

Chapter 7

HOW TO DEVELOP AN OUTCOME MONITORING SYSTEM

Now that you are aware that complete accountability must include outcomes, you may want to know the steps necessary to make this part of your agency's approach to doing business. It is not any different from any other innovation. You basically must follow the same steps involved with any new idea. It will be helpful to keep this in mind throughout the implementation period.

There are natural and persistent resistance areas within an agency to *any* change. There are some additional forces that will work against any form of accountability. This should be expected and anticipated so that when this resistance is encountered, it can be met with appropriate countermeasures.

It is important to remember that *all* current information system requirements encountered tremendous resistance and apprehension before they became part of the everyday routine of work within the agency. Most reporting requirements are perceived as unnecessary, time consuming, and of little use to most people within an organization. This is particularly true within human services agencies where professional staff feel that their role is to help clients, not bureaucracies.

Requiring additional reporting will not make you popular, regardless of your intent or your message of doom if such information is not forthcoming. First-line workers, supervisors, and program managers have heard these messages year after year. They will not become

convinced of the value of the information to them or anyone else until they experience the value themselves.

Expect resistance and don't interpret it as directed at outcome monitoring information, but rather as directed toward the collection of any new data. The steps necessary to introduce any new information into an agency include:

- (1) the commitment of top management,
- (2) the transfer of this commitment throughout the organization,
- (3) the development of a strategy to implement an outcome monitoring system,
- (4) implementation, and
- (5) integration of new information into on-going decision making process.

COMMITMENT OF TOP MANAGEMENT

As top management you are constantly being asked to be committed to new approaches to operating the agency. You frequently provide varying levels of commitment ranging from listening to an oral presentation, meeting with representatives of the innovative approach, putting in writing a directive to implement the innovation on a pilot basis, putting in writing a directive to implement the innovation across the agency, committing enough resources to ensure that the innovation is implemented in a timely fashion, and follow-up persistently to ensure that the project is implemented. The degree of your commitment will largely determine the extent to which any innovation is accepted and implemented. Without commitment there is a low probability of implementation. With commitment there remains several other processes that must be managed skillfully.

TRANSFER OF COMMITMENT THROUGHOUT THE ORGANIZATION

Middle and lower management learn to differentiate between token high priority projects and real high priority projects. The communication of priority is a continuous process that is constantly monitored by staff to see if there have been any shifts that need to be translated into their own distribution of tasks.

There are several ways effectively to transfer a high priority project from top management to the organization:

- (1) Provide highly visible support. Such visibility may include written directives from the director to all staff, positive coverage of the project in agency newsletter or magazine, or positive coverage of project in local press.
- (2) Provide continuous reinforcement of the project from yourself and other middle and lower management as they begin to add their support.
- (3) Publicize the time frames for completing the project and the major milestones in completing it.
- (4) Personally meet with anyone or any group that may seek to obstruct or detain the project. Minimize their negative impact on your plans. If possible, gain their support or at least persuade them to lessen their attack on the project. If necessary, intervene and prevent them from influencing the implementation of the outcome monitoring system.

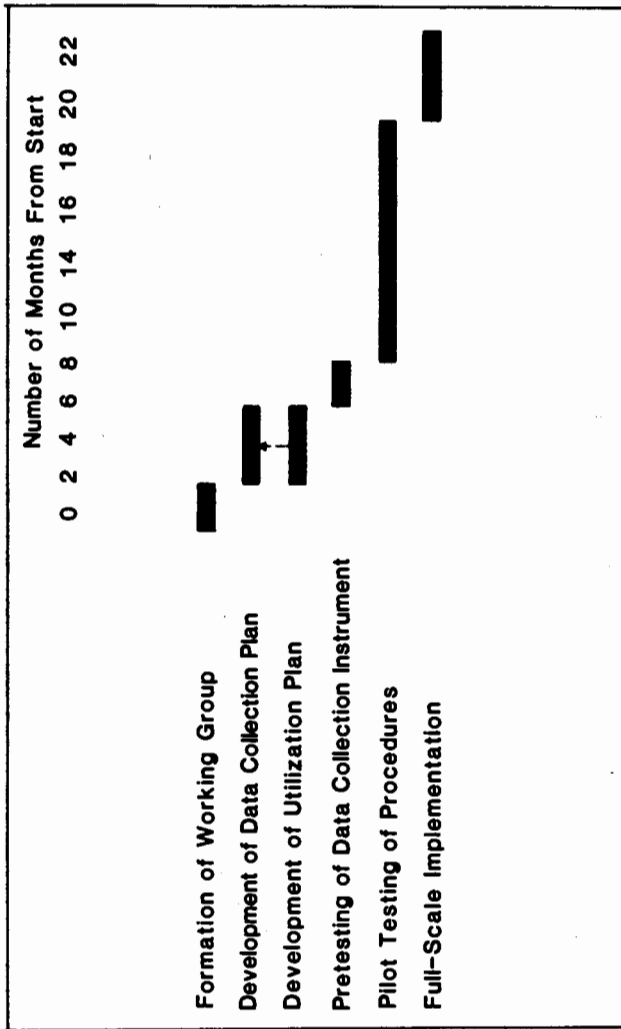
DEVELOPMENT OF AN IMPLEMENTATION STRATEGY

Each organization has accepted and implemented innovations; there is no one strategy for all organizations. You know your organization best. You should reflect on recent changes that your organization has adopted in the past few years. This should enable you to determine effective strategies from the range of possible ways change can be introduced.

Take a few minutes now to list recent changes, the key personnel involved, how they sold the idea, how they got commitment and conveyed it, what resources they got, and how they managed their efforts. Such an exercise will be most helpful in assessing the unique characteristics of innovation processes in your agency.

The Urban Institute, a Washington-based research firm, has recently published *Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies* (1981), which I helped write. It details a program an agency can follow to implement such a process, and is the most thorough review of the various issues that need to be addressed.

Figure 7.1 illustrates one strategy for implementation that takes 22 months from the time of creating a work group to full-scale implemen-



SOURCE: The Urban Institute, *Developing Client-Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies*, Copyright © 1981 by the Urban Institute. Reprinted by permission.

Figure 7.1 Illustrative Development Schedule for Client Outcome Monitoring

tation. Some of these steps may not be appropriate or necessary in your agency or may take longer time to implement.

WORK GROUP

Each strategy will probably include the formation of a work group to oversee the project. It should comprise as small a number of appropriate representatives as possible; six or fewer is best. Whenever you get a much larger group, there is a tendency to prolong a project. The logistics of adding outcome information to existing systems is complicated enough without the difficulties inherent in large numbers of group members.

Potential members of such a work group would be the

- agency director or deputy director,
- head of delivery system,
- head of information systems,
- heads of program policy, and
- project director for developing client-outcome monitoring system.

DATA COLLECTION PLAN

Agencies collect information all the time. There is usually a prescribed format for introducing new data elements. The data collection plans typically include:

- detailing the desired data elements,
- deciding on report layouts and frequency,
- making appropriate changes in manuals to instruct the workers on how to code the data elements and when to collect the information on what form,
- training of the appropriate first-line supervisors and staff in the data collection process.

The most difficult aspect of this plan is the detailing of the desired data elements — the outcomes.

Table 7.1 provides you with a list of program objectives and associated outcomes. They are not perfect but they give you some guidelines on how to define an appropriate outcome.

Now, take programs for which you have decided to develop outcomes. Work with the program managers, first-line supervisors, and

TABLE 7.1 Examples of Objectives and Associated Outcomes

<i>Service Program</i>	<i>Objective</i>	<i>Outcome</i>
General Applicable to several services	Prevent recurrence of event of situation that brought client to service initially	1. Recurrence within x months after intake (or after discharge), of the same event or situation that brought client to services initially (e.g., abuse, loss of job, eviction notice, pregnancy).
	Return client to own home as soon as safe	2a. Client domicile x months after intake
	Maintain/improve client's physical health	2b. Length of stay in substitute care
	Maintain/improve client's mental health	3. Change in client's physical health from intake to x months after intake . . . (multiple-item scale)
	Maintain/improve client's mental health	4. Change in client's mental health . . . (multiple-item scale)
	Maintain/improve client's performance of the activities of daily living	5. Change in client's performance of activities of daily living . . . (multiple-item scale)
	Maintain/improve the quality of daily care that a non-self-sufficient client receives in own home Prevent or alleviate substance abuse	6. Change in quality of daily care of client . . . (multiple-item scale)
	Maintain/improve family strength	7. Change in quantity and frequency of client's substance abuse . . . (multiple-item scale)
	Maintain/improve child problem behavior	8. Change in client's family strength . . . (multiple-item scale)
	Maintain/improve quality of substitute care	9. Change in child problem behavior . . . (multiple-item scale)
		10. Change in quality of substitute care . . . (multiple-item scale)

<p>Maintain/improve client's economic security</p>	<p>11a. Change in client's economic security . . . (multiple-item scale)</p> <p>11b. Change in client's eligibility for public assistance and food stamps from intake to x months after intake</p> <p>12. Client's overall satisfaction with services</p> <p>13. Whether child removed from home at any time within x months of initial abuse report</p> <p>14. Number of different substitute care placements during the x months following intake</p> <p>15. Child adoptive placement made within a reasonable amount of time</p> <p>16. Time elapsed between decision to remove child and placement in nontemporary foster care or residence</p> <p>17. Time elapsed between intake into WIN (or other employment program) and start of employment</p> <p>18. Whether employed x months after intake into program</p> <p>19. Length of time in job in which initially placed</p> <p>20. Change in earned income x months after intake</p>
<p>Child Welfare Including protective services, foster care, adoption</p>	<p>Provide services to the client's satisfaction</p> <p>If possible, maintain child in own home</p> <p>Place child that is not returned to own home in <i>stable</i> substitute care arrangement</p> <p>Arrange adoption after parental release is obtained</p> <p>When child does not remain in home, arrange an appropriate substitute care placement as soon as possible</p>
<p>Employment and Training Services Including WIN, day care, education, etc.</p>	<p>Place clients in jobs as quickly as possible</p> <p>Help clients obtain high-quality jobs and retain them</p>

(continued)

TABLE 7.1 Continued

<i>Service Program</i>	<i>Objective</i>	<i>Outcome</i>
Family Services Including counselling, delinquency preven- tion, other services to families with children, court services	Prevent marital dissolution when that is goal Improve children's school attendance and performance Prevent delinquency Help client obtain adequate financial support from non-public assistance sources	21. Whether marriage intact x months after intake, if goal was "prevent marital dissolution" 22. School attendance and grades x months after intake 23. Arrests of child during the x months after intake 24. Increase in child support, alimony, or non-public assistance transfer payments from intake to x months after intake
Adult Services Including adult pro- tection, in-home care, substitute care, etc.	Maintain clients in own home whenever possible Arrange stable in-home substitute care	25. Client is in own domicile x months after intake 26. Number of changes in domicile, in-home chore provider, and/or substitute care placement between intake and x months after intake

SOURCE: The Urban Institute. *Developing Client-Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies*. Copyright © 1981 by the Urban Institute. Reprinted by permission.

workers in defining both objectives and outcomes. There are several guidelines that should govern this most important aspect of the project:

- There will be considerable debate, discussion, and difference about the objectives and the outcomes. There is not likely to be consensus of a given objective or outcome. Try to limit the number of objectives to one per program and the number of outcome measures to three per objective.
- Put a time frame on how long it will take to complete this assignment. The maximum time should be four weeks from beginning of this discussion until a final set of objectives and outcome measures are established. There is no need to extend this discussion since it can go on indefinitely. There is no set of outcomes that will be totally acceptable to all participants involved in a program area. At best the outcomes will measure major expected outcome(s).
- The outcome measures should be characterized as measurable, obtainable, understandable, clear, accurately reflecting the expected result, and set at a level to be attained within a specific time frame (i.e., within six months after case closure).
- Once the measures have been selected, it is necessary to design a way to get the information. There are generally four approaches to obtaining outcome data: (1) from the client, (2) from the worker, (3) from agency records, (4) from a neutral third party. Each has its advantages and disadvantages. The Urban Institute book summarizes these for you.
- When to collect outcome data can be established six months after intake, at case closure, three, six, or twelve months after case closure. There is generally no more difficulty in contacting clients after case closure than during service. The client is often pleased to hear from the agency and appreciates the follow-up attention. It can be perceived simply as an outreach function of the agency.
- There are many client-outcome instruments that have already been developed. The reliability and validity of these instruments have already been established. There is no need to start from scratch. Contact your local university or check the Appendix to the Urban Institute (1981) book for examples.
- Seldom is it necessary to be elaborate in the measurement of outcomes. Often the simplest is the best approach. Too much data will often overwhelm the worker and prevent outcome monitoring from ever starting.

DATA UTILIZATION PLAN

The outcome information should be used for a variety of purposes. It is very difficult to anticipate when and how the data will be used. There will be opportunities once it is collected to use the information for budget defense, for public relations purposes, and for program management. Much of the information will be good news and will reinforce the current practices.

At a minimum it will be important to establish a regular reporting of outcome results to the agency director. This may occur once a year or every six months. However, it must occur regularly in order to assure high quality data. That which is monitored is most likely to be done and done thoroughly.

At this point it is important to assure staff, especially first-line workers, that this outcome information is *not* going to be used to punish a given worker. Instead, it is program-level information that will be used to improve programs and to flag programs for improvement as well as to recognize programs that are performing at particularly high levels already.

Managers use the data that are available. It is very difficult for managers to anticipate six months in advance how they will use information. However, once a reporter calls or a crisis exists, the manager has a very clear idea what he or she wants. If possible, the data utilization plan should not box the manager into a situation where he or she has to anticipate correctly the report format that he or she would find useful. The data on outcomes should be readily available and not locked into a set format. It must be available quickly in order to be useful. This is true of outcome data or any other type of information for decision makers.

PRETESTING THE INSTRUMENT AND PROCEDURES

Human service agencies regularly create forms for collecting information. Outcome data requirements can be added to current forms or new forms may be needed to be developed. If new forms are developed, they need to be pretested at a local delivery system to see if they are understandable to the workers and clients. Fine-tuning of questions or the wording of instructions can take place at this time. Pretesting outcome instruments is no different from pretesting any other form.

Pretesting of the entire outcome collection procedure is usually done in a number of counties or local sites and includes the testing of manual instructions, training procedures, timing of data collection, and assessment of completed instruments.

IMPLEMENTATION

Once the outcome measures are defined, the instruments developed, and the procedures tested, then the data collection process needs to be implemented across the agency. As with any new information system, the data collection process needs to be monitored, especially in the first year, to ensure that accurate and complete information is being recorded and processed. It will probably take at least one full year to get results back on some programs since the follow-up time frame may be as much as six months after case closure.

It will take considerable perseverance at this time to ensure high quality of information. If the data are perceived as being accurate at time of collection, it is more likely to be used by workers and supervisors later. If the data are not perceived as accurate, then there is little use in collecting them at all. This is particularly true of outcome data.

INTEGRATING OUTCOME RESULTS INTO THE DECISION-MAKING PROCESS

In order for any information to be used for decision-making purposes, it must be available, reliable, and appropriate. Outcome information must be available before it will be used, which means that the decision makers must be made aware of its presence. The best way to ensure that information is available is to regularly schedule an oral briefing of the top management on the results of the program.

Data from new information systems are considered reliable once they show consistent patterns for a few years. This consistency indicates that the bugs have been worked out and that the workers have had enough time to become familiar with the forms and the data collection process. Outcome information, likewise, needs to be collected for a few years until it becomes reliable enough for decision makers to know the data are reasonably stable. The first year or two simply establishes a data base against which future performance can be interpreted.

TABLE 7.2 Summary of Recommendations for Increasing the Use of Client-Outcome Monitoring Findings

PREPARING THE USERS

- Provide training/education to managers, including new managers.
- Annually assess the use of client-outcome findings. Make adjustments where needed.
- Publicize the uses, both actual and potential, of client-outcome information, especially through regular upper-level management reviews of outcome reports.

REPORTING THE OUTCOME FINDINGS

- Present outcome results in summary tables, preferably with highlights explicitly identified.
- Summarize the principal findings of each regular report of outcome findings in a brief narrative.
- Periodically brief key decision makers on the findings and implications of the outcome findings.
- Use informal communications as a means of keeping decision makers informed without the formality and time commitment required to hold a meeting.
- Tailor communication of outcome information to the varied preferences of the uses of the outcome information.
- When appropriate, make specific recommendations in reports and suggest ways to implement the recommendations.
- Periodically make findings available to the general public.

FOLLOWING-UP ON THE FINDINGS

- For important questions raised by the outcome findings, undertake supplementary analyses of the data to help clarify and interpret the findings.
- Explain the findings to potential users.
- Encourage supervisors to hold constructive routine meetings shortly after the outcome reports are prepared. Encourage managers and supervisors to ask their people: "How are we doing?" "What do the findings indicate?" and "What corrective actions should we take?"
- Encourage the preparation of corrective action plans from units that review the outcome information.
- Incorporate outcome information into management-by-objectives, performance appraisals, and performance-based compensation plans.

SOURCE: The Urban Institute, *Developing Client-Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies*. Copyright © 1981 by the Urban Institute. Reprinted by permission.

Finally, outcome data that have been chosen to reflect the results of a program accurately will be used if the decision maker also sees the outcome measure(s) as appropriate for the program. Ideally the top managers will have accepted the measures several years previously.

It is important to have top management aware of program outcome results from the very beginning so that they can follow the progress of the program. It is not necessary to wait several years before sharing the data. It jeopardizes the motivation of the first-line worker to collect the data if they are not going to be seen by top management. Once used for decision making, even a decision to continue a program, the workers and supervisors need to know that the information they are providing is making a difference. Most never know how the data are ever used. Table 7.2 summarizes ways in which the client-outcome findings can be used.

EXERCISES

- (1) Choose an organization and identify a recent innovation. Find out who was most responsible of introducing this innovation. Describe how this change was managed. Those who were most responsible will be willing to discuss it with you or anyone who is sincerely interested. This exercise will make you very aware of the common dimensions of any change process.
- (2) Choose an organization with which you are familiar and develop a strategy for implementing a change. Review your strategy with three other people who are also familiar with the organization and its key administrators. Each organization has its own culture and procedures for accommodating changes.
- (3) Describe your supervisor's style of showing commitment to priority projects.
- (4) Describe a recent work group with which you were involved. Detail the process by which direction was provided (i.e., consensus of the group, strong leadership by the chairperson). Would this approach be appropriate for implementing a client outcome monitoring system? If yes, why? If no, what would be a better approach?

- (5) Create a chart which lists the data elements proposed for a client-outcome measure for a specific program. Then list the options available for the collection of this type of information. These options should include: (a) who should collect the data, (b) when should it be collected, (c) on what form, (d) with what level of difficulty (i.e., time, effort), (e) on which client group.
- (6) Describe a recent decision within an organization with which you are familiar. Talk to the administrators who participated in the decision. Pick a decision that was not too controversial. It will be easier to find out what data were used. Ask the decision makers to list the kind of information they considered most important in influencing their final position. Do not limit yourself to reports or compiled data. Include such sources as perceived attitudes or prior decisions. This exercise is important in understanding the many factors that are included in any decision and the role of informal and formal influences on decision makers.