VOLUNTEERS = RESULTS

Using Outcome-Based Evaluation Methods to Show Volunteer Impact

A satellite broadcast for Volunteer Administrators

Thursday, February 9, 1995
2:00-4:30 p.m. (Eastern)

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Thursday, April 6, 1995	Diversity Part 1
Thursday, June 1, 1995	Diversity Part 2
Thursday, October 5, 1995	Ethics
Thursday, December 7, 1995	Board Development

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The Association for Volunteer Administration (AVA) is the international, multidisciplinary membership organization for professionals in the field of volunteer administration. AVA's mission is to promote professionalism and strengthen leadership in volunteerism.

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Volunteers = Results
Program Presenters

Michael Quinn Patton

Michael Quinn Patton founded, owns and directs **Utilization-Focused Information and Training**, an organizational development consulting business, and is the author of five major publications on evaluation, He is also a professor with the Union Institute Graduate School, a national, non-traditional university offering doctoral degrees in interdisciplinary and applied fields, and is a faculty member of the Center for Public Policy, Union Institute, Washington, D.C. and an adjunct with the Hubert H. Humphrey Institute of Public Affairs at the University of Minnesota. His experience includes the Peace Corps and work in education, health, human services, criminal justice, agriculture and community development. He is widely sought after as a keynote speaker, workshop trainer and group facilitator.

Kathleen Pritchard

Kathleen Pritchard is the Outcomes Project Manager for the United Way of Greater Milwaukee. She holds a Ph.D. in Political Science and a master's degree in Public Administration, both with an emphasis on social policy. Ms. Pritchard has served as a policy and research anaylst for the State of Wisconsin, the City of Milwaukee, and nonprofit organizations. The United Way Outcomes Project began with a pilot phase in 1992. The project is intended to encourage reporting on program results rather than effort as the allocation system moves toward funding based on priorities and performance. The project provides technical assistance, training materials, consultation and the opportunity to work in small groups with programs pursuing similar outcomes. By 1997, all 230 United Way funded programs are expected to have two years of outcome data.

Moderator: Melissa A. Eystad

Melissa Eystad is presently Chief of Volunteer Services for the Minnesota Department of Human Services - Community and Human Resource Development Division where she provides consultation to and develops and delivers training for volunteer programs primarily in the public sector. Ms. Eystad has played key roles in the development and delivery of five Minnesota satellite training programs for volunteer administrators: Volunteer Transportation Programs; Volunteer Issues of the 90s - sessions I & II; Quality Management for Volunteer Programs; and Outcome-based Evaluation for Volunteer Programs.

VOLUNTEERS = RESULTS
FEBRUARY 9, 1995
A Satellite Broadcast Sponsored by the Association for Volunteer Administration and the Points of Light Foundation

Opening/Introductions

Forces Causing Organizations to Implement Outcome Evaluation Planning

Panel Discussion

Where & When is It Important or Appropriate to Consider and Evaluate Outcomes for Volunteer Programs?

Panel Discussion

Data Collection vs. Outcome Focus: A Shift in Thinking

BREAK

Making It Work for Your Volunteer Program
Planning for Successful Outcomes
What Funders Want to Know

Discussion/Questions

Developing Outcome Plans for Volunteers
- Step by Step
(3 different volunteer examples)

Questions

Closing Comments

RESULTS-ORIENTED PROGRAMS

By Michael Quinn Patton

Several important shifts in thinking and doing are at the heart of government and other reform efforts. These are often characterized as "paradigm" shifts meaning they represent significant changes for the whole system of how government and organizations operate.

Bureaucratic Paradigm	Results-Oriented Paradigm
1. Service-oriented	1. Outcomes-oriented
2. Rules drive actions	2. Customer/client needs drive actions
3. Top-down decision-making	3. Collaborative decision-making
4. Standardized programs/uniform models	4. Individualized programs/diverse models
5. Rigidity	5. Flexibility
6. Management by controlling inputs	6. Management by attaining results
7. Accountability by monitoring delivery processes	7. Accountability by monitoring outcomes
8. Mandates about how to deliver services	8. Agreement on goals, discretion about how to attain them
9. Punishment for taking risks	9. Incentives to taking risks
10. Reporting on inputs, activities and numbers served	10. Reporting on outcomes attained

Implications of Paradigm Shift to Results Orientation

Shifting paradigms means that the process of identifying measurable outcomes in not just about evaluation and public reporting. Indeed, it's not even primarily about evaluation. These shifts are about changing how decisions are made, how client and customers are involved and how programs are administered. These shifts are about making the whole system oriented to attaining outcomes. It means making results the focus at every level from interactions with individual clients to legislative debates. That's what is meant by results-oriented government. that's what is meant by reinventing government.

For this shift to occur, people at every level of government must engage actively identifying outcomes, owning the outcomes identified, measuring results and using the results in decision-making. That's why the process of identifying outcomes must be bottom-up to be effective. The point is not just to put some goals, outcomes and indicators on paper. The point is to engender a commitment to results-oriented decision-making. The format, then, is less important than the shift in thinking. The shift in thinking is simple this: For every action and decision the primary question becomes, how will this affect results? that kind of thinking leads to effective, high quality programs.

This process is not without perils. Some important outcomes may be difficult and expensive to measure. Identifying the wrong outcomes or measuring the wrong things can do real harm to clients and programs. Given the history of bureaucratic organizations, there's a real danger that this could all become just one more paperwork exercise unless processes are established and commitments engendered to actually use results.

Nor will measuring inputs, activities and numbers of people served disappear. There are equity concerns that require maintaining attention to certain aspects of delivery.

In short, there are pitfalls that can undermine the potential benefits of this shift thinking. the collaborative process for identifying outcomes is aimed at dealing openly and honestly with the difficulties and working together at county and state levels to design a workable and useful system. The long term result will be quality programs attaining identifiable outcomes with greater understanding of, more support for and better decisions about what we do.

REINVENTING GOVERNMENT
by David Osborne and Ted Gaebler

Chapter 5
"Results-Oriented Government"

- What gets measured, gets done.
- If you don't measure results, you can't tell success from failure.
- If you can't see success, you can't reward it.
- If you can't reward success, you're probably rewarding failure.
- If you can't see success, you can't learn from it.
- If you can't recognize failure, you can't correct it.
- If you can demonstrate results, you can win public support.

OUTCOMES IN VOLUNTEER PROGRAMS

Key Questions to Ask:

What will you do with the information?

What is the purpose of the evaluation?

What Are the Steps?

√ 1. Determine the target

√ 2. Determine the Outcome

√ 3. Ask the right questions

√ 4. Use the information to improve the program

TENSIONS

SERVICES	VS	OUTCOMES
OUTCOME ORIENTATION	VS	COLLECTING OUTCOME DATA
EVALUATION	VS	RESEARCH
QUALITY CONTROL	VS	QUALITY ENHANCEMENT
MANDATES	VS	INCENTIVES
STANDARDIZATION	VS	INDIVIDUALIZATION
TOP-DOWN	VS	BOTTOM-UP

CLIENT OUTCOME FRAMEWORK

Client Goal

Client Outcome Indicator

Performance Target

Method

PROCESS APPROACH
(Describes Agency Activity)

Objective: to serve 2,000 unemployed people	
1.	develop a list of potential participants and mail program announcement to everyone on the list
2.	hold information meeting for those interested and identify participants
3.	prepare all workshop content
4.	define potential job placement sites
5.	conduct all courses
6.	place workshop graduates in a job training program
7.	provide follow-up support to people while on the job

OUTCOMES APPROACH

(Describes participant interaction with programs on the way to successful results)

Result: 50 unemployed people will get and hold a job for six months

		Number Needed
1.	learn of program	2,000
2.	decide to enroll	400
3.	attend first session	300
4.	retain information/skills from first program	200
5.	attend all remaining sessions	100
6.	retain information/skills from all sessions	100
7.	start at job site	80
8.	perform satisfactorily on job	60
9.	stay at job for at least six months	50

OUTCOME WORK SHEET

TARGET GROUP: (Client group or sub-group - e.g. Serious and Persistent Mentally Ill adults, elderly living in their own homes, minor parents, etc.)

CLIENT GOAL: (Statement describing desired effects or gains for persons served.)

CLIENT OUTCOME INDICATOR: (Measure to be used to determine the degree to which the goal has been attained.)

METHOD: (Means to be used to obtain information about outcome indicator - e.g. Surveys, review of records, interviews, information system data, pre- and post-assessment tools, etc.)

PERFORMANCE TARGET: (Level of outcome desired on outcome indicator - e.g. 70% of clients attain outcome or 10% increase in outcome attainment this year.)

VOLUNTEER FOCUS

Outcome Objective

Volunteer phone counselors will be well-trained and feel prepared to provide direction when answering calls on the hotline.

Outcome Measure

Phone counselors' assessment of training 6 months after participating in the program.

Performance Standard

70% of the volunteers who have answered calls for at least 6 months will report being satisfied with the training and feeling well-prepared for the calls they take.

PROGRAM FOCUS

Outcome Objective

Programs that request volunteer support will receive qualified volunteers who are able to provide appropriate services to people with disabilities.

Outcome Measure

Program directors' follow-up survey.

Performance Standard

80% of the programs requesting support will report satisfaction with the quality of the volunteer and the provision of service.

CLIENT FOCUS

Outcome Objective

Youth who remain in the mentoring program for three months will have a positive, trusting relationship with an adult.

Outcome Measure

Assessment of the relationship at 3, 6, and 12 months through a questionnaire administered by the caseworker to the youth, parent and mentor.

Performance Standard

80% of youth, 70% of mentors and 75% of parents will express satisfaction and say they benefitted from the mentoring relationship.

Measuring Outcomes

Before You Measure...
- **Process v. Outcomes**

What's Required?

Types of Measures
- **Participant Reaction**
- **Participation or Completion Rates**
- **Behavior**
- **Results**

Sources of Data
- **Surveys**
- **Service Records**
- **Sampling**
- **Confidentiality**

Basic Requirements
- **Reliable**
- **Valid**
- **Credible**

Clear Performance Standards

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These materials were developed to address some of the commonly asked questions and concerns about measuring outcomes. Programs that have participated in the pilot phase of the United Way of Greater Milwaukee's Outcomes Project have identified many of the issues and answers addressed here. For some of the definitions and examples, thanks are extended to the programs that participated in the pilot, the United Way of Buffalo and Erie County, the United Way of Greater New Orleans, the United Way of Greater Rochester, and the book Outcome Funding. Please call Kathleen Pritchard at 263-8121 if you have questions or comments.

Before you Measure...

Once you have clearly identified your program's outcome objective, you need some mechanism of assessing if your program is accomplishing what it is intended to accomplish. An outcome measure can do this. But, remember, **if you have not yet clearly stated your outcome, it is not possible to measure it.**

One very helpful example of the difference between stating traditional process objectives and defining outcome objectives comes from a recent book entitled Outcomes Funding.* The following example illustrates some of the differences between the older method of describing programs in terms of the agency activities and the outcomes approach which defines a program in terms of the steps or milestones that need to occur for the client to succeed. Consider this program that seeks funds to provide job training workshops and placement for persons currently unemployed.

Process Approach v. Outcomes*

Process Approach (Describes Agency Activity)

Objective: to serve 2,000 unemployed people

1. develop a list of potential participants and mail program announcement to everyone on the list
2. hold information meeting for those interested and identify participants
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4. define potential job placement sites
5. conduct all courses
6. place workshop graduates in a job training position
7. provide follow-up support to people while on the jobs

Outcomes Approach (Describes participant interaction with programs on the way to successful results)

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8.	perform satisfactorily on job	60
9.	stay at job for at least six months.	50

Note that the outcomes approach progresses from the number of people served to the number of people who meet the outcome. This will be an adjustment for proposal writers and also for staff and volunteers who review programs. But, if it were your money, would you rather invest in supporting a program that mails out 2,000 program announcements or one that secures 50 jobs for at least six months?

What's Required?

It is a common mistake to think that measuring program outcomes requires complex statistical analysis and high-powered computer technology. These are seldom required. A good rule of thumb (known as "elegance" in the trade) is to **keep it simple.** Don't be afraid to use measures and standards that are straightforward and appeal to common sense. There are simple, cost-effective, and user-friendly ways to measure impact. Aim for the most credible type of measurement that is feasible for your program.

In most cases, measuring outcomes can be done using your own agency's resources. If the need is highly technical, consider hiring a professional. Local universities and colleges should be considered a valuable resource. You may be able to arrange to trade data for the services of an intern or graduate student. Some agencies have found that the expertise they need is available on their boards of directors.

Types of Measures:

The type of measure you choose depends greatly on the objectives of the program. For example, if the major goal of a program is for delinquent youth to "feel better integrated with their community," attitudinal measures may be very important. Just remember that most programs for delinquent youth are in fact expected to produce measurable behavioral changes, or at least to sustain or maintain conditions or behaviors, in areas such as involvement in crime and anti-social behavior. It is often advisable to use different types of measurement instruments which will reinforce or complement each other.

The following sections address some of the usual concerns and questions asked about different types of outcome measures.

Participant Reaction: One of the most common and straightforward ways to measure outcomes is to ask participants about changes that did or did not happen for them as a result of your program. A simple question, such as "did you do what the program intended you to do?" can provide valuable information. Participants' attitudes about the program and its outcome can be acceptable measures **as long as they relate to program objectives.** Many of the programs that participated in the pilot have been using client or "customer" satisfaction surveys for a long time. Some have questions that are important for management, but are not related to outcomes. The addition of one or two simple questions may make these appropriate.

Participation or Completion Rates: Many agencies now are using program attendance or program completion rates as measures of success, but all providers know the difference between counting the number of people who attended workshops and asking if it made a difference for anyone who attended. Attendance rates or completion rates can be proxies for outcomes when certain criteria are required to be met in order to complete the program. For example, a program may have the following as an outcome objective: "to increase the level of child care skills among middle school students as a result of a six-week workshop." The measurement indicator is level of skills and the instrument used to gather data could be some form of test designed to assess child care knowledge. If successfully passing a test is a requirement of program completion, completion may show an increase in knowledge or skills. If this is the program objective, completion rates may be acceptable.

Behavior: Changes in the behavior of the participants may be measured by self-report, observation, or formal records. In a program that provides child abuse prevention workshops, parents could be asked about changes in their behavior, they could be observed two months later implementing positive reinforcement techniques (known to be related to a lowered incidence of abusive behavior) learned in the workshop, or formal records might indicate a reduction in reported child abuse cases among participants.

Results: Measuring aggregate changes in conditions of the target population over time is another possibility. For the same program offering child abuse prevention workshops, tracking the frequency of reported cases of child abuse in Milwaukee County over a two-year period might be a way to measure program outcomes. But this approach is more difficult to track, and it's harder to control for other forces. Proposers and reviewers should also be aware of the trend that once attention is called to a problem, or there is a new mechanism in place for dealing with it, the number of reported incidents may actually increase (e.g., child abuse cases, domestic violence).

Sources of Data

The handout developed by the United Way of Greater Rochester (included in the Appendix) contains examples of indicators and data sources for outcomes of a variety of different types of programs. This can be a good starting point and demonstrates that data may come from a variety of sources including service records, interview results, surveys, questionnaires, program participants' test scores, telephone logs, government reports and research data bases.

Whatever type of measure you use, it is possible that you are already collecting appropriate data or that the source of necessary information may be otherwise readily available. (Approximately one-third of the programs in the pilot are already using outcome measures. Another 10% to 20% can make minor modifications in existing instruments to produce the needed information.) Some general advice related to data sources is offered below.

Surveys: Small group sessions held with participants in the pilot revealed that agencies have often decided that they needed to conduct a survey. Program staff have worked up a questionnaire, handed it out for a few days, received returns in various stages of completion, then tried to figure out the "results." The agency then realizes that what they have done is not very useful.

If you determine that you want to use a survey to assess your outcome, check for a standardized, professionally-developed instrument. Expertly-generated, valid survey instruments that relate to your outcome may already exist. Don't reinvent the wheel or generate a flawed instrument when you don't have to. Remember that local universities and colleges are valuable potential resources. A professor with graduate students in education, psychology, social welfare, criminology, public policy, etc., may need programs such as yours for their own research. Many agencies have been able to negotiate, for little or no cost, professional help including use of computer time and software. Don't overlook the assistance that might be available from your agency's board members.

Service Records: Agency records often provide base and follow-up information of clients that can be used to measure outcomes. What has to be done to make them useful is to identify those records that are pertinent to program outcome objectives. Typically, service records contain data on demographics, income, types of service received, usage rates, test scores, referral and "action taken." As with other measurement instruments that you may adopt or develop, you can increase validity and credibility by generalizing and standardizing these with other programs in your field.

Sampling allows you to make judgements about a large number of individual cases based on data gathered from a smaller number. When use of the total group is not feasible or critical, sampling is both appropriate and credible. It allows you to operate under time constraints and with limited resources. The key condition is that the sample must represent, in all important respects, the total target group or population. As a general rule, the size of your sample should be as large as feasible...the larger the group the more representative it will be of the total target group. For statistical analysis, the rule of thumb is a sample size of at least 30 cases, but there are mathematical methods for determining just how many cases you need in a sample for it to be representative of the total target group.

Confidentiality: Many social programs are concerned with protecting the privacy of their participants. Because many programs deal with sensitive issues such as psychiatric history, criminal records, medical treatment, etc., confidentiality is often a guarantee. This does not mean that there can be no outcome measure. There are procedures that both protect confidentiality and provide information. For assistance, contact similar programs or United Way.

Basic Requirements

No matter what source or type of measure you use, the data for your assessment must be **reliable, valid and credible.**

> **Reliable** means that the results of using a measurement tool are consistent and relatively free of error.

Suppose your program is a camp for emotionally disturbed children and counselor observations are used to measure behavioral outcomes such as camper cooperation. If one counselor rates Susie a "2" on cooperation, and another rates her a "5," the measurement results are unreliable because they are not consistent.

But the reliability of the instrument can be improved. Basic ways to increase reliability are to: 1) standardize the conditions, 2) structure the process of measurement, and 3) add more observation or instances of measurement. For example, the judgements of the two counselors could be adjusted or standardized. Counselors could receive instruction and be given practice in observing the same behaviors in the same way so that their ratings would converge. Or, ratings could be obtained from five or six staff and all ratings could be averaged. The average measurement result would be much more reliable than any single result.

Valid means that the results of measurement provide accurate information about the outcome being measured.

For example, if at camp, the counselors agree that Wilma is a "3" on cooperation ("cooperates about half the time") when in reality she cooperates most of the time (a rating of "5"). The results are reliable (consistent) but they are not valid (they are not accurate).

But there are ways to imprcve validity. One is to use standardized, professionally-developed measurement instruments. The other is to use a variety of ways to measure the same outcome. For example, the camp program could use a professionally-developed observer form (one that more clearly identifies what the scale points refer to), or train the counselors to observe and record behavior more accurately. Or the camp could administer a test of cooperativeness to the children to go along with counselor observations. Using multiple ways to measure outcomes will increase the validity of your measurement results.

Credible means that people (such as program staff and funding agencies) have confidence in your measures and believe your results to be accurate.

Reliability and validity enhance measurement credibility. The more credible your measure, the more likely people are to use your results in program management decisions, program marketing decisions, and in program funding decisions. If your objective is to increase the social integration of older adults, and you measure the percent of clients over 65 still living in their own homes, you may have valid and reliable data, but you do not have a credible measure of program success. This provides another incentive to keep in close touch with programs similar to your own and to share resources such as reliable measurement instruments of the same or similar outcomes. Similarly, if your agency is affiliated with a regional or national organization, check to see if it publishes standardized instruments for measuring outcomes.

Another way to gain credibility is to justify your performance standard.

Set a Clear Performance Standard

Once you have established your measure, its important to set a performance standard. The idea behind a performance standard is simple. **There is a better chance of success if there is a clear target.** A common reaction from people in social and human services is that theirs is a "soft" area in which target specificity simply is not possible. But it is possible as well as desirable to specify performance standards for virtually all programs funded by United Way. The following example is also adopted from Outcomes Funding* (p. 116-117) and illustrates how one program set its performance standard.

> Agency X has requested a grant of $50,000 to help deal with the problem of teen pregnancy in the inner city. In their previous proposal, they have described how many workshops they would hold for at-risk young women, and stressed the ways it would build self-esteem as a preventive force. Having switched to outcomes, United Way responded that this was insufficient, since the proposal described the process and not outcomes or results.
>
> To respond, Agency X narrowed its focus to two junior high schools and indicated it would work with 20 at-risk young women from each school. Staff learned that, for young women with the particular characteristics of their clients, the pregnancy rate over the last three years had been 40%. They asked three people, including the guidance counselor, to independently indicate their assessment of how many of the specific women with whom they would work were likely to get pregnant within the next 18 months. In each case, the estimate was close to the 40% statistical profile. Agency X then indicated that it was their assumption that, in each school, about eight of the 20 young women who they planned to include would get pregnant. They indicated their conviction that, as a result of their project, no more than four of these women would become pregnant.

The most important part of this example is that a baseline of present behavior is an important place to start. It lets the program determine a reasonable level of performance in the contexts of both specific participants and probable results. At the same time, it assures United Way that the project results are actually different than what would happen without the program. (There have been programs that boast of achievements that are actually no better than what would happen without the project.)

Note that the method for establishing a baseline does not have to be expensive or complex. While not precise, this method used two different sources of information (past statistics and personal forecasts) and indicates the performance standard as an improvement on that baseline.

When projecting performance standards, one consequential factor is the expected degree of difficulty in enabling or supporting a person to make a change. Some people are at a "readiness threshold" and a small nudge can make change happen. Others may require extensive and expensive support just to get to the starting line.

It is important to be realistic in setting performance standards. The target should be a real stretch, but it should not be unrealistic. Be prepared to explain why the level you chose is acceptable. If the national rate of teen pregnancy for at risk youth is 40% and your program claims to reduce it to 2%, your results may not be believable. If you claim a success rate of 95% in reduced alcohol abuse and other programs in the community have a 25% success rate, your program results may be suspect. Performance standards that are realistic improve you program's ability to achieve your outcome objectives, and a reviewer's ability to believe your results.

*Examples adapted from Outcome Funding by Harold S. Williams, Arthur Y. Webb and William J. Phillips, The Rensselaerville Institute, Second Edition 1993, p.137-9)

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These materials were developed to address some of the commonly asked questions and concerns raised by programs participating in the pilot phase of the Outcomes Project. Additional assistance is available. Let us know how we can help.

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Type of Program	Indicator	Data Source
Virtually any type of program.	Percent (or number) of clients who express satisfaction with services received and/or say they benefitted from service.	Client evaluation forms completed at end of program or client follow-up surveys. After program is completed, surveys can be conducted with a sample of clients from large groups. They can be done by mail, phone, or in person. they can be done by staff or volunteers. Both evaluation forms and client surveys should include some open-ended questions (how could services be improved or changed?) as well as close-ended. (Were you very satisfied, satisfied, or not satisfied?) Questions specific to individual program goals should be included.
Any type of program serving children, impaired adults or other dependent family members.	Percent (or number) of parents, spouses, or household heads who express satisfaction with services rendered to child or dependent family member and/or say their child or family member benefitted from service.	Parent/spouse/family head follow-up surveys.
Camping	Percent (or number) of campers who pass a formalized water safety skills test.	Client test at end of camping period.
	Percent (or number) of campers who improve their level of water safety ability as indicated by Red Cross course record sheets.	Pre and post staff observation forms.
	Percent (or number) of campers who show improvement in interpersonal relationships and cooperative attitudes as measured on staff rating scales.	Pre and post staff raring scales.
	Percent (or number) of campers whose parents report improved parent/child relationships in follow-up counseling session.	Post camp interviews with parents.
Community Organization/ Neighborhood Development	Percent (or number) of adult neighborhood residents registered to vote.	Voting registration records.
	Percent (or number) of adult neighborhood residents who voted in the 1984 general election.	Voting records.
	Percent (or number) of households that install security hardware in their homes following attendance at crime prevention program.	Client follow-up survey.

Type of Program	Indicator	Data Source
Counseling/Therapy	Percent (or number) of clients who remain gainfully employed 6 months after intake.	Client records (based on client reports).
	Percent (or number) of children who remain with their natural families while parents are in program and/or 6 months after discharge.	Client records and/or client follow-up survey.
	Percent (or number) of clients who report no further violence 6 months after discharge.	Client follow-up survey.
	Percent (or number) of clients who show increased coping skills as measured by an index developed by Hillside Children's Center.	Client testing on admission and discharge.
	Percent (or number) of clients who show improvement on Global Assessment Scale.	Counselor ratings on admissions and every 6 months thereafter until case is closed.
	Percent (or number) of abusing parents who have not appeared in court on abuse/neglect complaints 12 months after discharge.	Client follow-up survey and/or court records.
	Percent (or number) of children who show raised levels of self-esteem, lessened guilt feelings, improved peer relationships.	Client testing and/or counselor ratings on admission and discharge.
	Percent (or number) of children with improved school attendance.	School records.
	Percent (or number) of clients who are drug free at time of discharge.	Client records (based on counselor observations).
	Percent (or number) of clients who receive crisis counseling who are averted from placement in emergency shelter.	Client records.
	Percent (or number) of clients who receive intensive counseling who do not reappear at agency requesting emergency assistance within 12 months following discharge.	Client records.
Day Care	Percent (or number) of Children who show improvement in the following areas after six months: Visual Memory Visual Perception Auditory Discrimination Vocabulary Gross Motor Skills Cognitive Skills	Teacher observation using a check list of specific behaviors every six months.

Type of Program	Indicator	Data Source
Employment Training and Placement, Rehabilitation	Percent (or number) of participants who secure at least two interviews with private sector employers.	Client reports and/or employer follow-up survey.
	Percent (or number) of participants employed in non-subsidized employment six months after discharge.	Client follow-up survey.
	Percent (or number) of participants who receive GED within six months of program completion.	Client follow-up survey.
	Percent (or number) of participants who type 40 wpm at end of course.	Test at end of course.
	Percent (or number) of participants who can successfully complete a job application at end of course.	Test at end of course.
	Percent (or number) of participants rated satisfactory or better on a job-readiness instrument developed by CYO.	Counselor rating scale.
	Percent (or number) of participants who demonstrated an increased knowledge of job-seeking skills based on pre and post testing.	Pre and post client tests.
	Percent (or number) of participants who are high school drop outs who are enrolled in an educational or vocational training program at end of course.	Client records (based on client reports) and/or school records.
	Percent (or number) of participants with severe multiple handicaps who remain in noninstitutional settings at end of course.	Client records.
	Percent (or number) of participants who receive a rating of good or better in attendance, punctuality, following directions, acceptance of supervision, ability to get along with co-workers.	Staff rating scales at end of course.
	Percent (or number) of participants who demonstrate measurable improvement in communication skills, grooming, practical skills, social skills and food preparation as measured on a rating scale developed by the Assn. for the Blind.	Pre and post staff rating scales.
Homemaker/Home Health Aides	Percent of clients over 65 still living in their own homes 12 months after initiation of service.	Client records.

Type of Program	Indicator	Data Source
Health/Sex Education	Percent (or number) of participants who learn techniques for quitting smoking.	Participant test at end of program.
	Percent (or number) of participants who have quit smoking by end of course.	Participant report at end of program.
	Percent (or number) of participants who can pass a test identifying the risk factors related to cancer, way to prevent or delay the onset of cancer and community resources related to cancer prevention and treatment.	Participant test at end of program.
	Percent (or number) of participants who can properly define/explain body parts, functions and changes during adolescence.	Participant test at end of program.
Information and Referral	Percent (or number) of clients referred to other agencies who report having received service at agency six months after referral.	Client follow-up survey.
Residential Treatment/Temporary Shelters/Halfway Houses	Percent (or number) of patients who show sufficient improvement to be discharged to their own homes.	Client records (based on staff observations).
	Percent (or number) of children placed in permanent living arrangement within six months of admissions.	Client records.
	Percent (or number) of clients discharged to independent living arrangements.	Client records.
	Percent (or number) of children placed in regular classrooms in public schools at time of discharge.	Client records.
	Percent (or number) of residents who have successfully completed 3 out of 5 personal goals (mutually set by resident and counselors) by their target dates (usually 6 month intervals).	Client records (based on client self-evaluation forms and staff evaluation forms).
	Percent (or number) of clients who show improved ratings in trust, autonomy, initiative, industry and identity after six months of treatment.	Staff observation on admission and every six months thereafter on Behavior Assessment Form developed by Graham Home for Children.

<table>
<tr><th>Type of Program</th><th>Indicator</th><th>Data Source</th></tr>
<tr><td>Social Development/Leisure Time Activities/Recreation</td><td>Percent (or number) of participants who can:

o demonstrate the basic fundamentals of Pop Warner Football

o demonstrate the basic fundamentals of boxing

o successfully field a batted grounder 3 out of 5 times, catch a fly ball 5 out of 6 times, and hit at least in the infield a pitched ball 5 out of 10 times

o correctly serve into the proper receiving court at designated spots 9 out of 10 balls which go no more than 15 inches above the top of the net

o perform the series of one round off, two back handsprings, one aerial back handspring and one back somersault

o sew on buttons, hem a skirt and put in a zipper

o create locomotor and non-locomotor movements and perform choreography for one minute to music. Choreography must contain a t least 3 recognizable locomotor and 4 recognizable non-locomotor movements

o run the fifty-yard hurdle without knocking down more than 1 hurdle

o pass the Red Cross Basic Swimmers Certification Course</td><td>Test given to participants by instructors or volunteer leaders at end of program.</td></tr>
<tr><td></td><td>Percent (or number) of parents of participating youngsters who rate the program as satisfactory (or higher) in providing social/emotional growth, new skills and knowledge and recreation activities for the youth involved.</td><td>Post program survey of parents.</td></tr>
<tr><td></td><td>Percent (or number) of volunteer leaders and/or participants who feel program met the basic goals as stated in the program materials.</td><td>Volunteer leader and/or participant evaluation form.</td></tr>
<tr><td></td><td>Percent (or number) of participants enrolled in introductory program (Brownies, Cubs) who earn advancement to next rank during 12 month period.</td><td>Troop records.</td></tr>
<tr><td></td><td>Percent (or number) of enrolles who earn at least one merit badge during 12 month period.</td><td>Troop records.</td></tr>
</table>

Type of Program	Indicator	Data Source
Tutoring	Percent (or number) of participants who show improved performance in subject area as measured on a standardized academic achievement test.	Pre and post client testing.
	Percent (or number) of participants who demonstrate improved academic performance in marking period following initiation of tutoring as compared to marking period prior to tutoring.	Pre and post school records.

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FURTHER READING ON OUTCOMES EVALUATION

Patton, Michael Quinn. How to Use Qualitative Methods in Evaluation. Newbury Park, CA: Sage Publications, Inc., 1987.

Patton, Michael Quinn. Creative Evaluation. Newbury Park, CA: Sage Publications, Inc., 1987.

Patton, Michael Quinn. Qualitative Evaluation and Research Methods - Second Edition. Newbury Park, CA: Sage Publications, Inc. 1990.

Kettner, Peter M., Robert M. Moroney and Lawrence L. Martin. Designing and Managing Programs - An Effectiveness-Based Approach. Sage Publications, Inc., 1990.

Pritchard, Kathleen. Outcomes: A Basic Guide. Milwaukee, WI: United Way of Greater Milwaukee, Inc. February 1994.

Williams, Harold S., Arthur Y. Webb and William J. Phillips. Outcome Funding - 2nd Edition. Rensselaerville Institute 1993.

"Measuring Outcomes", a guide developed in response to some commonly asked questions about measuring outcomes from programs participating in the pilot phase of the United Way of Greater Milwaukee's Outcomes Project, and "Examples of Indicators and Data Sources for Developing Impact Objectives" developed by the United Way of Greater Rochester are included in your site packet.

Satellite Broadcast Evaluation

"VOLUNTEERS = RESULTS"
February 9, 1995

1. Did this broadcast meet the established purpose? Why or why not?

2. Was the medium useful for this particular topic? Why or why not?

3. Were the presenters knowledgeable and current in the information provided?

4. Were the handouts provided useful?

5. Were the graphics on screen useful to you?

6. Would you consider attending another program via satellite? If so, what topics would interest you?

7. If you have further comments that would help us improve the quality of future broadcasts, please share them with us on the opposite side of this page.

THANK YOU FOR GIVING US YOUR FEEDBACK ON THIS BROADCAST !!!