constant need to revise or alter the client outcomes based on the personality of the program manager. This is a good example of how democratic management can be abused and deter program accountability.

Some fine tuning may be necessary, but this does not mean a wholesale revision based on the opinion of a program manager is needed. Client outcomes need to be established for five- or ten-year periods regardless of the program manager. Administrators need to be strong in their adherence to stable client-outcome measures. It is the only way to get long-term accountability. Outcomes should change if goals, services, or clients change but not because staff changes.

There is nothing magical or difficult about client-outcome development. It requires a program manager to understand the legislative intent of his or her program and to operationalize this intent in terms of the consequences to the client as a result of the intervention strategy.

Program managers are capable of operationalizing the legislative intent in developing services, and a multitude of processes, forms, procedures, and requirements. The collection of client-outcome information is no different than the collection of any other type of data:

- You decide what you want collected.
- You develop a form to capture the information.
- You write manual material detailing how to fill out the form.
- You tell workers or clients to complete the form.
- You collect the data and store it in a computer.
- You summarize the information on monthly management forms.
- You give staff feedback.
- You look at the data and interpret it in light of everything else you know about the program.

Each program manager has followed this same process hundreds of times in developing his or her program. They are experts at completing this process.

Some program managers will seek to impress you with the difficulties in measuring outcomes for their programs. There are several tactics they use to confuse you. It is important to recognize these tactics and to treat them as the red herrings they are. I will discuss some of the more common ones along with a strategy to counteract them.

*"My clients each have unique needs."* This is a favorite and will be used to convince you that client and program complexities prevent any generalizations about expected outcomes.

The key counter-strategy is to be patient, persistent, and to set time frames to come up with the best possible outcome measures. None will be perfect but some will be developed.

In one program I spent considerable time developing a client functioning scale for a family and adult counseling project. I asked three first-line workers and supervisors from two counties to designate the types of problems clients generally present. For each of 26 problem areas they developed a four-point continuum from high to low client functioning. For two days I negotiated with these workers, supervisors, and the program manager on the appropriate problem

areas and what were accurate points along a continuum of functioning. I would still be there today if I did not have a two-day deadline. The final product would not be basically any better if we had spent two months. Table 5.1 shows some of the 26 problem areas that were identified for this client population.

I am convinced after this experience that any other set of workers, supervisors, and program managers would have developed a different set of problem areas and continua. Very simply, there is no consensus among these groups regarding appropriate measurement of client outcomes. They prefer a case-by-case assessment and in general do not believe that you can create an instrument that captures the richness of the unique differences between cases.

There is, however, no need for consensus if the program manager simply exercises his or her leadership responsibilities and chooses a measure of client outcome and the way to measure it.

*"There are multiple outcomes for clients."* This is a variation of the first tactic. It generally takes the form of endless attempts to reach ideological consensus on *the* appropriate outcome for clients. The debate takes place among the staff of programs and is impossible to resolve.

Don't attempt to resolve the debate. Instead, be willing to accept more than one outcome. For example, foster care has several legitimate outcomes for different types of clients:

- return home,
- return to other parent,
- placed with relative,
- released for adoption,
- petition to terminate parental rights filed,
- other (relested to other county, state, etc.).

Another example is Adult Community Placement. It places adults in appropriate community placements such as nursing homes, homes for the aged, adult foster care facilities, and the like.

The four outcomes are:

- client satisfaction,
- permanency of placement,
- increase in social contacts after placement,
- client progress on service plan goals.

TABLE 5.1 Client Functioning Scale

|   | Score* |       |
|---|--------|-------|
|   | Before | After |
| (1) Ability to handle available finances  |        |       |
| (a) Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank), collects and keeps track of income | 5      | 5     |
| (b) Manages day-to-day purchases, but needs help with banking, major purchases, making payments on current bills                            | 4      | 4     |
| (c) Problems managing budget (Impending eviction, shut-off of utilities, usually short on money)  | 3      | 3     |
| (d) Assistance required for managing budget (Third-party payee, or vendor payments on rent or mortgage)                                     | 2      | 2     |
| (e) Inability to identify appropriate resources (i.e., eligible for SSI or AFDC) but not aware of process of gaining access to these funds  | 1      | 1     |
| (2) Family or close associates  |        |       |
| (a) Family or associates helpful and understanding  | 4      | 4     |
| (b) Family or associates provide inconsistent support   | 3      | 3     |
| (c) Overly dependent or dominated by family or associates   | 2      | 2     |
| (d) Alienated from family or associates   | 2      | 2     |
| (e) Family or associates are exploitive   | 1      | 1     |
| (3) Interest in employment  |        |       |
| (a) Presently employed  | 4      | 4     |
| (b) In training   | 3      | 3     |
| (c) Seeking training or employment  | 2      | 2     |
| (d) Not interested in training or employment  | 1      | 1     |
| (e) Not applicable  | 0      | 0     |
| (4) Attitude toward independence  |        |       |
| (a) Self-motivated  | 4      | 4     |
| (b) Will work independently with encouragement  | 3      | 3     |
| (c) Resistant to independence   | 2      | 2     |
| (d) Total rejection of independence   | 1      | 1     |
| (e) Not applicable  | 0      | 0     |

\*The worker assessed the client's functioning level before services and circled the appropriate score from 5 to 1. At case closure they completed another assessment and circled the appropriate score from 5 to 1. The difference was the amount of change which took place during service.

A composite score can be established by simply adding up the attainment of these outcomes.

The important counter-strategy is not to get needlessly delayed with an extended discussion of these debates. Move through this process as thoroughly as possible but do not seek consensus every time. It is often unnecessary and impossible.

*"I don't agree with the outcome"*. This is the most difficult tactic to overcome because program managers believe that unless they believe in the outcome, then they are not personally responsible for doing anything about the findings.

The only counter-strategy is to have a strong commitment from top management that does not require the manager to believe but simply to do what is required — namely, announce an outcome, measure it, and hold the workers to producing it.

*"But I want the outcome measure to be perfect. Why do it if you cannot do it right?"* This is probably the most difficult objection because it appeals to the values of being a good administrator. Who could be against doing something right? Certainly not you.

Unfortunately this objection usually means that there should be a long-drawn-out process that may include such activities as (1) an extensive review and critique of all the research measures that have ever been used to assess the effectiveness of the program, (2) high consensus on which measure is the best, (3) several years of testing of the measure to assure its high validity and reliability, and (4) several more years of experience on a pilot basis in order to be completely sure that it is the most appropriate assessment tool.

These are sometimes legitimate suggestions and precautions for any form. Often, however, they are sophisticated delay tactics that are designed to test the administrator's willingness to persevere in this direction of accountability. You need to assess the motives of the program manager and to set realistic deadlines for introducing the measures into an on-going system of collecting information for program management. Further, you must be sure that you want this level of accountability. And, if you do, then this message must be conveyed to your organization.

## **PUBLICLY ANNOUNCE EXPECTED AND ACTUAL OUTCOMES**

This is a courageous strategy. At the beginning of every year you should publically announce what you are expecting from each program. At the end of the year you should publish the actual outcomes and modify your desired program results for the next year.

The publication need not be expensive nor elaborate but it does need to be widely distributed to all employees, board members, legislators, funding sources, and taxpayers.

In addition to formally releasing this document, each agency must constantly seek a positive public image by preparing news releases demonstrating the positive consequences of their efforts. Private industry spends millions of dollars each year convincing the public that their product has a positive impact on the customer and the environment.

I am not suggesting that public agencies should spend millions of dollars trying to convince the public about positive client outcomes. Instead, a strong commitment to accountability includes informing the taxpayer (our functional equivalent of a shareholder) of our accomplishments and commitment to high-quality management of state resources. The desired program results document serves the same purpose as the annual statement or portfolio released by private firms to maintain their shareholders' commitment.

Publicly announcing outcomes and objectives also clearly indicates to all workers the priorities for the forthcoming year. In a large or small bureaucracy it is easy to lose sight of what is important. This public plan helps to keep the organizational resources focused.

## **ASSURE MANAGERS THAT THEY WILL BE HELD ACCOUNTABLE**

As the director of the agency you are often telling your administrators that a specific project is a top priority. Soon there are many top priorities. Then it is difficult to differentiate between a top priority and a really TOP priority.

Your message must be clear — client-outcome monitoring is important and will continue to be because it is going to be in-

stitutionalized — and become a regular part of ongoing accountability.

Not all managers will welcome this change. In most cases they are fully convinced that their programs are already having a positive impact on their clients. They feel that because they are committed to the program and its intrinsic goodness, that it is somewhat of a waste of time and resources to gather information to justify their program.

Some program managers ultimately believe their own hype and as a result should not be considered an unbiased source of information about the efficiency or effectiveness of their own program. It is unrealistic to believe that all managers will voluntarily provide any information that will reflect negatively on the program.

Probably the key to accountability is you, the top administrator. You must develop mechanisms to ensure accountability. You must persevere by continuous commitment to holding your managers accountable. It is the single most important element. They know they ultimately must answer to you in their annual and semiannual plan and budget review meetings.

Unfortunately, you may not like always to be harping to managers about their client outcomes. Generally there is a more pressing political or resource problem that takes up the managers' attention. Nonetheless, you must initiate a mechanism via an annual review of the progress of each program toward accountability in terms of client outcomes.

Such an accountability process easily takes from three to five years to institutionalize in a small agency and longer in a large one. It is not an easy task or one that realistically can be accomplished in a short period of time.

### EDUCATING WORKERS TO BENEFITS OF CLIENT-OUTCOME DATA

First-line workers and their supervisors generally do not know the outcome of their efforts. Given the absence of data on their impact on clients, the workers in public human service agencies surprisingly tend to *underestimate* their positive consequences to the client. There are several reasons for this. Thomas Wills (1980) reviewed the research literature on professional helpers' perceptions of clients and concluded that

- Caseworkers at a public agency are generally working with clients of a lower social class and the expectations of the worker are considerably higher than the client's expectations.

- Caseworkers are trained to observe negative behavior and problem areas. Thus they are not trained to focus on the positive consequences of the intervention. This is not to say that they are unaware of client improvement, but instead they focus on client problems rather than client improvement.

There has been some fascinating findings in the area of client impact that support this pattern of underestimating client-outcome results. When compared to clients' ratings of impact, the caseworker's ratings are generally lower than those perceived by the clients. This has been validated in Michigan (Emling and Edington, 1979), Family Services Association of America (Fahs and Jones, 1973), and West Virginia's demonstration project (Caldwell et al., 1978).

Family Services Association of America (FSAA) completes a survey of its agencies nationally every ten years. Their survey includes a client follow-up component. FSAA reports that

Clients in the follow-up sample reported global ratings of "much better" considerably more often than did their counselors (32% versus 17%).

Clients reported considerably more change after one, two or three interviews than did the counselors. [1973: 7-11].

In many programs the service worker may indicate that as few as 50 percent of cases showed no improvement. For example, Anne Cohn reviewed a number of child protective services research projects and found that

Among the 1,190 parents from eight projects in which substantiated data on propensity to abuse were available, workers reported that only 42% had a reduced potential for future abuse or neglect. In other words, workers judged they had been successful with less than half of their cases [Cohn, 1979: 516].

This is not to suggest that all cases (especially child abuse cases) are affected positively and are selectively perceived as not being affected by workers. Clearly some cases do not result in a positive client outcome as a result of intervention strategies. However, there does seem to be a selective bias among workers to underestimate their impact.

FSAA tries to explain this pattern of underreporting the impact of their counselors by explicitly recognizing the limited knowledge base of caseworkers in assessing client impact.

Counselors have a major information handicap. They must depend for their information mainly on what is reported or observed in weekly interviews largely focused on specific problems and their solution. Clients in contrast have access to a wider spectrum. They live throughout the week with themselves, their family and the external world. They have numerous contacts with family members and others whom counselors never see. Because their problems are so real, intense, and critical to their well-being, they are also more alert to small changes, secondary effects and unanticipated consequences. No wonder, then, they report more changes in family relationships and individual family members than do counselors [Fahs, 1973: 95].

One of the most important consequences of regular reporting of client-outcome information is the alternating of the current misconception of workers that their efforts are not as effective as perceived by the client.

Not all workers believe that they are failing to achieve some positive client outcomes. Professor Wayne Chess at the University of Oklahoma has recently completed a study (1981) of child protective service workers who reported a high level of success with their clients. Bob Walker, (1982), of Walker and Associates, also contends that rehabilitation workers tend to over estimate the impact they are having with clients.

Nonetheless, there are many caseworkers and administrators in public welfare agencies who doubt that they are producing as much of a positive effect as clients are reporting they do produce.

I believe that it is going to be a long process of convincing workers of their own success level. It can best be done by regularly collecting such information and feeding it back directly to them. It would be best to have the worker collect it themselves in order to overcome this resistance to good news.

Mr. Pinckney has an easy approach to collecting client outcome data. He has his clerk write out a one- or two-line summary of what has happened to a specific client three and twelve months after release from Maxey Boys Training School. This information is gained as part of a follow-up call to the client's community service worker.

The clerk simply writes down a quick summary such as:

Mary Ellen Shapiro was found stealing a tractor on RR #3 in Mason and was given a suspended sentence.

Johnny Tortello has found part-time work in Texas and plans to start an apprenticeship in auto mechanics in the fall.

This brief description by clients of their progress is sent around to each staff member of the facility. It is widely read and appreciated by the staff at training schools and camps and it is produced at a low cost. These workers, however, have been receiving feedback since 1974 and are now beginning to believe their results.

The workers need to receive this information and in many cases need to gather it themselves. They are a skeptical group and need to hear it directly from the client. There are several advantages to having the worker collect this data:

- knowing the consequences of services delivered in order to correct any problems at the lowest appropriate organizational level. This is particularly true for catching inappropriate referrals;
- short feedback loop;
- gratification to the workers of clients' satisfaction and/or positive changes;
- helps them to think about better ways of providing services;
- reinforcement to clients that both the agency and caseworker are interested in knowing their clients' reaction to services rendered;
- does not require yet another agency representative interacting with client (i.e., special researcher);
- reduces worker burnout. (According to Nancy Humphreys, past president of National Association of Social Workers and a national expert on worker burnout: "the single largest factor in worker burnout is the absence of knowledge about the effectiveness of their efforts").

Workers will not volunteer to collect this type of client-outcome information. They are already inundated with unnecessary documentation of process requirements. These need to be replaced with necessary client-outcome requirements.

Workers also do not need to agree with a given outcome to collect it. They often do not agree with current process information but they

gather it. There is no consensus needed to require a specific outcome data to be gathered. There is only a need for a mandate to gather it and some assurance that the data will be used. This mandate is appropriately established by the top administrator.

### CONCLUSION

The internal environment can be changed to be more accepting of accountability. It requires that you are very clear about the benefits to the agency and its employees in directing the organization to collect, monitor, and utilize client outcome information as part of a commitment to improving performance and providing the highest level of service to the clients.

Staff need to participate in the development of appropriate measures, in analyzing the results, and sharing in the benefits of the new information.

There will be difficulties in implementing any new information requirements, especially when it is outcome data which is expected to negatively reflect on their performance.

The irony is that in most programs the workers will be surprised to find out how much they actually did help their clients.

### EXERCISES

- (1) Choose a program area and develop appropriate outcome measures. Ask the agency director or program manager to indicate their current measures and how they are communicated to various publics. Discuss these measures with first line workers to see if they agree with the agency's measures.
- (2) Ask five first-line workers how they know when they are successful. Also ask what the primary barriers are to being even more successful. Also ask what the primary barriers are to being even more successful. If possible talk directly with some of their clients in order to get their perspective on how the services helped them.
- (3) In Chapter 4 there are listed several measures of outcomes for specific programs. Prioritize these measures in terms of the most representative of the intent of the program.

- (4) Most employees want recognition and credit for their performance. Most employees want to know how well they are performing their job and are very frustrated when such information is not available. Select five workers in any field and talk with them about their measures of performance. Be sure to determine which ones they feel are appropriate and which ones do not capture their major contribution to the organization.
- (5) Collect five annual reports of corporations. List their previous accomplishments and their future goals or expectations. Compare these annual reports to an annual report of a human service agency.
- (6) Choose an agency or program and review the last five press releases. How many were initiated by the agency? How many were a reaction to some source outside the agency?