

# **From *Measuring* Outcomes to *Managing* Them: The United Way of Greater Houston**

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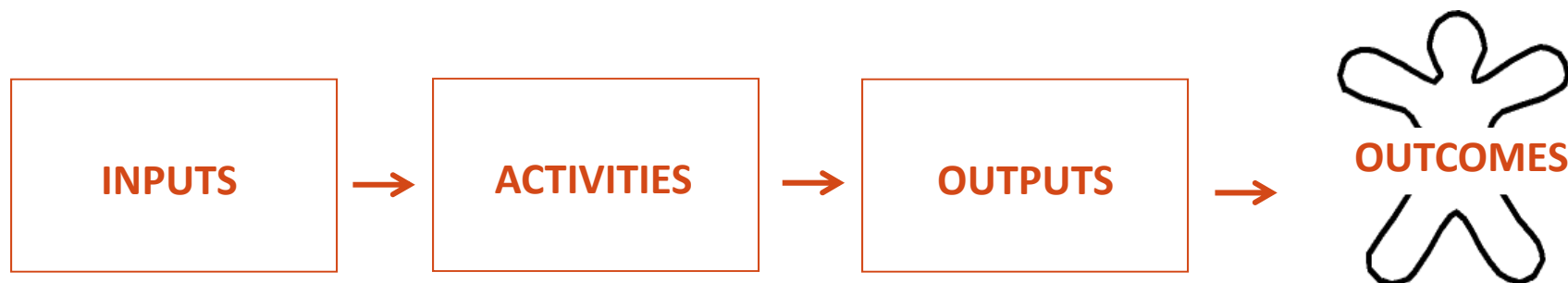
American Evaluation Association

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# In the 1990s....

- 1993: GPRA (federal government)
- 1996: UWA manual (non-profit)
- 1998: W.K. Kellogg (foundation)
- Strong, cross-sectoral emphasis on *outcomes*
- Huge influence in all three sectors

# Essential Components of a Program



- Resources dedicated to or consumed by the program

- ✓ money
- ✓ staff & staff time
- ✓ volunteers & volunteer time
- ✓ facilities
- ✓ equipment & supplies

- What the program does with inputs to fulfill its mission

- ✓ feeding and sheltering homeless families
- ✓ providing job training
- ✓ educating teachers about signs of child abuse
- ✓ counseling pregnant women

- The volume of work accomplished by the program

- ✓ number of classes taught
- ✓ number of counseling sessions conducted
- ✓ number of educational materials distributed
- ✓ number of hours of service delivered
- ✓ number of participants served

- Benefits or changes for participants during or after program activities

- ✓ new *knowledge*
- ✓ increased *skills*
- ✓ changed *attitudes or values*
- ✓ modified *behavior*
- ✓ improved *condition*
- ✓ altered *status*

# During the 2000s....

- Promise and potential not fully fulfilled
- Programs were measuring outcomes, but:
  - Mostly in order to report to funders
  - A burden for programs
  - Few, if any, obvious benefits
- Outcome measurement is still being done
- But we think something different is needed
- We advocate for “outcomes management”

# How does outcomes *management* differ from outcomes *measurement*?

- \* Outcomes *measurement* = *measure* program performance and *report* findings. (What happened?)
- \* Outcomes *management* = next step – encourages a program to systematically *use* that performance information to *learn* about its services and *improve* them. (Why did it happen? How can we make things better?)

# Steps in Outcomes Management

1. Measure progress on key outcomes
2. Report outcomes to funders, others

- - - - -

3. Understand why outcomes are as they are
4. Identify possible changes that might help
5. Decide which changes to implement
6. Implement the changes to the program
7. Re-measure progress on key outcomes

*“No one ever got in trouble if the crime rate went up. They got in trouble if they didn’t know why it had gone up and didn’t have a plan for dealing with it.”*

Bill Bratton, former NYC Police Commissioner  
under Mayor Rudi Giuliani

# At the same time....

- UWGH is a big funder:
  - Invests \$45 million in 67 affiliate agencies
  - Six agencies work on domestic violence
- Each is unique, but some common challenges
- Whole > (part + part + ..... )?
- Common Outcomes Project (COP)
- Do outcomes management *together*



# So, this case study...

- Two separate, but connected components:
  - Outcomes *measurement* → *management*
  - Agencies *alone* → “*affinity groups*”
- It's a journey that takes time
- There are challenges every step of the way
- But it's being worth it, for everyone involved
- Hopefully with some lessons for your situation

# Three expert Texas colleagues:

- **Amy Corron**

Senior Director, Community Investment  
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- **Najah Callander**

Manager, Community Investment  
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- **Abeer Monem**

Director of Programs  
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# United Way of Greater Houston Road to Outcomes

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# 1998: Our Start in Outcomes

- 1998: Local donors express more interest in accountability of investment in United Way of Greater Houston.
- Following United Way of America's lead, UWGH trains all "affiliates" on the UWA program outcomes system.
- Best practice: hired external trainer/evaluator (Mike Hendricks Ph.D.) to deliver first training and to teach local UWGH staff person to be trainer
- 1998-2007: Program outcomes systems required of all UWGH affiliates; one UWGH staff person tasked with outcomes evaluation and training

# 2005/06: Change in Perspective

- United Ways moving to “Community Impact” model; using our power for assessing needs, convening the community to develop solutions and investing in what works to make a difference systematically
- Moving away from simply serving as intermediary and funding source
- New United Way Houston CEO and Board begins development of 5 year strategic plan
- Senior staff visits forward thinking UWs around the country; learn of “prescribed outcomes” for community impact funding
- Houston, however, is different; strong belief in “safety net” and in the work of partner agencies, not just in pre-set outcomes

# 2007: Strategic Plan

- At UWGH, “prescribed” outcomes become “common outcomes”
- Original trainer, Mike H., contacted to help UWGH in journey to common outcomes
- Trainer advised that program outcomes and common outcomes more powerful if focus is on continuous quality improvement – outcomes management.
- Trainer also advised to look for local technical assistance
- Lesson Learned: Hire local evaluator for technical assistance and advice for common outcomes groups (Dr. Roger Durand, University of Houston)

# 2007: New Plan

- 2007: Outcomes Management training provided by external consultant, Mike Hendricks, for all affiliates
- Again one UWGH staff taught to deliver training. Staff turnover.
- Lesson Learned: deepen the staff bench

# Today

- Spring 2010: Mike Hendricks asked to come back to teach all UWGH impact staff on delivering outcomes management training
- Very deep focus on breaking the concepts into manageable chunks; hands on
- Training to be combined with intensive one on one technical assistance
- Fall 2010: Outcomes Management, Modules 1 through 4, rolled out to affiliate agencies
- Lessons learned: carefully assess agency performance before requiring training for all; carefully consider which staff to mandate attendance for



# Critical Success Factors

- Support from the top of the organization
- Long term commitment and assistance from external source of expertise (Mike Hendricks)
- Champion front line staff person taking the lead and understanding importance of work (Najah Callander)
- Local evaluator/technical assistance (Roger Durand)
- Deep bench of staff persons committed to community impact and quality improvement
- Decent relationship with funded agencies
- Listening closely to agency concerns and feedback

# Continuing challenges

- Agency skills vary greatly; how to customize training and technical assistance to meet different levels
- Agency and United Way staff turnover; how to imbed outcomes management into organizations so that it survives turnover
- Resource intensive process; takes a long time to get a sufficient number of staff up to speed
- Not sure how to incorporate volunteer review into this work: very technical and time-consuming

# Next steps

- Through end of year: complete initial roll out of Modules 1 through 4 (Overview through Data Collection)
- Early 2011: Roll out Modules 5 and 6 (Data Analysis)
- Ongoing: Technical Assistance
- March 2011: Collect and review data on development of outcomes management systems at affiliates
- March 2012: Collect and review data on use of outcomes management systems to improve services and communicate results

# From Measurement to Management: *The Common Outcomes Story*

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November 12, 2010

# Background

- 2007 Strategic plan: Common outcomes across similar programs to report out to the community our impact
- First step was training; agency discussion; logic models
  - Must include a “carrot” for agencies to participate: what do they get out of it?
  - Real opportunity to be partners
  - Learn more about the programs we fund
  - Deeper expertise in social service issue area/evaluation
  - Programs were skeptical of United Way’s motives: just trying to raise money; another whim
- Decided to start with the low-hanging fruit

# Phases of Common Outcomes Groups

## Logic Model

- Emphasizes building the group trust; with United Way and each other → sharing data, best practices
- Sets up the group purpose of the work
- Builds a strong foundation for Outcomes measurement and management
- Begins with logic model, then outcomes and indicators

## Measure

- Discussions begin with reviewing tools
- A common set of measurement tools for each indicator → may result in a survey for self report
- Proper procedures for measurement will likely need to be reviewed; new procedures implemented
- Test drive

## Slice and Dice

- Key questions: What information might make a difference between our clients achieving these outcomes? What assumptions/anecdotal evidence should we check?
- Test drive

## Manage

- Measure data regularly
- Complete data tracking
- Process results
- Identify improvements, implement changes to measurement; programs

# Critical Factors of Success

## United Way of Greater Houston

- Consistent, energized staff
- More than one staff with relationships to agency staff; some key expertise
- Strong facilitation skills
- Ability to lead groups and provide one-on-one technical assistance
- Relationship/trust-building with outside consultant, Roger Durand

## Funded Agency Programs

- One or more agency champions at the table
- Consistent attendance by the “right” agency staff: program and grant knowledge
- Buy-in from CEO about the value of the process
- Relationship/trust-building with outside consultant, Roger Durand

# Continuing challenges

- The process takes a long time to see results: the groups are (finally!) seeing results after three years
- It takes time to do this work with other priorities
- United Way is still convincing agencies that this will help them with fund raising and program planning
- Newer United Way staff have to work harder to build trust , program knowledge and outcomes skill level
- Have not communicated the success we are



# Selected Accomplishments

- DSV group is measuring three key outcomes: Increased safety, increased access to resources and decreased isolation
- Each agency is using appropriate measurement techniques
- Group is slicing and dicing the outcomes data by key demographics (age, race/ethnicity, number of children) and other key influencers (length of stay)
- Group is identifying whether the results they have found are issues of logic, measurement or programmatic in nature
- Agencies are sharing the data up and down their organizations and, for the first time, lifting anonymity and openly sharing results with each other → sharing best practices for the purpose of program improvement!!!!

# Next steps

## Outcomes Management training for all agency programs

- This process informed our Outcomes Management training
  - Staff could identify the skills agency partners lacked
  - Helped us understand the logic; necessary steps

## Emphasizing outcomes management in our funding processes

- Create questions on annual report and fund applications that reward strong measurement and management

## Spreading the good news in the funding community

- Working with other funders, especially government, to make outcomes they require more meaningful

# Helping Similar Agencies Manage Common Outcomes: The Agency Perspective

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November 12, 2010

# Overview

- The domestic violence service providers began meeting 3 years ago to develop common outcomes.
- The group already had Health and Human Services Commission (significant funder for group) prescribed outcomes.
- The group thought it would be an **easy, short** process to comply with the UWGH.
- A consultant analyzed data, helped revise surveys/procedures, discovered trends regarding client's race and length of stay.
- Enthusiasm/passion to improve developed.
- Improvements were proposed, shared with group, and being implemented and evaluated.

# Benefits

## Fort Bend County Women's Center

- Awareness: Unaware of hidden issues
- Quality assurance: team created; staff buy in
- Client's feel valued/part of solution: Focus group gave insight
- Passion to improve/serve was reignited

## D/SV Affinity Group

- Tools: New survey, forms, procedures developed
- Improvements/results (slide 6) shared; new ideas proposed
- Future plans: develop best practices and "Cross-agency" focus groups

# Old survey

**Please help us!** We would like to ask you a few questions that will help us to meet your needs better and improve our programs. Your answers to these questions are voluntary and anonymous. The services we provide you will not change in any way if you choose not to answer.

1. What do you feel is your greatest need right now?\_\_\_\_\_

\_\_\_\_\_

2. We'd like to know if you feel afraid about anything. Please check how fearful you are in your current situation, on a scale of 1 to 5 with **"5" being the *"most"* fearful** score:

	Not Fearful (Not Afraid)	1	2	3	4	Very Fearful (Very Afraid)
						5
Physical safety						
Children's safety						
Financially						
Emotionally						
Legally						
I am also fearful about these other things: _____						
_____						

3. On a scale of 1 to 5, with **"5" being the *"most"* alone**, how alone do you feel in your current situation?

There are people/  
places I can turn  
to about my  
situation

I have no one I can  
talk to/turn to about  
my situation

1	2	3	4	5
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4. On a scale of 1 to 5 with **"5" being the *"most"* information**, how much information would you say you have about community resources?

I don't know of  
any services to  
turn to for help

I know of many  
places/ programs  
that I can turn to  
for help

1	2	3	4	5
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Please give us some general information about yourself:

Sex: _____ ____F ____M	Age: _____ _____ under 25 _____ 26-45 _____ 46-65 _____ over 65	Number of Children: _____ _____	Race/Ethnicity (check all that apply) _____ ____White ____Black ____Hispanic ____Asian ____Other_____	How long have you been at the shelter? _____ Are you exiting? Yes____ No____
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# New Survey












## Fort Bend County Women's Center Common Outcomes Final Survey

DATE COMPLETED: \_\_\_\_\_

CONFIDENTIAL

Please help us! We would like to ask you a few questions that will help us to better meet your needs and improve our programs. Your answers to these questions are optional and anonymous. You will not be punished or harmed if you choose not to answer.

1. What do you need most right now? \_\_\_\_\_  
\_\_\_\_\_
2. Please circle the answer that describes how afraid you feel right now in each of the following areas.

<b>Physical Safety</b>	 Not Afraid	Somewhat Afraid	 Moderately Afraid	Afraid	 Very Afraid
<b>Children's Safety</b>	 Not Afraid	Somewhat Afraid	 Moderately Afraid	Afraid	 Very Afraid
<b>Financial Safety</b>	 Not Afraid	Somewhat Afraid	 Moderately Afraid	Afraid	 Very Afraid
<b>Emotional Safety</b>	 Not Afraid	Somewhat Afraid	 Moderately Afraid	Afraid	 Very Afraid
<b>Legal Safety</b>	 Not Afraid	Somewhat Afraid	 Moderately Afraid	Afraid	 Very Afraid




3. Please tell us any other fears and worries you have right now. \_\_\_\_\_  
\_\_\_\_\_

Continue 




Update 6/19/09  
Judy Chavez

## Fort Bend County Women's Center Common Outcomes Final Survey

4. Please circle the answer that describes how alone you feel right now.

 Not Alone	Somewhat Alone	 Moderately Alone	Alone	 Very Alone
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5. Please circle the answer that describes how informed you feel about community resources.

 Not Informed	Somewhat Informed	 Moderately Informed	Informed	 Very Informed
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6. Please give us some information about yourself.

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race/Ethnicity (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: <input type="checkbox"/> Hispanic	
Age:	Number of days at shelter:	Are you exiting? <input type="checkbox"/> Yes
Number of Children in Shelter:		<input type="checkbox"/> No

Update 6/19/09  
Judy Chavez

# Example of Program Improvement: Emotional Safety (Feeling of Being Alone/Isolated)

- Causes for concern (per focus group)
  - Single women feel stranded – women with children received faster and more assistance.
- Causes for concern (per FBCWC outcomes team)
  - Programmatic/funding issues – money is harder to find for single women.
  - Clients expect case managers to do the work for them and need more assistance than we can provide.
- Suggestions for Improvement
  - Set realistic expectations with clients about realities and limitations of system.



# Challenges: TIME and EGO

- Collecting, reporting and analyzing outcomes data takes staff time away from direct service.
- The group could not analyze it's own data and relied on the UWGH.
- Data analysis would be critical to agencies independently managing outcomes.
- The group had to reveal not enough Microsoft excel skills and time to practice once learned.
- Several programs to oversee as well- overwhelmed.
- "Keep your eye on the prize"

# Critical Success Factors

- UWGH coordinating the effort and “imposing” assignments and deadlines.
- Seeing the data analysis results that uncovered the issues.
- A stronger network developed between the agencies in the group.
- The commitment/passion to improve services and “checking your ego at the door.”