Miami-Dade County
Community-Based Organizations Advisory Board Meeting
Wednesday, December 3, 2008 at 1:00 pm
SPCC 22nd Floor, Conference Room A

AGENDA

I. Welcome and Introductions — Nelson Hincapie

II. Review and Approval of Minutes

- October 28th Joint Mtg. of Overall Process and RFP Committees
- October 29th Funding Committee Meeting
- November 4th Evaluation and Monitoring Committee Meeting
- November 5th CBO Advisory Board Meeting
- November 21st CBO Advisory Board Meeting

III. Community Needs and Investments Presentations (Continued)

- Developmental Disabilities — Helene J. Good
- Physical and Sensory Disabilities — Michael Moxam and Maggie Fermin
- Capacity Building — Linda Schotthoefer
- FY 08-09 County CBO Funding — Dan Wall

IV. Funding, Contracting, and Evaluation Models

- Alliance for Aging — Barbara Suarez
- Program Evaluation — Maxine E. Thurston, Ph.D.
- Dade Community Foundation — Betty Alonso
- United Way of Miami-Dade — Mary Donworth
- The Children's Trust — Charles M. Auslander

V. Community Input Update — Dan Wall

VI. Staff Recommendations and Board Discussion — Nelson Hincapie

- Priority Setting Process
- Service Priority Areas
- Funding (RFP)
- Contracting
- Outcomes and Measures

VII. New Business — Nelson Hincapie

VIII. Next Meeting –

Community Forum
Saturday, December 6th at 10:00 am
Miami Gardens Neighborhood Center
16405 NW 25th Avenue
Miami Gardens, Florida 33054

IX. Adjournment

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CBO ADVISORY BOARD

Joint Meeting of the Overall Process Committee and the RFP Committee
Tuesday, October 28, 2008 – 2:00 pm
SPCC 22nd Floor Conference Room

MEETING MINUTES

ATTENDANCE

Members:

- Mary Donworth (United Way of Miami-Dade)
- Patricia Robbins (Farm Share, Inc.)
- Mario Jardon (Citrus Health Network)
- Kay Sullivan (Clerk of the Court)

Guests:

- Barbara Suarez (Alliance for Aging, representing Max Rothman)
- Daniel Ricker (Watchdog Report)

Staff:

- Sonia Grice (County Executive Office)
- Dan Wall (Office of Grants Coordination)
- Charles Golphin (Office of Grants Coordination)
- Rafael Martinez, Ed.D (Office of Grants Coordination

I. Welcome and Introductions

The CBO Advisory Board joint meeting of the Overall Process committee and the Request for Proposals (RFP) committee meeting, being duly noticed was called to order at 2:10 PM by Office of Grants Coordination Director, Mr. Dan Wall. Mr. Wall welcomed everyone to the October 28, 2008 joint meeting and asked for self-introductions of those present.

II. Background and Purpose

Mr. Wall provided an overview of the agenda, a review of the handouts, and the purpose of the Committee:

- Develop a proposed model that outlines the structure of the oversight entity: the manner in which focus area would be selected, funding levels determined, and how the solicitation, application, award and evaluation process would function.

- Develop a needs-based RFP that delineates the amount of funding to be awarded, the areas to be funded, the application process, and how applications will be scored and reviewed.

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III. Committee Chair(s) Election

Members present discussed the election of a committee chair and decided to table the item until more members were present. Mr. Wall facilitated the meeting and the discussion of the agenda items.

IV. Discussion

- Overall process – A general discussion was held regarding the Request for Proposals (RFP) process. Issues of fairness, openness, ransparency, etc. were discussed and considered.

    - Ms. Donworth proposed to discuss general philosophical considerations such as who should have the main responsibility for the RFP and issues related to performance outcomes, quality of services, etc.

    - Mr. Jardon proposed the creation of a logic model to guide the RFP that would be user friendly and not cumbersome as some of the RFPs of the past. This would facilitate a more competitive process inclusive of more diverse organizations. Mr. Jardon also pointed to the need to prioritize funding recommendations.

    - Ms. Robbins brought up the issue of the Board of County Commissioners interest in keeping oversight of the Community Based Organizations funded by the County. She suggested that the Office of Grants Coordination oversee the RFP process and that it should seek guidance from those with experience in this area, such as other social service funders. She also emphasized the importance of maintaining formal accountability and focusing on performance-based results.

    - Ms. Suarez mentioned some of the elements that guide the RFP process for the Alliance for Aging for possible duplication in this RFP.

    - Mr. Dan Wall brought up the issues of funding agencies for multi-year funding cycles (3 years, 5 years).

- General Consensus: Maintain the oversight of the RFP process internally within the County through the newly created Office of Grants Coordination.

- Timeline and Schedule – General time frames were discussed to place the CBO Advisory Group recommendations on the Board of County Commissioners agenda.

- Ms. Robbins suggested that the RFP be a three-year funding, renewable every year.

No general consensus resulted from this discussion – only general considerations.

- Applicant eligibility and grouping:
  - Issues regarding set aside for small agencies were discussed. The need to define what constitutes a small versus a large organization was considered.
  - Mr. Jardon stated that we needed to establish a consensus on the definition of small vs. large organizations.
  - Ms. Robbins expressed that the RFP should consider the agency size in terms of the complexity of the response expected. There is a need to make the process more achievable for such small entities.
  - Mr. Wall stated that staff will bring samples of other funders' definition of small vs. large organizations.
  - The need to develop CAPACITY BUILDING for the small organizations was discussed in connection with the formula to set aside funding for smaller organizations.
  - Ms. Donworth initiated a discussion of the need to be HOLISTIC in allowing agencies to apply for funding to deliver a variety of services without having to use separate applications. Also, the specific requirements for such applicants would need to be established.
  - A discussion of including DISTRICT SPECIFIC/DISTRICT RESPONSIVE funding in this RFP was discussed. Mr. Jardon stated that "points of service" throughout Dade County should be emphasized in this RFP rather than just "District Specific". The general consensus was that district specific allocations should not be continued. Funding should be needs-driven not just geographical.

- A general discussion was held regarding WHO should qualify to apply for this funding. Agencies that currently hold a 501 (c3) or propose to obtain such status by the time the contract is awarded must be given priority to these funds. As it relates to municipal government participation, such entities are encouraged to identify CBOs within their cities and to encourage/support them to apply for the funds – however, funds should NOT be allocated directly to municipal governments for direct services. The same applies for County agencies that would apply for CBO funds. The local churches should also be allowed to apply for CBO funds.

- A discussion was held regarding whether Universities should be allowed to apply. No agreement was reached regarding this issue.

General Consensus: Make funding available to established CBOs with a 501 (c3) status (or those seeking that status) and local churches. In general NON-GOVERNMENTAL service providers should be the applicants. Also, district responsive allocations should be needs focused (high need plus/or underserved area should be given bonus points) and not necessarily just driven by geography (i.e., specific districts).

Next meeting tentatively scheduled for the afternoon on Friday, November 21, 2008.

MEETING ADJOURNED AT 4:15 PM.

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CBO Advisory Board

Funding Committee
Wednesday, October 29, 2008 – 2:00 PM
SPCC, 18th floor, Conference Room 18-1

MEETING MINUTES

Attendance:

Members:

- Jannie Russell, (Appointed by Commissioner Barbara Jordan)
- Betty Alonso, Dade Community Foundation
- Kay Sullivan (Clerk of the Court)

Guests:
- Colleen Payton (Alliance for Aging, representing Max Rothman)

Staff:
- Dan Wall (Office of Grants Coordination)
- Charles Golphin (Office of Grants Coordination)
- Rafael Martinez, Ed.D (Office of Grants Coordination)

I. Welcome and Introductions:
The CBO Advisory Board Funding Committee meeting, being duly noticed was called to order at 2:05 PM by Office of Grants Coordination Director, Mr. Dan Wall. Mr. Wall welcomed everyone to the October 29, 2008 Funding Committee meeting and asked for self-introductions of those present.

II. Background and Purpose:
Mr. Wall provided an overview of the agenda and a review of the handouts, and the purpose of the committee. Develop a proposed model that outlines the structure of the oversight entity: the manner in which focus area will be selected, funding levels determined, and how the solicitation, application, award and evaluation process would function.

Develop a needs based RFP that delineates the amount of funding to be awarded, the areas to be funded, the application process, and how applications will be scored and reviewed.

III. Committee Chair(s) Election. Mr. Wall proposed to the group the possibility of electing a chairperson for the committee. Members present discussed it and decided not to proceed with the election until more members be present. At the conclusion of the meeting, no chairperson was elected and Mr. Wall facilitated the discussion of the agenda items.

IV. Committee Discussion. Mr. Dan Wall reviewed the Agenda for the joint meeting of the Overall Process and the RFP committees held on Tuesday, October 28. The major points of discussion and general consensus on selected issues achieved in that meeting (i.e., Oct. 28) were presented to the Funding Committee members.

1. Documentation and Community Needs/Priority Setting Process/Allocation Process

    - UNMET NEEDS
    - SERVICE TYPE
    - GEOGRAPHICAL AREA
    - SPECIAL POPULATION
    - CAPACITY BUILDING
    - OTHER

    - Ms. Payton expressed the need to breakdown the community need areas by 1) type of services; 2) population and 3) geographical location.
    - Ms. Alonso expressed her interest in seeing any existing needs analysis as she would like to see funding being data-driven. She discussed the need to look as social service need trends and emphasized the importance of documenting the existing needs throughout the community.
    - Ms. Sullivan pointed out the format of existing reports such as The Children's Trust and the possibility of formulating something similar.
    - Ms. Russell expressed the importance of community needs data being neighborhood driven. She also pointed to the need to see what has been funded in specific neighborhoods before and how the needs profile in those neighborhoods has changed.
    - Ms. Alonso stated that she would like to see how other counties and cities have allocated social service needs funding – particularly those models based on indicators. Ms. Alonso also expressed an interest in seeing historical data reflective of where clients are being served.
    - Ms. Alonso pointed out the need for this (i.e., funding) committee to identify the different allocation sources currently existing – for

example, cultural affairs, criminal justice, etc. This will provide the committee a clear idea of the available funding already being considered or planned for by other Boards (e.g., criminal justice, etc.) and narrow the scope of need areas to be considered for funding.

- Capacity Building:

Mr. Wall summarized the discussion held by the Overall and RFP Joint Committee regarding the need for capacity building, particularly with smaller organizations.

- A general discussion of capacity building took place where issues such as assistance with grant writing, budget management, infra-structure support, etc. were discussed as possible components of a capacity building strategy.
- Ms. Alonso proposed a strategy that would emphasize 1) access to services and 2) neighborhood collaboration among existing agencies.

2. Community input

- The committee discussed how to get community input in various formats
  such as a community forum(s), town hall meeting, a survey, etc. The analysis of results will be guided by the established time constraints.

- Participants also discussed the possibility of seeking information from key stakeholder and current service providers (i.e., currently funded CBOs)

- The committee suggested the following methods to distribute surveys and or to get community input:
  - advertise, public hearings
  - e-mails to all currently funded CBO's
  - Office of Grants Coordination Grants Portal (over 2000 subscribers)
  - Other funding Sources
  - Community Input (non profits vs the public)
  - Town Hall meetings
  - Etc.

There was no general agreement on what combinations of methods will be utilized to get the necessary community input.

The next meeting: November 12, 2008 at 2pm
Topic: Public input/Survey (develop questions), etc.

Meeting Adjourned at 4:15 pm

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CBO Advisory Board

Evaluation and Monitoring Committee
Tuesday, November 4, 2008 at 1:00 pm
SPCC, 22nd floor Conference Room

MEETING MINUTES

Attendance:

Members:

- Gamael Nassar (appointed by Commissioner Sorenson)
- Gloria Roses (Greater Miami-Dade Chamber of Commerce)
- Nelson Hincapie (appointed by Commissioner Gimenez)

Staff:

- Dan Wall (Office of Grants Coordination)
- Charles Golphin (Office of Grants Coordination)
- Rafael Martinez, Ed.D (Office of Grants Coordination)

I. Welcome and Introductions:
The CBO Advisory Board Evaluation and Monitoring Committee meeting, being duly noticed was called to order at 2:10 PM by Office of Grants Coordination Director, Mr. Dan Wall. Mr. Wall welcomed everyone to the November 4, 2008 Evaluation and Monitoring Committee meeting and asked for self-introductions of those present.

II. Background and Purpose Mr. Wall provided an overview of the agenda and a review of the handouts, and the purpose of the committee. Develop a proposed model that outlines the structure of the oversight entity: the manner in which focus area will be selected, funding levels determined, and how the solicitation, application, award and evaluation process would function.

III. Committee Chair(s) Election Mr. Wall proposed to the group the possibility of electing a chairperson for the committee. Members present discussed it and decided not to proceed with the election until more members be present. At the conclusion of the meeting, no chairperson was elected and Mr. Wall facilitated the discussion of the agenda items.

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IV. Committee Discussion Mr. Dan Wall reviewed the Agenda for the meeting and provided an overview of significant items discussed in the previous meetings of the Overall Process/RFP and Funding Committee meetings. These included among others, agency size, eligibility (e.g., 501c3 status, churches,), community and provider input, district specific allocations, etc.

(1) Background, (2) Transition Year Process and (3) New Performance-based Process

- Ms. Roses requested that staff produce a comprehensive timeline that would reflect the various decision points in the RFP process. She explained that this timeline will help the Advisory Board in making sound and timely decisions. She further expressed the need for this timeline in order to clarify action item expectations, role clarity, output responsibility, etc.
- Ms. Roses suggested that the OGC consider the service clusters previously utilized by the Alliance for Human Services to help frame the current (i.e., new RFP) need categories.
- Mr. Nassar requested that the summary of currently funded programs being prepared by OGC also include the total number of clients served and unit cost.
- Mr. Dan Wall pointed out the importance of separating program evaluation from program administrative monitoring.
- Ms. Roses suggested that the Advisory Board consult with members of academia, agency-practitioners, program evaluators and funders. She proposed that we ask these sources: a) what the ideal evaluation model would be, b) strengths and weaknesses of such a model, and 3) how such a model could be implemented or operationalized.
- The group discussed the importance of connecting the evaluation process to capacity building – particularly for smaller organizations.
- The group discussed the importance the Board of County Commissioners input. It was suggested that appointed Committee members speak to their commissioners regarding their support/wishes for the RFP process. It was additionally requested from OGC to provide the vote count of the resolution that mandated the creation of the CBO Advisory Board.

V. New Business None

VI. Next meeting date

The next meeting of the Evaluation and Monitoring Committee was set for November 24, 2008 (1 PM to 4 PM). Representatives from academia, practitioners and other evaluation experts will invited to this meeting to conduct a 10 minutes presentation – with time for questions and answers - of what they think would work best in this funding cycle.

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CBO Advisory Board

COMMUNITY SERVICE NEEDS AND INVESTMENTS PRESENTATIONS
SPCC Government Center – 111 NW 1 Street Conference Room18-4
Friday, November 21, 2008 at 1:30 PM

MEETING MINUTES

Attendance:

Members:

- Gloria Romero-Roses (Greater Miami Chamber)
- Mary Donworth (United Way of Miami-Dade)
- Patricia Robbins (Farm Share, Inc.)
- Mario Jardon (Citrus Health Network)
- Kay Sullivan (Clerk of the Court)
- Betty Alonso (Dade Community Foundation)
- Nathaniel J. Wilcox (PULSE)
- Daniel Brady (Miami Jewish Home and Hospital)
- Isabel Afanador (Department of Juvenile Justice)
- Freeman T. Wyche (Greater Miami Religious Leaders)
- Manuel Del Valle for Jorge Villalba (Sisters and Brothers Forever)
- Nelson Hincapie (Children's Home Society)
- Modesto E. Abety (The Children's Trust)

Guests:

- Lynne Stephenson (Human Services Coalition)
- Amy Liro (Fellowship House)
- Olga Golik (Citrus Health Network)
- Donald Wheeler (Camillus House)
- Desmond Meade (Homeless formerly Homeless Forum)
- Cleveland Bell (Riverside House)
- Constance Collins (Lotus House)
- Miguel Milanes (Allegany Franciscan Ministries)
- Jean Eveillard (New Horizons)
- Carlos Laso (Carrfour Supportive Housing)
- Helena Del Monte (Association for the Development of the Exceptional)

Staff:

- Irene Taylor-Wooten (County Executive Office)
- Dan Wall (Office of Grants Coordination)
- Charles Golphin (Office of Grants Coordination)
- Rafael Martinez, Ed.D (Office of Grants Coordination)
- David Raymond (Homeless Trust)

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I. Welcome and Introductions:
The CBO Advisory Board meeting, being duly noticed was called to order at 1:45 PM by Office of Grants Coordination Director, Mr. Dan Wall. Mr. Wall welcomed everyone to the November 21, 2008 meeting and asked for self-introductions of those present. After introductions, Mr. Wall turned the meeting over to the chair, Mr. Nelson Hincape.

II. Review and Approval of Minutes (hold for De.3rd)

III. Community Needs and Investments Presentation

The following individuals presented in the order and subject area listed: (copies of handouts and presentations available on line at: http://www.miamidade.gov/ogc/advisory_boards-cbo.asp

1. Offender Reentry - Joel Botner
2. Domestic Violence - Sara Lennett
3. Dept. of Children and Families - Gilda Ferradaz
4. Mental Health - Sylvia Quintana
5. Homeless - David Raymond
6. Immigration/Refugees - Hiram Ruiz
7. Basic Needs - Lynne Stephenson
8. Substance Abuse - John Dow
9. Children's Trust - Modesty Abety
10. Elderly - Horacio Soberan-Ferrer
11. Juvenile Justice - Isabel Afanador
12. Health and HIV/AIDS - Dan Wall
13. South Florida Workforce - Rick Beasley

IV. Proposed Meeting/Task Schedule (revised)
The Draft of the Proposed CBO Funding Process Meeting and Task Schedule was distributed and reviewed. Copy of this document is available at: http://www.miamidade.gov/ogc/advisory_boards-cbo.asp

The next meeting will be on December 3, 2008 at the SPCC, 111 NW 1st Street, 22nd floor Conference Room A. The remainder of the Needs presentation will be made, as well as presentations and discussions regarding funding, contracting, and evaluation models.

A change in the schedule will accommodate community forums throughout the community to receive public input. These meetings will be held to discuss the categories of services to be considered for funding. Board members participation is encouraged. Staff will be present to take notes and/or record the meetings. Ms. Romero-Roses suggested making all the information presented and discussed at the meeting available on OGC's

website for providers or those interested to review the presentations or have knowledge of the discussions. She also requested having available at the forums baseline data related to community needs.

On December 19, 2008, members were requested to save the date to have in-depth discussion of the allocations process. A quorum will be required for approval of recommendations regarding funding priorities and allocations. CBO providers will also be invited to this meeting. The location for this meeting has not been finalized. Anyone with suggestions should contact Dan Wall.

The CBO Advisory Board members were asked by Mr. Dan Wall to provide via e-mail any comments, ideas, venues, tools, mechanisms, etc to gather input for this process. It was suggested that a database be created to gather this input. Staff will e-mail current contractors a survey with some key questions for their input. Dan Wall will present some provider-generated information at the December 3rd meeting. Mr. Dan Hincapie, Chairperson encouraged members appointed by County Commissioners to update their Commissioners on the Advisory Board's work.

V. Community Input
No input provided.

VI. New Business
No new business

VII. Next Meeting

Wednesday, December 3rd at1:00pm
SPCC, 111 NW 1st Street, 22nd Floor
Conference Room A

VIII. Meeting Adjourned at 5:30 PM.

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CBO Advisory Board

COMMUNITY SERVICE NEEDS AND INVESTMENTS PRESENTATIONS
SPCC Government Center – 111 NW 1 Street Conference Room18-4
Friday, November 21, 2008 at 1:30 PM

MEETING MINUTES

Attendance:

Members:

- Gloria Romero-Roses (Greater Miami Chamber)
- Mary Donworth (United Way of Miami-Dade)
- Patricia Robbins (Farm Share, Inc.)
- Mario Jardon (Citrus Health Network)
- Kay Sullivan (Clerk of the Court)
- Betty Alonso (Dade Community Foundation)
- Nathaniel J. Wilcox (PULSE)
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Staff:

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- Dan Wall (Office of Grants Coordination)
- Charles Golphin (Office of Grants Coordination)
- Rafael Martinez, Ed.D (Office of Grants Coordination)
- David Raymond (Homeless Trust)

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I. Welcome and Introductions:
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A change in the schedule will accommodate community forums throughout the community to receive public input. These meetings will be held to discuss the categories of services to be considered for funding. Board members participation is encouraged. Staff will be present to take notes and/or record the meetings. Ms. Romero-Roses suggested making all the information presented and discussed at the meeting available on OGC's

website for providers or those interested to review the presentations or have knowledge of the discussions. She also requested having available at the forums baseline data related to community needs.

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V. Community Input
No input provided.

VI. New Business
No new business

VII. Next Meeting

Wednesday, December 3rd at 1:00pm
SPCC, 111 NW 1st Street, 22nd Floor
Conference Room A

VIII. Meeting Adjourned at 5:30 PM.

Community-Based Organization Advisory Board Meeting
Minutes
November 5, 2008

Members Present

Nelson Hincapie
Nathaniel Wilcox
Jorge Villalba
Betty Alonso
Carolyn Boyce
Patricia Robbins
Daniel Brady
Max Rothman
Gloria Romero Roses
Mary Donworth
Jannie Russell
Raymond Adrian
Modesto Abety
Freeman T. Wyche

Members Absent

Isabel Afanador
Mario Jardon
Gamael R. Nassar
Kay Sullivan

Guests

Gary DeLos Santos, Bayview Center
Thomas Fleishmann, Jewish Community Services of South Florida, Inc.
Terri Galindo, Institute for Child & Family Health, Inc.
Marlene Arribas, Hispanic Coalition
Linda Marcus, El Portal Cares
Manuel Del Valle, Sisters & Brothers Forever
Vaughn Marshall, Richmond Heights Homeowners Association/Resource Center
Thema Campbell, World Literacy Crusade – Girl Power
Saliha Nelson, Urgent Inc.
Amy Liio, Fellowship House
Linda Ellis, Lutheran Services Florida
Richard Harris, Human Services
Ruben J. Arias, Office of Commissioner Gimenez
Homer Whittaker, Office of Commissioner Gimenez
Jihad Rashid, Coconut Grove Collaborative
Pedro F. Rodriguez, SCLAD
Angelina Rodriguez, SCLAD
Tracie Auguste, Office of the Mayor

I. Welcome and Introductions

Nelson Hincapie, Chair opened the meeting and asked all members present to introduce themselves.

II. Approval of Minutes

Motion was put forth by Jannie Russell to approve the October 2nd minutes and seconded by Modesto Abety with the spelling correction of Jean Logan's name on page four.

III. Social Service Master Plan Presentation

Ms. Shelly-Ann Glasgow-Wilson from the Alliance for Human Services reported that the Alliance produced the Social Service Master Plan (SSMP) for 2004-07. According to Ms. Glasgow-Wilson, the Alliance is in the process of completing the Miami-Dade Human Services Progress Report for 2008. The progress report is an update of the 2004-07 SSMP. The process for completing the update included two (2) rounds of cluster meetings, special work groups and fifteen (15) community neighborhood meetings.

The focus areas included poverty, housing affordability, transportation, education and safe and healthy environment. The key findings indicate the poverty rate in Miami-Dade County decreased in 2007, however the rate continues to exceed that of the state; food stamp issuance has increased; in terms housing affordability the median home price has increased from $147,000 in 2004 to $299,000 in 2008.

Ms. Glasgow-Wilson gave a brief synopsis of each of the areas in the plan. Dan Wall requested a copy for posting on the Office of Grant's Coordination (OGC) website.

IV. Agency Appeal Presentations

Irene Taylor-Wooten, Special Assistant for Social Services reported that there were ten (10) appeals with requests to speak before the Board in response to the letter received advising them that their appeal was found not justified. After requesting to speak, one agency We Care of South Dade informed Ms. Taylor-Wooten that the agency was pleased with the grade and the expected amount of funding and was therefore withdrawing their request.

Ms. Taylor-Wooten reminded the board of the following: the agencies are appealing grades received in August based upon the first six (6) months of their contract (October 2007 through March 2008); All agencies have the opportunity to receive 100% of their funding based upon successful compliance with a corrective action plan; the OGC staff is in the process of issuing award letters to all agencies for their FY 2008-09 contracts; and OGC staff is also reviewing each agency's file to determine if the agency has complied with their corrective action plan. According to Ms. Taylor-Wooten, it is anticipated that a number of agencies have already complied with their corrective action plan.

Ms. Taylor-Wooten explained that the Board received copies of each agency's documentation. The following agencies appealed their grades: El Portal Cares, Inc. (16/F); Hispanic Coalition Corporation (47/F); Institute for Child & Family Health (70/C and 73/C); Richmond Heights Homeowners & Neighborhood Resources Center (73/C); Spinal Cord Living Assistance Development, Inc. (SCLAD) grade of 83/B for their four (4) programs; and Urgent, Inc. (79/C). One agency Read2Succeed was a no show and World Literacy Crusade of Florida, Inc. was not on the list of appeals however, the agency was granted the opportunity to speak before the Board and decided not to appeal the grade.

V. Appeal Process Update

Ms. Wooten informed the Board that a subsequent panel was created to review the appeals that were found to be justified. She distributed the form that summarizes the panel's results. The form denotes the grade appealed and the revised grade (if applicable). Agencies that received a grade of F are not included in this report. Ms. Wooten reported that the South Dade Soil and Water Conservation contract had not been executed through the Board of County Commissioners (BCC) during the time of the monitoring visit and therefore the F grade they received was not valid. The report was accepted by the Board. Ms. Wooten will issue a letter to each agency to reflect the results of the reviews.

VI. Office of Grants Coordination

2008-09 Contract Updates

Dan Wall, Director of the Office of Grants Coordinator reported that the OGC was created October 1, 2008. According to Mr. Wall, OGC will oversee all of the County's general fund local tax dollars that are allocated to Community-Based Organizations. He also reported that in an attempt to standardize the contracts from the Department of Environmental Resources Management (DERM), the Office of Community and Economic Development (OCED), the Department of Human Services (DHS), and Park and Recreation, OGC staff has reviewed all contracts and worked with the County Attorneys for approval of the contract shells. Mr. Wall stated that 150 award letters and sample contracts were mailed to the CBOs. The 150 letters represent 329 distinct service programs as a result of agencies having more than one allocation. The numbers do not represent OCED's Mom and Pop grants and the Youth Crime Task Force (YCTF) contracts. Both OCED and YCTF contracts are in effect and end with the calendar year. The CBOs must submit their signed contracts within two weeks.

Mr. Wall reported that CBOs with contractual issues from FY 2005-06, FY 2006-07 and FY 2007-08 need to have the issues resolved prior to executing a new contract for FY 2008-09.

Mr. Wall presented a number of ideas that the OGC proposed to make the contracting process easier:

- Providing technical assistance prior to conducting the monitoring visits;
- Monitoring reports should include comments regarding the progress toward the goals, measures and outcomes;
- Improving the CBO payment process;
- Assigning one contract officer to the CBOs with two or more contracts; and
- Creating one (1) contract with multiple scopes for agencies with more than one allocation.

Update of Sub-committee Meetings

Mr. Wall reported on the CBO committees that were created at the last meeting: the Overall Process, Funding Categories and Priorities, the RFP Process, Evaluation and Monitoring, and Contracting. All of the committees have met with the exception of the contracting committee which was not able to meet prior to the advisory board meeting. Mr. Wall recommended to Mr. Hincapie that he combine the Overall Process and the RFP Process committees since the committee duties overlap. Both the Overall and the RFP Process was scheduled to meet Friday, November 21st. The Funding committee was scheduled to meet November 12, 2008. Betty Alonso, Dade Community Foundation suggested that all Board members serve on the Funding Categories & Priorities committee.

The Evaluation and Monitoring Committee was scheduled to meet November 24th and December 29th. Final recommendations for the contract award would need to be presented to the Board of County Commissioners Committee in June 2009 and the first full BCC meeting in July 2009.

The CBO Advisory Board must adopt all committee recommendations by December 19, 2008. Given the timeline, Mr. Hincapie suggested that the Board collapse the five (5) committees and form a committee of the whole group and meet every other week until December 19th.

Mr. Hincapie and Mr. Wall will meet to develop a plan based on the timeline.

After the December 3rd meeting, the next full Board meeting is 12/19/08 to discuss pros, cons and options.

VII. Citizen Presentations

There were no citizen presentations.

VIII. Adjournment

A motion to adjourn was put forth, seconded and approved.

WEDNESDAY, DECEMBER 3, 2008
PRESENTATION TO MIAMI-DADE COUNTY'S CBO ADVISORY BOARD

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

- As defined by **federal law, developmental disabilities** are severe, chronic disabilities attributable to mental or physical impairments that manifest before 22 years of age and are likely to continue indefinitely. They result in substantial functional limitations in three or more of the following areas of life: self-care; mobility; learning; language; self-direction; capacity of independent living; or economic self-sufficiency. The **State of Florida** uses a categorical definition. It requires onset by age 18, and recognizes for eligibility for services from the Agency for Persons with Disabilities only those with the following conditions: mental retardation, cerebral palsy, autism, spina bifida and Prader-Willi syndrome.

- An individuals with a developmental disability will continue to require **supports and services throughout their entire lifetime.**

- Individuals with developmental disabilities comprise about 2.5% of the population. With a population of 2.4 million, there are approximately **60,000 children and adults with developmental disabilities in Miami-Dade County.**

- As of 10/1/2008, in Miami-Dade County, the State of Florida's Agency for Persons with Disabilities (APD) was serving 4,385 people. An additional 2,563 people are on the waiting list; 48% of them have been waiting since before July 1, 2004. **For every 1 person we know about, there are 10 that we don't.**

- **To serve 4,385 people in Miami-Dade,** APD spends about $15 million/month, or about **$180million/year.**

- Florida **ranks 50th in the nation for per capita spending** on individuals with developmental disabilities.

- During FY 2007-2008, **$1,180,550 of County CBO funding** was allocated through the Alliance for Human Services to help individuals with **developmental, physical, and sensory disabilities.**

- During the same time period, **The Children's Trust spent almost 10% of its budget ($13,312,805** of $136,683,600) on programs specifically for children with disabilities. These programs address the needs of children with developmental disabilities, along with sensory, physical, learning, and emotional/behavioral ones.

- Combined, **major funders** (Miami-Dade County, Department of Children and Families, Early Learning Coalition, Alliance for Aging, Dade Community Foundation and the Alleghany Franciscan Foundation) **report spending less than 1% for services to individuals with disabilities** ($7.2 million of more than $853 million).

- Among adults with developmental disabilities, **85% live at or below the federal poverty level.**

HOW DO WE BEGIN ALLOCATING SCARCE RESOURCES TO ADDRESS SUCH OVERWHELMING NEED?

ASSUMPTIONS

- People with developmental disabilities are people first. Like the rest of us, their individual assets and needs vary from one to another, and cross all service areas. They need not only depend on specialized resources, but should have access to all the community resources available to everyone.

- Our community's social service delivery system is large, complex, fluid, and often fragmented.

- We do not – and may never – have enough money to meet all – or even most – of the need.

- We want the greatest number of people possible to benefit from the limited available resources.

- There are more adults with developmental disabilities than there are children, yet children have access to more supports and services.

- Most people prefer living in their own or family home to living in a group home or other licensed residential facility. And living in your own or family home costs considerably less.

- Individuals with developmental disabilities want the same things we all do: opportunities to learn, grow, be useful, help others, earn a paycheck, have friends and family, have fun – have a full and meaningful life.

SUGGESTIONS

- **"Navigators"** help individuals and families identify, find, and access what they need and want. They do it across traditional program categories, funders, and natural supports. In partnership with individuals and their families, they bring together bits and pieces of many resources – including non-traditional ones – to meet an individual's needs. It is a cost-effective way to serve a relatively large number of people and to fully utilize all existing resources.

- **In-Home Supports** (including respite, personal care assistance, companion, and homemaker services) increase the likelihood of individuals with developmental disabilities being able to remain in their own or family home. This is true both for children with working parents, adults with aging caregivers, and others.

- **Meaningful Day Activities** (including education and training, volunteering, and employment) are the single, greatest unmet need for adults with developmental disabilities. Having no place to go and nothing to do during the day is difficult for both the individual and their caregiver. Whether the working parent of an adult son or daughter with a developmental disability, or the increasingly frail aging parent of a son or daughter who is also a senior, the lack of this service presents another significant barrier to individuals remaining in their own or family home.

Prepared by Helene J. Good, MSW
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PHYSICAL AND SENSORY DISABILITIES

Physical disabilities comprise of a broad range of challenges that include orthopedic, neuromuscular, cardiovascular and pulmonary disorders. Sensory disabilities refer to an ineffective functioning of one or more of the five (5) senses, (i.e. unable to hear, see, smell, taste or feel).

Miami Dade County

According to the U.S. Census Bureau, there are 39, 120 individuals between the ages of 16 and 64 years old with a sensory disability and 84, 423 with a physical disability. Regarding the population 65 years and over there are 99,698 persons with a sensory disability and 201,855 with a physical disability.

Areas of Need

The five most frequently requested services that we at Miami Dade County DSAIL encounter are:

- Affordable Housing (designed to accommodate the consumer's special needs).
- Meals (Home Delivered)
- In-Home support (home care services)
- Adult Day Programs (that are equipped to engage the consumer in a variety of age and ability appropriate activities)
- Employment

Other identified needs (that are no less important) are:

- Health Care/Counseling
- Education (including ASL and Braille classes)
- Financial Assistance with obtaining assistive devices and environmental accessibility adaptations services
- Interpreter services
- Financial Counseling
- Transportation (low-cost)

Resources

Although there are a number of community agencies that provide assistance with or one/ or more of the above mentioned needs, the common response to our referrals is that they are limited by funding constraints, the consumer doesn't meet their eligibility criteria and/or their location makes their service(s) inaccessible to those who do not live nearby. Because of those reasons and after all other venues have been exhausted, we typical use the State and local government programs.

- Miami Dade County (MDC) HUD (Section 8/low-income housing)
- Daily Bread Food Bank community distribution sites
- APD and DCF programs
- DVR and Social Security programs
- Department of Health
- Accessible Communications for the Deaf
- STS, MDC-Transit, Medicaid Transportation

Estimated Costs

The service costs will vary depending upon the extent of the consumer's needs and whether he/she also has health concerns.

APD - 6000 MDC consumers with disabilities on their waiting list
DD Waiver: Tier 1 clients – intensive needs, no cap; Tier 2 – capped at $55,000; Tier 3 capped at $35,000 and Tier 4 – capped at $15,000.

DCF - Medicaid Waiver MDC waiting list – 407 persons
* The average annual service budget for MW clients is $20,000.00
- Community Care for Disabled Adults (CCDA) – 387 persons
* The average annual service budget for a CCDA client is $5000.00

DVR - Served 12,654 visually impaired MDC consumers last year

Suggestions

- Ensure that funded agencies are located throughout the County and not centralized in one geographic area.
- Ensure that agencies provide adequate trainings to their staffs regarding working with persons with disabilities.
- Ensure that agencies adequately advertise their services and eligibility criteria.
- Ensure that funded agencies have the ability to accept and/or respond to priority cases.

Government programs alone cannot be a panacea for all that ails society, but fostering and atmosphere of networking, cooperation, education and best practices among public and private entities can go a long way towards addressing problems.

MIAMI-DADE COUNTY
FY 08-09 CBO Funding

Presentation to the CBO Advisory Board
Office of Grants Coordination
December 3, 2008

1

Approximate FY 08-09 General Fund CBO and Small Business Support*

Social Services CBOs	$24,765,220
HIV/AIDS CBOs	$887,626
Economic Development CBOs	$783,500
Youth Crime Task Force	$2,402,400
Parks CBOs	$767,500
Environmental CBOs	$701,251
Mom and Pop Businesses	$701,251
Chambers	$612,850
Crime Prevention	$2,299,303
Parks and Recreation Activities	$1,250,700
Cultural Affairs	$12,976,000
Chambers of Commerce	$276,150
Discretionary Reserve Funds	$4,200,000
TOTAL	$52,623,751

*Not including GOB NFP dollars

2

Office of Grants Coordination CBO Funding Support*

Social Services CBOs	$24,765,220
HIV/AIDS CBOs	$887,626
Economic Development CBOs	$783,500
Youth Crime Task Force	$2,402,400
Parks CBOs	$767,500
Environmental CBOs	$701,251
Mom and Pop Businesses	$701,251
Chambers	$612,850
SUB TOTAL	$31,321,598

*Excluding Ryan White Federal Grant Funding

MIAMI-DADE COUNTY

3

OCG Competitive Solicitations

Social Services CBOs	$24,765,220
HIV/AIDS CBOs	$887,626
Economic Development CBOs	$783,500
Youth Crime Task Force	$2,402,400
Parks CBOs	$767,500
Environmental CBOs	$701,251
SUB TOTAL	$30,307,497

MIAMI-DADE COUNTY

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Miami-Dade County FY 09-10 CBO Funding RFP

Social Services CBOs	$24,765,220
HIV/AIDS CBOs	$887,626
Economic Development CBOs	$783,500
Youth Crime Task Force	$2,402,400
*SUB TOTAL	$28,838,746

* Reflects FY 08-09 Funding

MIAMI-DADE COUNTY

5

Approximate FY 08-09 General Fund CBO Support*

Summary Totals

❖ Number of Agencies	261
❖ Number of Programs	513
❖ Funding Value	$30,630,000

*Includes Social Service, HIV/AIDS, Economic Development, Youth Crime Task Force, and Chambers

MIAMI-DADE COUNTY

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Approximate FY 08-09 General Fund CBO Support

TYPE OF ORGANIZATION	AGENCIES	DOLLARS
Non-Profit, 501(c)3	197	$24,773,535
Non-Profit, 501(c)4	3	$215,050
Non-Profit, 501(c)6	4	$295,050
Non-Profit, Registered in Wash., DC; 501(c)3	1	$85,000
Non-Profit, (501(c)3 status not known)	26	$2,681,787
Inactive Non-Profit, not listed as 501(c)3 in GuideStar	6	$223,000
College/University	4	$490,500
Local Government	5	$277,150
State Government	1	$125,000
For Profit	2	$458,099
For Profit, but listed as a 501(c)3 in GuideStar	1	$36,125
Affiliate of National Org.; not listed as Fla. Corp.; not listed as 501(c)3 in GuideStar	2	$225,250
Not listed as Fla. Corp.; not listed as 501(c)3 in GuideStar	9	$747,200
Total	261	$30,632,746

MIAMI-DADE COUNTY

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Approximate FY 08-09 General Fund CBO Support

TARGET AREA	PROGRAMS	DOLLARS
Central	28	$1,508,350
Countywide	211	$15,571,532
District Specific	27	$878,517
East	1	$75,000
North	76	$4,160,371
Not Available	104	$4,500,613
South	61	$3,641,738
West	5	$296,625
Total	513	$30,632,746

MIAMI-DADE COUNTY

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Approximate FY 08-09 General Fund CBO Support

COST PER CLIENT PER PROGRAM	PROGRAMS	DOLLARS
< $50	11	$505,750
$50 - $249	67	$3,209,343
$250 - $999	143	$7,945,047
$1000 +	158	$12,400,937
Not Available	134	$6,571,669
Total	513	$30,632,746

MIAMI-DADE COUNTY

9

Approximate FY 08-09 General Fund CBO Support

NUMBER OF CLIENTS SERVED PER PROGRAM	PROGRAMS	DOLLARS
< 50	138	$6,083,862
50 - 99	110	$6,738,028
100 - 199	54	$3,740,429
200 +	77	$7,498,758
Not Available	134	$6,571,669
Total	513	$30,632,746

MIAMI-DADE COUNTY

10

Approximate FY 08-09 General Fund CBO Support

TARGET POPULATION	PROGRAMS	DOLLARS
Adults	95	$6,118,126
Children	46	$2,458,935
Disabled	26	$1,374,883
Elderly	67	$3,752,528
Families	65	$3,871,343
Infants or Toddlers	5	$188,750
Not Available	89	$4,197,700
Youth	120	$8,670,481
Total	513	$30,632,746

MIAMI-DADE COUNTY

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Approximate FY 08-09 General Fund CBO Support

SERVICE PRIORITY AREAS	PROGRAMS	DOLLARS
Basic Needs	44	$2,625,500
Capacity Building	34	$2,631,050
Children, Youth, and Families	212	$10,652,760
Developmental Disabilities	9	$617,405
Diversion and Reentry	7	$912,105
Domestic Violence/Sexual Assault	18	$914,700
Elderly	60	$3,317,778
Employment and Training	18	$2,112,660
Homeless	9	$308,635
Immigration/Refugees	20	$770,910
Juvenile Justice	27	$3,104,659
Mental Health	13	$758,235
Physical and Sensory Disabilities	14	$554,698
Preventative Health and Access	18	$852,400
Substance Abuse	8	$411,501
Not Available	2	$87,750
Total	513	$30,632,746

MIAMI-DADE COUNTY

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Alliance for Aging

Monitoring Process

Funding Sources

- **Older Americans Act (OAA)**: Federally funded to serve elders 60+ and their caregivers. Income is self-declared.
  - ✓ Part B: In-home and legal services
  - ✓ Part C: Nutrition Services
  - ✓ Part D: Disease Prevention and Health Promotion
  - ✓ Part E: National Family Caregiver Support Program
- **Local Service Program (LSP):** Provide community-based services for 60+ elders in areas designated by legislative proviso or specific appropriations
- **Community Care for the Elderly (CCE):** Provides community-based services to assist functionally impaired 60+ elders to live in the least restrictive, cost effective environment suitable to their needs. Copay assessed.
- **Alzheimer's Disease Initiative (ADI):** is focused on caring for persons aged 18+ with memory disorders.
- **Home Care for the Elderly (HCE):** Approved caregivers receive a Basic Subsidy to reimburse some of their expenses each month for caring for the client, and may receive a Special Subsidy for other necessary services and essential supplies. Clients must be 60+, Medicaid eligible.

Funding Sources (con't)

- The ADA Waiver is a Medicaid program that provides home and community based services to eligible recipients who, but for the provision of these services, would require nursing home placement.
    - State provides 45 cents/ Federal Government provides 55 cents of every dollar.
    - Objective is to prevent or delay nursing home placement.
    - Average PMPM is $12,000/yr.

- The ALE waiver is a Medicaid program that provides extra support and supervision through provision of services to individuals living in assisted living facilities (ALFs).

MONITORING

- The AAA monitors each service provider to determine compliance with the requirements of state and federal programs , applicable laws and regulations and performance of outcome measures. A comprehensive approach is used to review, assess, evaluate and improve quality of services provided by our service providers.
- The monitoring also includes a review of internal controls to determine if the financial management and accounting systems are adequate to account for program funds in accordance with state and/or federal requirements.
- Monitoring includes the following:
  - –Desk reviews
  - –Scheduled, unscheduled and follow-up on site visits
  - –Client visits
  - –Review of independent audit report
  - –Review of customer satisfaction surveys
  - –Client CIRTS data integrity

What do we monitor for?

- Monitoring module checklists are available for Contract Managers to utilize in order to determine if a provider is adhering to programmatic requirements as referenced in the Department of Elder Affairs Programs and Services Handbook. Some sample modules include:
  - Contract/Policy
  - Nutrition
  - Personal Care

- The provider's performance is also measured by monitoring outcome measures. Outcome measures monitored include:

  –**ADL outcome measures**: Measures percent of new service recipients whose Assisted Daily Living (ADL) assessment score has been maintained or improved. The goal is to maintain their functioning as long as possible and to provide needed services.

  –**APS referrals outcome measures**: Measures percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours.

  –**Average time in CCE for MW probable clients outcome measures**: Measures average time in the Community Care for the Elderly (CCE) program for Medicaid Waiver probable customers. Statutorily state funds must be used as last resort. Not achieving this measure means that we are not maximizing state general review monies by using federal match through Medicaid.

  –**Caregiver ability provider outcome measure**: Measures percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention, (as determined by the caregiver and the assessor). This measure is important because caregivers are vital to keeping elders out of nursing homes.

- **Environment outcome measures**: Measures percent of elders assessed with high or moderate risk environments who improved their environment score. Not meeting this mandate means that we are not being proactive enough in preventing the decline in the living environment of elders.
- **IADL outcome measure**: Measures percent of new service recipients whose Instrumental Assisted Daily Living (IADL) assessment score has been maintained or improved. This measure is important because these living skills help elders to live independently.
- **Imminent Risk Referrals outcome measure**: Measures percent of customers who are at imminent risk of nursing home placement who are served with community based services.
- **Nutrition outcome measure**: Measures percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

Alliance for Aging

Contract/Policy Module Checklist

Funding Source: __OAA __ LSP __CS __ADI __CCE __HCE

Reference: Provider Contract/Master Agreement, Provider Application and DOEA Home and Community Based Services (HCBS) Handbook

CODE KEY: Y=Yes; V=Verified; P=Partial; N=No; N/A=Not Applicable; F=Follow Up Needed; C=Corrective Action Needed; TA=Technical Assistance Provided; M=Corrective Action/Follow Up Met

	CODE
1. The agency has completed and submitted the annual Civil Rights Compliance Questionnaire, (if services are provided to consumers and if fifteen or more persons are employed).	
Comments:	
2. The agency has written procedures to immediately report any knowledge or suspicion of abuse, neglect or exploitation to the abuse registry.	
Comments:	
3. All consumer records are maintained for a period of seven years.	
Comments:	
4. The agency has a written procedure to report any adverse conditions that may materially affect its ability to render services (i.e., proposed client terminations, financial concerns/difficulties, service documentation problems, contract non-compliance, service quality issues) which references notifying the Alliance within 24 hours. The procedure addresses unusual incident reporting, incident report filing and a mechanism to respond to client complaints.	
Comments:	
5. The agency has submitted an annual disaster preparedness and response plan.	
Comments:	
6. The agency has Articles of Incorporation and Bylaws or policies which reference: ___ conflict of interest (employees, board members, subcontractors); ___staff not handling clients money unless required by the service; ___staff not accepting gifts or money from clients; ___recruitment, training and annual evaluation of paid and volunteer staff; ___not charging for services (as appropriate), requesting voluntary confidential contributions.	
Comments:	
7. The agency's board of directors ___meets at least quarterly; ___has members with skills appropriate to the needs of the agency (i.e., accounting, fundraising, law, marketing, social services); ___is representative of the client population; ___ has minutes available for review.	

Comments:	
8. Written procedures have been established to protect confidentiality of records.	
Comments:	
9. The agency promotes the use of volunteers. The agency is submitting the volunteer hour quarterly report on a timely basis.	
Comments:	
10. Provider submits surplus-deficit report with monthly fiscal report. The report includes an explanation where there is a projected surplus or deficit of 1% or more, a plan on how the surplus or deficit spending will be resolved, a recommendation to transfer surplus funds and input from the provider's Board of Directors on resolution of spending issues, if applicable.	
Comments:	
11. Following Alliance monitoring, provider rectifies all noted deficiencies within the time set forth by the Alliance or provides a reasonable and acceptable justification for failure to correct the noted shortcomings.	
Comments:	
12. Assessment and Prioritization for Service Delivery for **New** Consumers (it is not the intent of DOEA to remove existing clients from any program in order to serve new clients being assessed and prioritized for service delivery): For LSP, ADI, and HCE, the provider implements the following priority criteria for service delivery: a. individuals in nursing home under Medicaid who could be transferred to the community; b. individuals in nursing homes whose Medicare coverage is exhausted and may be diverted to the community; c. individuals in nursing homes which are closing or in receivership and can be discharged to the community; d. individuals whose mental or physical health condition has deteriorated to the degree self care is not possible, there is no capable caregiver and institutional placement will occur within 72 hours; or the most frail individuals not prioritized in the group above, regardless of referral source, will receive services to the extent funding is available. For CCE, the provider implements the following priority criteria for service delivery: a. High risk APS referral consumers are served within 72 hours. Medium and low risk APS referrals are prioritized accordingly; b. individuals in nursing homes which are closing or in receivership and can be discharged to the community; c. individuals in nursing home under Medicaid who could be transferred to the community; d. individuals in nursing homes whose Medicare coverage is exhausted and may be diverted to the community; e. individuals whose mental or physical health condition has deteriorated to the degree self care is not possible, there is no capable caregiver and institutional placement will occur within 72 hours; or, f. the most frail individuals not prioritized in the group above, regardless of referral source, will receive services to the extent funding is available.	
Comments:	

13. For OAA, the provider has established policies and written procedures consistent with the Older Americans Act targeting criteria of low income minority elders, with particular attention to those in greatest economic and social need.	
Comments:	
14. CCE, HCE ADI, LSP and CS, consumers may not also be enrolled in a Medicaid capitated long term care health plan or program. These programs include the Frail Elder Program operated by United Health Care, the Channeling Program operated by Miami Jewish Home and Hospital for the Aged and the Program of All Inclusive Care for the Elderly (PACE) operated by Miami Jewish Home and Hospital for the Aged, and the LTCCDP managed by CARES.	
Comments:	
15. The agency assesses and submits a client satisfaction survey annually. (Describe the findings from last year's survey; show how the agency is addressing the issues raised in survey.)	
Comments:	
16. The agency has a written procedure outlining steps followed by management to assure the delivery of quality services.	
Comments:	
17. The provider monitors their subcontractors on-site annually by using the standards listed on the DOEA Programs and Service Manual. Copies of the subcontractor's monitorings are on file at the Alliance.	
Comments:	
18. HIPPA __ The provider has a Notice of Privacy. __ The provider has an acknowledgement form signed by appropriate clients acknowledging receipt of Provider's Notice of Privacy. __ The provider has HIPAA policies and procedures. __ The provider has documented and continues to conduct HIPAA training for all staff.	
Comments:	
19. An Americans with Disability Act compliance checklist was completed for all sites and is on file at the Alliance.	
Comments:	
20. Paid staff and volunteers who have direct contact with consumers shall have a basic orientation which covers the following topics: ___overview of the aging process/sensitivity training; ___overview of the aging network; ___communication, techniques with elderly; ___abuse, neglect, exploitation and incident reporting; ___local agency procedures and protocols; ___consumer confidentiality; ___client grievance procedures; and ___HIPAA	

Comments:	
21. Agency offers updated in-service training as needed. (Any documented pre-service training of a particular staff person may be substituted for all or part of required annual training. Unless stated otherwise in law, rule, or in this handbook the number of hours, training methods and training materials are determined by the provider.)	
Comments:	
22. Where case management is not offered, the provider determines service needs, documents service activities and client participation, and reports service activity.	
Comments:	
23. Service provider agency has written procedures regarding an adverse action such as termination, suspension or reduction in service which are in compliance with the Minimum Guidelines for Recipient Grievance Procedures in the Master Agreement. An approved Grievance Procedure checklist has been completed and is on file at the Alliance.	
Comments:	
Outcome Measures	
24. Percent of most frail elders who remain at home or in the community instead of going into a nursing home. Standard is 97%.	
Comments:	
25. Average monthly savings per consumer for home and community-based care versus nursing home care for comparable consumer groups. Standard is $3,988.	
Comments:	
26. Average time in the CCE program for MW probable consumers is 2.8 months.	
Comments:	
27. Percentage of customers who are at Imminent Risk of nursing home placement who are served with community-based services. Standard is 90%.	
Comments:	
28. Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours. Standard is 97%.	
Comments:	
29. Percent of new service recipients with high-risk nutrition scores whose nutritional status improved. Standard is 66%.	
Comments:	
30. Percent of new service recipients whose ADL assessment score has been maintained or improved. Standard is 65%.	
Comments:	
31. Percent of new service recipients whose IADL assessment score has been maintained or improved. Standard is 62.3%.	
Comments:	
32. Percent of family and family-assisted caregivers who self-report they are very likely to provide care. Standard is 89%.	

Comments:	
33. Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor). Standard is 90%	
Comments:	
34. Percent of elders assessed with high or moderate risk environment who improved their environment score. Standard is 79.3%.	
Comments:	
35. Percent of co-pay goal achieved. Standard is 100%.	
Comments:	
36. Percent of CIRTS data entry error rate. Standard 1%.	
Comments:	
37. Percent of state and federal funds expended for consumer services is 100%.	
Comments:	

Alliance for Aging

PROGRAMMATIC MONITORING CHECKLIST

NUTRITION COMPLIANCE TOOL

(Administration, Food Service, Nutrition Services, Training, Services)

Funding Source: __ OAA __ CS __LSP

Reference: DOEA NOTICE #: 100506-1-I-OVCS

CODE KEY: Y=Yes; V=Verified; P=Partial; N=No; N/A=Not Applicable; F=Follow Up Needed; C=Corrective Action Needed; TA=Technical Assistance Provided; M=Corrective Action/Follow Up Met

Unit of Service:

	CODE
1. Documentation ensures there is no financial eligibility criteria required for individuals to receive nutrition services.	
Comments:	
2. Documentation ensures nutrition services are provided to individuals who meet the eligibility criteria.	
Comments:	
3. Meals are provided five or more days a week.	
Comments:	
4. The nutrition provider has documented state agency approval to provide meals fewer than five days a week in rural areas.	
Comments:	
5. Nutrition provider employs or contracts with a Licenses Dietitian and/or Licensed Registered Dietitian. Name of Dietitian Fl License#: ____Exp. Date: Registration # Number of hours per month:	
Comments:	
6. Nutrition provider has documentation of nutrition services provided by a Licensed Dietitian and/or Licensed Registered Dietitian.	
Comments:	
7. The total cost of the meal is posted.	
Comments:	
8. A policy is posted that informs participants that food removed from the meal site is at their own risk.	
Comments:	
9. Documentation ensures the nutrition provider solicits voluntary contributions that may include food stamps.	
Comments:	

10. Contribution collection procedures ensure participant confidentiality.	
Comments:	
11. An approved procedure for handling contributions is followed.	
Comments:	
12. The nutrition provider documents the use of contributions to increase the number of meals served or provide supportive nutrition services.	
Comments:	
13. Reservation systems are in place and appropriate.	
Comments:	
14. Required participant information is kept on file.	
Comments:	
15. Meal counts, attendance, and other service information is maintained on a daily basis for reporting purposes.	
Comments:	
16. Nutrition provider documentation ensures that Title III funds are not used to supplant funds from non-Federal sources.	
Comments:	
17. Only Title III-C funded projects receive NSIP funding for eligible meals.	
Comments:	
18. NSIP funding is only used to purchase U.S. grown food.	
Comments:	
19. Nutrition provider receives input from program participants through advisory or site councils.	
Comments:	
20. Participant satisfaction surveys are conducted annually.	
Comments:	
21. All corrective actions that are implemented from the participant satisfaction survey recommendations are documented.	
Comments:	
22. Outreach efforts are documented.	
Comments:	
23. Consumers are waiting for nutrition services. If answer is yes, list the number of consumers on a waiting list.	
Comments:	
24. Nutrition program has a disaster policy and procedure for providing nutrition services during an emergency.	
Comments:	
25. Emergency and/or shelf-stable meals are on hand. Inventory____ Exp. Date____	
Comments:	
26. The menu is posted and dated.	
Comments:	
27. The approved menu is followed.	
Comments:	
28. Documentation of menus served is available for one federal fiscal year.	
Comments:	
29. Nutrient analysis documentation and the nutrition provider or AAA's Licensed Dietitian and/or Licensed Registered Dietitian verify that each meal meets or exceeds all target nutrient requirements and the Dietary Guidelines for Americans.	

Comments:	
30. Documentation, with an appropriate justification, is available indicating all menu substitutions have prior approval by the nutrition program's Licensed Dietitian and/or Licensed Registered Dietitian. (Vendor's Dietitian may not approve menu substitutions.)	
Comments:	
31. Menu substitutions are minimal. Number of substitutions per month____.	
Comments:	
32. Menu substitutions are replaced with food from the same food group and are of equivalent nutritional value.	
Comments:	
33. Special diets and other modifications offered are appropriate and approved by the nutrition program's Licensed Dietitian and/or Licensed Registered Dietitian.	
Comments:	
34. Nutrition program has a nutrition education training plan.	
Comments:	
35. Documentation ensures that congregate and home delivered meal participants receive nutrition education a minimum of once a month.	
Comments:	
36. Nutrition provider has nutrition counseling and referral protocols for clients that score nutritionally high-risk.	
Comments:	
37. Nutrition provider's Licensed Dietitian and/or Licensed Registered Dietitian provides counseling to nutritionally high-risk participants. Number of clients/month_____	
Comments:	
38. Documentation reflects that all food service employees and volunteers receive in-service education training. Documentation includes the date of training, name of trainer, lesson plan or curriculum and name of participants that attended.	
Comments:	
39. Documentation reflects that all employees and volunteers who deliver home-delivered meals receive training.	
Comments:	

2007 QUARTERLY MEALSITE INSPECTION FORM
Nutrition Program Compliance Review

Date: _____Name of Provider:_____
Site name and location: _____
Site hours of operation: _____

Food Protection Manager_____Certification Exp. Date_____

Type of meal service: Self Prep_____Catered_____Vendor_____

Food Protection Manager on duty (Self prep only) Yes_____ No_____
A Hazard Analysis Critical Control Point Plan or comparable formal sanitation program is available and followed. (Self prep only) Yes____No_____

Services
Number of meals prepared/or served daily: Congregate_____Home delivered_____

Average daily attendance _____Today's attendance_____
(based on four prior weeks)

Other services provided (indicate those services provided during this review):
[__Outreach
[__Transportation
[__Information and referral
[__Nutrition counseling
[__Nutrition education Subject: _____
[__Physical activity _____
[__Health promotion activity _____
Other_____

Today's Meal	Portion size	Temperature	Required Action
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Time food preparation completed: Self Prep_____ Catered_____
Time food delivered to meal site_____ (if applicable)
Time food service began_____

_____
Nutrition Consultant/Monitor

V:\RM\2005 monitoring\nutcomptool

ALLIANCE FOR AGING, INC.

PROGRAMMATIC MONITORING CHECKLIST

Personal Care

Funding Source: _____CCE ____ADI ____ HCE _____X OAA IIIB _____CS ___LSP

Reference: DOEA Home and Community-Based Service Handbook

SYMBOLS KEY: Y=Yes; V=Verified; P=Partial; N=No; N/A=Not Applicable; F=Follow Up Needed; C=Corrective Action Needed; TA=Technical Assistance Provided; M=Corrective Action/Follow Up Met

Unit of Service: One hour of direct service with a client

	CODE
1. Personal Care is assistance with eating, dressing, personal hygiene, and other activities of daily living. This may include assistance with: __X meal preparation __X housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the client __X accompanying the client to clinics, physicians office visits, or trips for the purpose of health care provided that the client does not require special medical transportation __X shopping assistance to purchase food, clothing, and other items needed for the client's personal care	Y/V
Comments: The Provider offers personal care services to assist the participant's needs except for accompanying the clients and providing transportation.	
2. Personal Care may be provided by Home Health Aides or the Certified Nursing Assistants under Home Health Aide but does not substitute for the medical care usually provided by an RN, or Practical Nurse or therapist, HHA or CNA.	Y/V
3. Comments: The Provider offers Personal Care services by Certified Nursing Assistants staff who are supervised by registered nurse employed by the agency.	
4. Personal Care does not include the performance of simple procedures as an extension of therapy or nursing services and assistance with self-administered medication.	Y/V
Comments: The staff providing personal care follows the service agreement activities order, which does not include medication. The file narratives reflect the services provided.	
5. Personal Care services provided shall be specified in a written service agreement and essential to the needs of the individual rather than the individual's family.	Y/V
Comments: The Provider offers Personal Care services in accordance to the written service agreement. The personal care services are noted on a written service authorization form that is kept in the file and a copy is given to the client or caregiver. Also, the Provider's workers accommodate their services to meet the specific needs of each participant.	
6. The services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or by independent contractors acting within the	Y/V

definitions and standards of their occupation. (Per Chapter 400.464(5)(b)(1), Florida Statues, home health services provided by DOEA either directly or through a contractor, are exempt from home health agency licensing.)	
Comments: Provider is licensed with the Agency for Health Care Administration. Copy of licensed is on file at the AAA.	
7. Personal Care assistants shall meet training, certification, and background screening requirements of Chapters 400.512, Florida Statutes and Chapters 59A-8.004(10) and (11), Florida Administrative Code.	Y/V
Comments: The Provider offers in-service trainings on an on-going basis to address guidelines procedures. Copies of certification and in-service trainings are kept in the CNAs personnel files and were reviewed during this monitoring visit.	
6. Supervision by a registered nurse in the home shall be done at least every 90 days to ensure that service delivery meets standards of care.	Y/V
Comments: The Provider registered nurses visit the participants' homes at least every sixty days. Evaluations are conducted during visit and were reviewed during this monitoring visit.	
7. Staff maintains a chronological written record of services (time sheets) and reports incidents or changes in client's behavior to their supervisor.	Y/P/F
Comments: Time sheets for personal care were reviewed during the monitoring. The document does not have enough space to report unusual incidents or changes in the client's appearance or behavioral changes. The aides are trained to call the office to report any changes noted. The Provider was encouraged by Contract Manager to add an addendum to the service activities sheet to ensure that any unusual incidents or changes in the client's appearance or behavioral are record by the aides. The Provider will add an addendum to the activities sheet where the aides will write any unusual incidents or changes in the client's appearance or behavioral changes noted.	
9. Service Sampling/Client Comments:	
Comments: I would like to thank all of the people at Preferred who were involved in the care of my Dad. Actually there are no words to express my deep appreciation and gratitude. My family and I could not possibly have cared for our Dad at home during the last two weeks of his life without the help of (your staff). My Dad truly liked each one of them and they, in turn, were truly "angels". My family and I are tremendously grateful for the love, the compassion and the care that they gave to him." I am writing this because in today's world everyone is too quick to criticize and not enough compliments are said. I am very grateful to (staff member) and her dedication to my mother and how possibly saving her life by acting so quickly the day she found my mother. I wanted your company to know just how valuable	

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2

Measuring Outcomes of United Way–Funded Programs: Expectations and Reality

Michael Hendricks, Margaret C. Plantz, Kathleen J. Pritchard

Abstract

In 1996, United Way of America (UWA) developed and began disseminating the most widely used approach to program outcome measurement in the nonprofit sector. Today an estimated 450 local United Ways encourage approximately 19,000 local agencies they fund to measure outcomes. The authors first describe and then assess the strengths and limitations of the distinguishing features of the UWA approach, efforts to disseminate the approach, implementation by local United Ways, and actual outcome measurement by local agencies. The chapter ends with a description of United Way's relatively new emphasis on community impact and how that initiative relates to program outcome measurement. © Wiley Periodicals, Inc.

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United Way, the largest philanthropic organization in the United States, is a federated system of more than 1,300 autonomous, local United Ways across the country. The United Way mission calls for each United Way (UW) to improve its community by collaborating with local stakeholders to forge a shared agenda of local problems and develop strategies to address the underlying causes of these problems. To help these strategies become reality, UWs mobilize people and organizations to invest time, skills, expertise, and money—just over $4 billion across the system in 2006. The United Way of America (UWA) is the national leadership and support organization for this system.

At least three forces converged to spur UWs to begin requiring local agencies to measure the outcomes of UW-funded programs. First, local UWs wanted to ensure that they could both direct money to demonstrably effective programs and demonstrate to donors the results of their financial contributions to the UW. Starting in the 1980s, a small but growing number of UWs began local initiatives to measure program outcomes. By the mid-1990s, many UWs were encouraging UWA to develop a methodology and resources that all could use, sparing individual UWs from having to create their own approaches and materials.

Second, measuring outcomes reflects the logical evolution of performance measurement in the nonprofit sector in general. Nonprofit programs already were measuring several aspects of performance including inputs, activities, outputs, financial accountability, adherence to standards of quality in service delivery, participant-related measures, and client satisfaction (Plantz, Greenway, & Hendricks, 1997). UWs had been asking funded programs to report on these measures for many years. An obvious next step was to start measuring program outcomes, defined as benefits or changes for program participants (sometimes irreverently called the "So what?" question).

Third, the early 1990s saw other sectors of U.S. society enter a general era of results and accountability. The public sector, for example, was strongly influenced by the Government Performance and Results Act of 1993 (GPRA), which required each federal agency to define its desired results and measure progress annually. At the same time, the private sector was influenced by the quality improvement movement and a push for measurable goals and objectives, while the health care industry in particular was influenced by the outcome-oriented tenets of managed care.

Some skeptics have suggested another possible reason for the timing of UWA's interest in documenting effective outcomes: its potential public relations value. In 1992, the entire UW system was shaken by a scandal involving misuse of UWA funds by then-president William Aramony, who was forced to resign. Aramony was eventually convicted of fraudulent use of UWA funds and sent to prison. The fallout damaged UWA's credibility and fundraising efforts at local UWs and helped fuel a decline in trust in the nonprofit system in general. To prevent future abuses and rebuild trust,

UWA and a growing number of local UWs adopted organizationwide emphasis on accountability in the wake of this scandal. At UWA, the emerging interest in outcome measurement became one component of the past for greater accountability.

For whatever combination of reasons, in 1995 UWA initiated a high level and highly visible effort to help UWs document and improve the results of their investments in human services, including measurement of program outcomes. Estimates are that UWA may have spent nearly $2.4 million on this effort between 1995 and 2000, including grants received from the Lilly Endowment, the W. K. Kellogg Foundation, and the Ewing Marion Kauffman Foundation. This chapter examines four aspects of the program outcome measurement component of that effort: (1) the approach UWA developed at the national level, (2) rolling out the approach, (3) how local UWs implement the approach, and (4) outcome measurement as actually practiced by local agencies funded by UWs. For each of these four, we first describe the aspect and then present our assessment, both pro and con. A final section touches on United Way's current emphasis on community impact and how program outcome measurement intersects with that focus.

The UWA Approach to Measuring Program Outcomes

After creating a new internal unit to manage this function, UWA established a 31-member Task Force on Impact that included several prominent evaluators: James Bell, David Cordray, Stacey Daniels, Harry Hatry, Astrid Merget, Ricardo Millett, Patricia Patrizi, Howard Rolston, James Sanders, Carol Weiss, and Joseph Wholey. The task force also included representatives from local UWs in the United States and Canada, national health and human service organizations, foundations, and the public sector. The first task was to develop an approach by which local UWs could ask programs they fund to (1) identify the benefits they expect clients to experience as a result of their services, (2) measure the extent to which clients actually achieve those results, (3) use the information to increase the programs' effectiveness, and (4) share news of that effectiveness with many audiences.

The task force drew from established evaluation practice and expertise, as well as the grassroots innovations and lessons of local UWs and others, to develop United Way of America's approach to measuring outcomes. The approach has several distinguishing features (see Table 2.1). Conceptually, it:

- *Emphasizes outcomes as more meaningful measures of a program's value than outputs.* This predated the position adopted by the U.S. Office of Management and Budget (OMB) to assess federal programs via its Program Assessment Rating Tool (PART): "Outcome measures are the most informative measures about performance, because they are the ultimate results of a program that benefit the public. Programs must try to translate existing

Table 2.1. Distinguishing Features of the United Way of America Approach to Measuring Program Outcomes

Conceptual features
Focus on outcomes as measures of effectiveness
Quantitative measurement of outcomes
Regular, systematic measurement
Not evaluation as traditionally defined
Program improvement as main objective
Local measurement necessary
Practical features
Most steps done by in-house staff of UWs and agencies
Avoids often-confusing terminology
Logic model a key component
Programs identify their own outcomes
Supports using products of other national organizations
Relatively long time horizon for implementation
A round or two of measurement precedes setting targets

measures that focus on outputs into outcome measures . . ." (U.S. Office of Management and Budget, 2007, p. 9).

- *Encourages agencies to develop ways to measure outcomes quantitatively.* Although it recognizes that qualitative information can help both in designing meaningful measurement and in understanding and responding to the findings, and it acknowledges the limitations of quantitative data, the UWA approach nonetheless emphasizes numerical evidence of program performance.
- *Values repeated measurement of outcomes at appropriate intervals.* This interval will vary with the outcome; students' learning might be measured weekly, for example, while women's heart health might appropriately be measured only once a year. But the approach encourages accumulation of longitudinal data.
- *Does not attempt to be evaluation as most evaluators know it, but a more modest effort simply to track outcomes.* Therefore outcome measurement cannot support assertions of causality or explain why a certain level of outcome was achieved. For this reason, and even though some UWs call their efforts "outcome *evaluation*," UWA has consistently used the term *outcome measurement*.
- *Emphasizes improving program effectiveness as the primary reason for measuring program outcomes, with external accountability as a secondary purpose.* This order is sometimes difficult for both local UWs and agencies to adhere to consistently, but the approach advocates outcome measurement primarily as a tool to improve programs. In this regard, the UWA approach parallels the W. K. Kellogg Foundation's primary emphasis on improving programs (cf. W. K. Kellogg Foundation, 1998).
- *Asserts that demonstration of effectiveness in national studies does not substitute for measurement of effectiveness in individual sites.* That is, even though a particular set of services or delivery methods may have been rigorously shown to be effective under certain conditions, this fact does not automatically equate to program effectiveness at a given local site, which may operate under quite different conditions. In the UWA approach, the only way to confirm local effectiveness is to measure local effectiveness.

In addition to these distinguishing features at the *conceptual* level, the UWA approach also has several distinguishing features at the *practical* level. For example, the approach:

- *Suggests that most aspects of outcome measurement can be implemented by in-house staff of local UWs and agencies, supplemented as needed by help from contracted evaluators or other outsiders.* As we will see below, this belief may be more or less accurate, but it underlies many of the approach's practical suggestions.
- *Avoids attempting to parse the often ill-defined differences among terms such as* mission, goal, purpose, objective, result, outcome, *and* impact *and focuses only on a limited number of terms related to outcomes.* The fact that certain results must be achieved first in order to achieve later results is addressed by speaking of a specific sequence of outcomes—initial, intermediate, and longer-term—and by highlighting the "if-then" linkages between activities and the resulting outcomes at different levels.
- *Advocates development of a program logic model as a valuable tool for discovering and displaying the links between activities and outcomes.* For many outsiders, this may be the most visible symbol of the UWA approach; the four-part graphic of Inputs-Activities-Output-Outcomes has become familiar to many persons within and outside the UW system.
- *Asserts the value for a program of identifying its own logic model, outcomes, and indicators, both to increase shared understanding of the program's theory of change and to assure the relevance and usefulness of outcome data to program managers and staff.* Recognizing the potential for harm when such materials are imposed externally or plucked thoughtlessly from a list of options developed by people without program-relevant expertise, UWA's task force recommended against creating repositories of standardized materials from which local agencies can make selections. Other organizations, responding to their undeniable time-saving appeal, have developed such repositories (e.g., www.urban.org/center/cnp/projects/outcomeindicators.cfm).
- *Encourages, recognizes, and refers UWs and local agencies to national health and human service organizations that have developed outcomes, indicators, measurement tools, analysis procedures, and reporting systems specifically for their substantive program areas (e.g., UWA 2003b).*

- *Urges practitioners and funders to expect a relatively long time horizon for developing, testing, and refining outcome measurement systems.* In fact, UWA asserts that agencies will require two to four years from the time the idea of outcome measurement is first introduced to the point of having meaningful outcome data. To our knowledge, no other approach acknowledges this reality so explicitly.
- *Advises against establishing performance targets until the program has collected enough outcome data to know what targets are reasonable.* This contrasts with GPRA requirements to establish performance targets immediately, regardless of whether sufficient baseline data exist.

Our Assessment of the UWA Approach to Measuring Program Outcomes

In the interest of full disclosure, each of us is closely connected to the United Way efforts to measure program outcomes. Hendricks has consulted with UWA and continues to consult regularly with various UWs around the country; Plantz was instrumental in developing UWA's program outcome measurement efforts and continues some involvement in that work; Pritchard pioneered outcome measurement efforts in a local UW that became a system leader and was working at UWA when this chapter was written. Clearly we are not unbiased, outside observers. Nonetheless, despite these connections—or perhaps partly because of them—we feel uniquely positioned to identify some of the strengths and weaknesses of the UWA approach.

As Table 2.2 shows, we believe the UWA approach contains many strong elements:

- *Its clear emphasis on outcomes is moving the entire nonprofit sector in this direction (Hendricks, 2002), as can also be seen in other chapters of this issue.*
- *Stressing program improvements, not external accountability, as the primary reason for measuring outcomes is beginning to change how local-level programs and their funders think about evaluative activities.*
- *Standardizing and simplifying the terminology helps everyone involved, and it would be a good model for the evaluation world in general to emulate.* We spend far too much effort parsing the differences between unnecessarily confusing terms.
- *Agency after agency has remarked on the benefits of logic model thinking.* It has been enormously helpful for programs that too often have no clear, shared vision of what their program is trying to accomplish, or how.
- *Public acknowledgment that implementing such a fundamental organizational change will take years, not months, relieves pressure to produce outcome data immediately and allows UWs and agencies to experiment with approaches tailored to their unique situation.*

Table 2.2. Our Assessment of the UWA Approach to Measuring Program Outcomes

Strengths
Emphasis on outcomes
Program improvement as primary motivator
Simplified terminology
Logic model as important tool
Timeframe for implementation in years, not months
Makes some evaluation practices practical
Limitations
Underestimated challenges of outcome measurement for in-house agency and UW staff
Underestimated difficulties of imparting to in-house staff the evaluation skills needed to meet these challenges
Underestimated need for TA after initial training
Too little guidance on how agencies can use data
Too little guidance on using qualitative narratives to identify and illustrate quantitative outcomes
Underemphasized importance of regular progress
Insufficient links to quality tools and examples

- *Finally, and importantly, the UWA approach makes application of some evaluation practices practical for local UWs and agencies.* Prior to UWA's effort, most UWs and agencies had focused on counting activities and outputs (mostly clients served) while a few had experienced expensive, one-time, university- or consultant-completed "program evaluations," which too often produced neither a useful product nor a satisfying process. UWA's approach offers a doable process yielding information that programs can use to improve their results for clients.

On the other hand, we also believe that time has revealed several limitations to the approach.

- *First, the approach underestimated not only the challenges agency staff face in implementing and using outcome measurement but also the challenges UW staff face in helping agencies accomplish those tasks.* Either role would be challenging for even a highly experienced evaluator, and although some agency and UW staff had sufficient evaluation training and experience to fulfill these new roles, the majority of in-house staff found the new tasks to be outside their previous experience and expertise.
- *Second, the approach underestimated the difficulties of imparting the needed evaluation skills to in-house staff of both agencies and UWs, especially those staff with little or no background in the discipline.* As readers of this journal know quite well, evaluation training can be a lifelong journey. We mention

here some concerns about the specific strategy used to train in-house staff, but the task would have been difficult using any strategy. It is simply not easy for agency and UW staff to become skilled practitioners of outcome measurement.

- *A third, related limitation is the failure to recognize that ongoing, task-specific, and content-specific technical assistance is essential to effective implementation, even if initial training is bulletproof.* Training is necessary, but training alone is insufficient; ongoing technical assistance is also required.
- *Fourth, UWA's task force focused more of its efforts on developing the front end of the process—UW implementation of outcome measurement among programs and agency collection of outcome data—than on the back end of the process, especially ways to analyze, interpret, and use those data.* As a case in point, of the 170 pages in the UWA manual, 18 (11%) are devoted to using the findings. These pages describe 12 management challenges that outcome data can help agencies meet, but they offer little guidance on exactly what steps agencies can take to use the data for these purposes. For example, the UWA manual encourages agencies to use outcome data to improve the effectiveness of programs. Some agencies know specific steps for making this happen—for example, analyze the outcome data to pinpoint where the program is having more and less success, interpret the implications, brainstorm possible ways to improve services, implement trials, draw conclusions, and revise the program.

  But for many other agencies, specific guidance about these sorts of steps would have been (and still would be) very helpful. As a result of the relative dearth of back-end guidance in written resource materials and training curricula, the effort is perceived by some as focused on research-oriented data gathering, not management-oriented program improvement (Kopczynski & Pritchard, 2004). This limitation may be harder for evaluators to help remedy because they too have traditionally been only minimally trained in the management uses of data, but perhaps the evaluation profession has more to offer than we realize.
- *Fifth, the emphasis on quantitative measurement is difficult for local health and human service agencies that are used to telling their success stories with narrative vignettes.* Guidance is needed to help agencies use their narratives to identify intended outcomes and see measurement as a way to learn whether the stories are unique or representative of other clients. Agencies could then use their vignettes to *illustrate* their outcome data rather than claiming the vignettes as *evidence* of outcomes. Perhaps evaluators could help by suggesting ways to build on qualitative approaches, such as Davies's most significant change method (Davies & Dart, 2005) or Brinkerhoff's success case method (Brinkerhoff, 2003).
- *Sixth, although we applaud UWA for advocating a realistically long timeframe for agencies to implement program outcome measurement, early guidance underemphasized the importance of making regular progress within this time period.* As a result, implementation was sometimes characterized by

significant activity immediately following agency training, then months of minimal thought or progress capped by frantic catch-up just before an annual report to the UW was due. An extreme example is one UW that gave agencies three years to implement outcome measurement, required very little of those agencies for more than two years, and then expected them to have reliable outcome data at the end of the third year. Although UWA later issued supplemental advice that UWs set up a schedule by which agencies would demonstrate progress in small but frequent steps, the message was not early or widespread enough to become standard procedure. Allowing a long time horizon is fine, but to develop an effective system the time must be filled with constant progress.
- *A final topic, which may or may not represent a limitation of UWA's approach, is its decision not to create a comprehensive national repository of logic models, outcomes, indicators, and data collection tools.* Nationwide, hundreds of UW-funded programs struggle with how best to measure outcomes for youth development, domestic violence, early learning, senior care, drug abuse, financial stability, housing, and a host of other health and human services. There is no doubt that these programs would save considerable time and effort, at least initially, if they could access materials already developed by similar programs. Many agencies have asked local UWs to make such resources available, and some UWs have created local repositories of materials to share among the agencies they fund. In turn, many UWs have asked UWA to gather, store, and share these materials on a national level, but UWA has consistently declined, guided by the recommendation of its national task force as described earlier. Is this a limitation of UWA's approach, or simply a fact?

  An alternative approach to this challenge might be for UWA to identify and furnish links to compilations prepared by others, especially those with subject-matter expertise offering already vetted resources and tools. For example, the Girl Scouts of the USA has developed a series of outcome measurement materials for programs helping to develop young girls (see http://www.girlscouts.org/research/publications). UWA's second report on outcome measurement activities of national health and human service organizations (United Way of America, 2003b) included some of these program-specific references, and UWA's Outcome Measurement Resource Network originally supplied links to many such resources. Continuing these early efforts to create links to examples of program-specific outcomes and indicators and tested data collection tools would have been helpful to many UWs and programs.

Rolling Out the UWA Approach

Once the task force had developed UWA's approach to measuring program outcomes, UWA created a number of resources to roll out the approach throughout the entire UW system. Most well-known is its 170-page manual

for agencies, *Measuring Program Outcomes: A Practical Approach* (United Way of America, 1996). This manual, with lead authorship by Harry Hatry, a well-known performance measurement expert at the Urban Institute, is now in its 15th printing and has sold more than 160,000 copies. For the years 2003–2005, more than one-third of those purchasing the manual were government offices, foundations, students, consultants, or colleges and universities. Regarding the last group, nearly 100 colleges and universities purchased the manual during a recent 14-month period, and more than 50 purchased 10 or more copies, suggesting its use in a human services, social work, or public administration course.

The manual was one of five resources UWA released in 1996. The others were a practice-oriented training kit aligned with the content of the manual, a guide on implementing program outcome measurement for UW staff, a shortened version of this guide for UW board members and other volunteers, and a video introduction to basic outcome measurement terms and concepts.

Many additional resources have followed. Some help UWs deal with implementation issues, such as job descriptions for UW program outcome measurement staff; a report on the essential underpinnings that need to be in place for a UW to plan for, implement, sustain, use, and benefit from program outcome measurement (United Way of America, 2003a); examples of UWs measuring their own outcomes; and most recently a guide for building or buying software for a Web-based system UWs can use to manage agencies' outcome data (United Way of America, 2007a) and descriptions of existing software and systems that UWs can use for this purpose.

Other UWA resources help UWs build agency capacity for outcome measurement, including a 90-minute video with materials for delivering a three-hour introductory workshop; examples of how UWs have linked agencies with technical assistance and resources; examples of how UWs have collaborated with other funders to build agency capacity; information about commercially available software and Web-based systems agencies can use to manage outcome data (United Way of America, 2005b); and two snapshots (United Way of America, 1998; United Way of America, 2003b) of what other national organizations were doing to help local affiliates measure outcomes.

A second, integral component of the roll-out was a train-the-trainer strategy in which UW staff first received expert training on all aspects of the approach and then returned to their local areas to train a variety of persons—local agency staff, staff and volunteers from their UW, and sometimes other local funders, non-UW agencies, and local government bodies. To train the trainers, UWA developed a highly structured four-and-a-half-day training course, "Implementing a Focus on Program Outcomes." This training taught UW staff how to use a detailed training kit to build skills in applying the concepts and procedures in the UWA manual. As of March 2007, 641 persons from 281 UWs in 46 states and three foreign countries had been trained in this manner.

Third, to conduct these multi-UW training sessions, to have people available to train local UWs and agencies, and to offer in-depth technical assistance when requested, UWA recruited and trained a national consultant pool of six senior evaluators.[1] These evaluators were experienced both in evaluation and in working with local agencies. In the first few years of the roll-out, members of the consultant pool led numerous training sessions around the country, each typically two days in length. They also furnished technical assistance to several hundred agencies under various arrangements with UWs.

A fourth important feature of the roll-out was two UWA Websites offering program outcome measurement resources. One of these is publicly available at www.unitedway.org/outcomes; it received 109,195 hits in 2006. The other is UWA's private UW-only Website. Each site is updated with new resources as they become available. There also is a private listserv for UW staff involved in program outcome measurement.

Fifth, UWA created a National Learning Project (NLP) to study efforts by seven leading-edge UWs to implement and use program outcome measurement and document the resulting impacts on UWs, local agencies, and communities. The UWs, UWA, and a consultant team formed a learning community to share experiences, tools, and lessons learned. The final NLP report (James Bell Associates, 2001) included cross-site findings and individual site reports with guidance and resource materials for other UWs.

Sixth, every other year during the first eight years of UWA's initiative, UWA held a popular national Forum on Outcomes. In plenary sessions and break-out groups, UWs were able to learn from and get practical advice from the early-adopting UWs, share lessons and solve problems with each other, and gain exposure to evaluation approaches from outside the UW system, presented by such evaluators as James Bell, Sidney Gardner, Harry Hatry, Astrid Merget, Michael Patton, James Sanders, John Seeley, Stacey Stockdill, and Joseph Wholey.

Finally, UWA's roll-out extended beyond the UW system. As its early materials were released, UWA conducted two trainings on UWA's approach and training methodology for staff of 32 national health and human service organizations. It has also made more than 40 presentations on program outcome measurement to regional, national, and executive-level workshops and conferences of national nonprofit organizations.

Our Assessment of the Roll-Out Process

As Table 2.3 shows, overall we are satisfied with several aspects of UWA's efforts to disseminate its approach to measuring outcomes:

- *Several key products were developed quickly, an accomplishment helpful to those working at the local level.*

- *The manual's continuing popularity speaks for itself, as do the many visits to the UWA Website.*
- *Ongoing feedback on the training materials from sources within and beyond the UW system attest that they are methodologically sound, engage participants, and begin the process of developing products with real-world applications back home.*
- *The National Learning Project afforded invaluable insights into common experiences, lessons learned, and promising practices for the system.* Shared tools and other resources helped accelerate implementation by other UWs and contributed to greater alignment of expectations among UWs.
- *The trainings and multiple presentations for national health and human services organizations helped them know what was being asked of many of their local affiliates by local UWs.* Many national organizations responded by disseminating UWA's materials and approach to their affiliates. Many also developed measurement resources for their affiliates that aligned with the UWA approach.

In sum, most people would probably agree that United Way's efforts have made it the most widely disseminated approach to outcome measurement in the nonprofit sector. At the same time, we can identify various elements of the roll-out that could have been improved.

- First, and perhaps most fundamental, was the heavy reliance on a train-the-trainer strategy to prepare UW staff to impart skills to agency staff. Because of this strategy, most local agency staff were trained not by experts or professional evaluators but by local UW staff, most of whom had themselves been trained only recently. This strategy overestimated the degree to which local UW staff could absorb all the necessary knowledge and skills in one week, remember it over time, and impart it effectively to local agencies. Being an effective trainer and technical assistance provider requires both training and consulting skills and a solid knowledge of the subject matter. Of UW staff who received UWA's training, there were many, especially from larger UWs, who had solid prior evaluation training and experience. These already-knowledgeable individuals met the challenge well. But the majority of UW staff, for whom this was relatively new content, were not turned into evaluators in a week. Because staff of larger UWs had more agencies to prepare, they had more opportunity to deliver training and technical assistance and thus gain knowledge and experience. Staff of smaller UWs, with fewer agencies, had less opportunity for this learning and improvement.

This is not to suggest, however, that trained evaluators would necessarily have been more effective at training and providing technical assistance for outcome measurement. Some evaluators find it difficult to integrate UWA's approach to outcome measurement with their commitment to experimental design, or to understand the reality of local service delivery agencies. Some know evaluation but do not teach it effectively. Many UWs did engage evaluators to help with the task, and even though many were helpful each of us has heard horror stories from frustrated UWs and local agencies about professional evaluators or academics who gave guidance that ultimately led to overly complex processes or unrealistic expectations. Thus hiring an outside consultant is far from a panacea.

In retrospect, UWA's roll-out would have benefited from both increased focus on building UW staff skills in specific outcome measurement tasks and more practical guidance on identifying, engaging, and managing outside experts with the appropriate set of skills.

- *Second, and as noted earlier, UWA's approach fell short in helping agencies use outcome data once collected.* The same is true regarding guidance given to UWs on how *they themselves* could use program data. UWA conducted training on using program outcomes in funding decisions and conducted research on using outcome data to communicate UW impact. UWA did not, however, do enough to impart to local UWs the variety of other ways they could use the data and learning from programs to enhance their own work.
- *A third limitation was that, even though a number of local UWs monitored the outcome measurement progress of the agencies they themselves were funding, UWA did not continuously and systematically track agency-level progress across the UW system.* Early on, UWA did use grant funds for a 1999 survey of 391 agencies in six communities (discussed in the section "Outcome Measurement as Practiced by Local Agencies"), a survey that identified both the challenges these agencies encountered and the benefits they received. However, it would have been valuable to repeat this survey in later years in order to assess changes over time. One observer has pointed out the irony of an effort to encourage others to improve measurement and build knowledge not continuing to monitor agency-level progress when its work spanned more than 10 years and affected hundreds of UWs and thousands of agencies.

Table 2.3. Our Assessment of the Roll-Out Process

Strengths
Quick development of many products
Very popular manual and Website
Well-regarded training materials
Structured learning from leading-edge UWs
Dissemination via Websites, conferences
UWA collaboration with other national organizations
Limitations
Overreliance on train-the-trainer strategy
Too little guidance on how UWs can use outcome data
No large-scale study of local agency progress since 1999

Implementation of the UWA Approach by Local United Ways

As mentioned earlier, the United Way system is a federation of 1,300 autonomous local UWs, each independently incorporated and governed by a local board of directors. In this respect, United Way is more akin to the real estate company RE/MAX, with its slogan "Each office independently owned and operated," than the restaurant giant McDonald's, which standardizes very precisely the exact materials and procedures each location must use. This autonomy means that each local UW decides for itself whether or not it will measure outcomes, and if so, how.

Some UWs were early pioneers of outcome measurement 15 or more years ago, and many of the lessons they learned became part of the UWA approach. One of us led the pioneering efforts in the United Way of Greater Milwaukee.[2] At the other extreme, many UWs have yet to measure outcomes and show no interest in beginning to do so.

Other UWs fall between these two extremes, in that they began measuring outcomes within the past 10 years—some proceeding in fits and starts—or are beginning now. In the past few months, one of us has worked with a UW just starting the process.[3] In this case, the UW's long-time executive director was consistently opposed to measuring outcomes, and only her departure opened the door to moving in this direction.

Today, an estimated 450 UWs require agencies to measure program outcomes; this includes most of the 350 UWs having more than five full-time staff members. Together, these 450 UWs fund approximately 19,000 local health and human service agencies, making implementation fairly widespread.

However, simply because 450 UWs are requiring outcome measurement does not mean that each UW follows UWA's recommended approach. Exercising their local autonomy, some UWs use UWA materials and adhere closely to the suggested principles and procedures. Other UWs use UWA materials but do not follow UWA guidance regarding implementation. Other UWs use materials from other sources, materials that are not always consistent with the UWA approach. Still other UWs adopt a combination of approaches, or they sometimes develop an approach of their own.

The reality is that, even though UWA offers a uniform approach and materials at the *national* level, UWs are using a variety of approaches and materials at the *local* level. In some cases, in our view, the differences have had unfortunate results. In others, their excellent current practices reflect 10 years of learning, growth, and innovation since the time the basic UWA materials were released. In fact, one might argue that it would be disappointing if UWs had *not* moved beyond the original guidance by now.

Regardless of the approaches they use, most of the UWs involved in measuring outcomes seem committed to helping build agency capacity for the task. Many funders, in requiring their grantees to conduct measurement

of various types, supply definitions, examples, or lists of variables or tools, but only some foundations have been as persistent as UWs in working to build grantees' outcome measurement capacity. In a 2002 survey of 215 UWs that had implemented or were implementing plans for program outcome measurement, 83% of 71 responding UWs reported offering both ongoing training and technical assistance to agencies, identifying it as "essential" for successful implementation (United Way of America, 2003a). Of course, the 33% response rate to this survey requires us to interpret these findings with caution.

The challenges of providing this training and technical assistance to agencies, however, have been significant. Regarding training, most UWs fund many programs; the largest UWs may fund 200 or more. This creates a need to train many people, both in agencies and in the UW. Local agencies and UWs also have staff turnover, which creates a continuing need for retraining. Although trained staff often move on to other human service agencies, thus building overall community capacity for outcome measurement, the disruptive implications of this turnover for individual agencies is significant. In addition to the immediate halt in activities when a key outcome measurement person leaves, it can be difficult to find an affordable replacement; and once found, it takes time and expense to bring the new person up to speed.

You will remember that, in the UWA approach, the primary reason to measure outcomes is to increase program effectiveness. Many UWs are encouraging agencies to use outcome data for exactly this purpose. For example, 75% of UWs responding to the 2002 survey consider a program's outcome-based learning and improvement in its funding decisions. However, very few UWs offer training, assistance, or practical guidance on the uses of outcome data for this purpose.

Although the guidance cautioned otherwise, early expectations were that UWs would move quickly to use outcome data to guide funding decisions. Perhaps they might give more money to programs with higher outcome scores and less or no money to programs not demonstrating such effectiveness. On the other hand, perhaps UWs might give low-performing programs *more* money, not *less*, in order to help them succeed. In any event, there were concerns that UWs might use the data in funding decisions before agencies had good measurement systems in place, might not take into account the very real variability among programs, and might focus on outcome data to the exclusion of other important criteria.

In actuality, as UW staff and volunteers came to understand the challenges of measurement the initial impulse for a rush to judgment subsided. In the 2002 survey referenced earlier, 95% of UWs said they were asking for outcome information from agencies, and 85% said that the information was an important factor in funding reviews. Nowhere, however, is it the only factor considered, and it appears that defunding programs solely because of outcome performance does not happen often. Several factors may be at play

here, among them reluctance to defund certain agencies (long-time partners, small grassroots organizations, large and influential agencies, agencies with influential board members, and so on) and UWs' understanding that factors other than program performance can affect results.

Despite these limitations, UWs implementing outcome measurement find that it offers several benefits. In the 2002 survey, more than two-thirds of responding UWs reported that measuring outcomes has helped them improve several facets of their operations: their accountability to donors and the community (70%); their marketing and fundraising messages (73%); their image and visibility in the community (70%); and their success in retaining, maintaining, and increasing dollars (68%). In these ways, measuring outcomes seems to produce tangible benefits for many UWs.

However, even while requiring outcome measurement of funded programs, most UWs do not use the tool for themselves. In the 2002 survey, although 66% said their UW sees the value of having an outcome focus in its own work, only 35% reported that their UW measures outcomes of internal divisions, and only 26% confirmed that outcomes are included in job descriptions and performance reviews.

Outside their funded agencies, some UWs have had an impact on outcome measurement among other public, private, and nonprofit groups. In the 2002 survey, 65% of UWs reported they were offering training to programs they did not fund. The Wisconsin state human service department asked the UW in Milwaukee to train human service agencies in that state. The UW in New Orleans conducted a two-day training program for the heads and key staff of Louisiana state departments. A volunteer at the UW in Cleveland, trained on the UWA approach, adapted UWA's manual for his small business loan program. Crime Victim Services, a local agency funded by the United Way of Greater Lima (Ohio), took to heart the UW training it received, and its outcome planning so impressed state officials that the Ohio attorney general mandated eight of this agency's local outcomes to be outcomes for the entire state. Summit Endowment, a community health foundation in rural Pennsylvania, has for several years used a variation of the UWA approach with the agencies it funds (Hendricks, 2006).

Our Assessment of Implementation by Local UWs

Table 2.4 shows our overall conclusion about implementation in local UWs: There is no one, single way outcome measurement has been implemented. Instead, there is a wide variation in efforts, ranging from those that are measured, thoughtful, and helpful to those that are rushed, ill-conceived, and nonproductive. We would like to believe there are more examples of the former than the latter, but firm data do not exist.

Such variability is inevitable in a federation such as the United Way, and to expect uniformity would be wishful thinking. One might as well

Table 2.4. Our Assessment of Implementation by Local UWs

Overall conclusion
Wide range of efforts, varying across UWs; some productive, some not
It might help UW systemwide performance to:
Update the 1996 manual
Encourage more UWs to:
Inform the UW allocations volunteers more fully
Coordinate with other local funders
Tap relevant local expertise
Help agencies obtain useful resources
Provide funds to support outcome measurement

expect each basketball coach in Indiana to teach her team the exact same offensive scheme. Given this variability, however, a few steps might improve the overall situation across the UW system:

- *UWA might update its well-known manual to reemphasize important points from the original edition and incorporate important new topics, especially practical ways to analyze and use outcome data.* The original writing occurred in 1996, and much has been learned in the past 12 years. Not every local UW would study the new edition in detail, but its publication would likely reaffirm UWA's commitment to program outcome measurement, reinvigorate local efforts, and bring a decade of learning and improvement to UWs, the nonprofit sector, and others. To those resisters who have believed (hoped?) that this is simply another passing phase, it would also serve as an important indicator that outcome measurement is here to stay.
- *UWs might place more emphasis on informing their allocation volunteers of the challenges and limitations of outcome measurement, what it is reasonable to expect from agencies, and the criteria they should use to evaluate agency outcome results fairly.* In each UW, the important funding decisions are essentially made by these volunteers, not by paid staff. Yet these volunteers have typically received less training from UW staff, largely because they are busy members of the community. As a result, they do not always know what is appropriate to expect from an agency.
- *UWs might better coordinate their outcome measurement efforts with other local funders such as county governments or local foundations, and with contiguous UWs.* Wise UWs do this already, and the benefits are obvious. When different local funders use their own approaches, terms, definitions, timeframes, and reporting requirements, local agencies are forced to change their procedures for each funder. This harms the agencies and undermines each funder's intentions; the agencies are obviously unable to

truly absorb and integrate any one funder's approach. A coordinated effort, on the other hand, is more likely to represent a thoughtful implementation strategy that allows agencies to focus on substance without having to juggle competing idiosyncrasies.

- *UWs might make a concerted effort to tap into relevant expertise available in the local community.* Few UWs have all the necessary skills in-house, and effective implementation often requires drawing on talent from outside the UW. For example, staff and volunteers of agencies already pursuing outcome measurement, management assistance programs for nonprofit organizations, UW volunteers from businesses such as market research or public relations firms that collect and analyze descriptive data, or carefully selected and oriented university faculty or consultants could conduct training sessions and offer technical assistance to agencies. Retired business executives could help UW boards learn to use outcome data for funding decisions and in other ways.
- *UWs might help agencies obtain useful resources by, for example, creating a directory of local resource people and organizations, developing a resource library of reference materials, organizing brown-bag lunches or technical assistance clinics on specific topics that agencies can attend when relevant, and encouraging agencies to work together and share experiences and resources.*
- *Finally, UWs might provide funds to help agencies develop their outcome measurement systems through direct grants, by requiring a certain percentage of each grant to be devoted to measuring outcomes, or by accepting part of the cost of developing and operating an outcome measurement system as an agency budget expense.* Funds also might support the collaborative efforts of "affinity groups" of like-focused agencies to establish their measurement systems. As one expert notes, "Quality costs," and agencies cannot invest monies they do not have. Even if there are no direct costs for hiring outside experts, data collection, equipment, or services, there are certainly the indirect costs of time spent by agency staff.

Outcome Measurement as Practiced by Local Agencies

In this section, we reach the nub of the issue. UWA can develop its approach and materials, and a local UW can implement outcome measurement well or poorly. But neither of those groups is asked to identify desired outcomes, create logic models, develop measurable indicators, develop data collection instruments and procedures, gather data, analyze them, interpret the findings, and use those findings both to improve programs and for external accountability. Those tasks fall to local health and human service agencies, the place where, truly, the rubber meets the road.

Given the variability in UW implementation, it is not surprising that the experiences of local agencies also vary considerably. Some agencies readily grasp both the concepts and the recommended techniques, and for them

outcome measurement is a helpful tool. In the 1999 survey of 391 experienced local agencies mentioned earlier (United Way of America, 2000), more than three-quarters of the 298 respondents reported that measuring program outcomes helped them clarify program purpose (86%), focus staff on shared goals (88%), identify effective practices (84%), improve service delivery (76%), enhance recordkeeping (80%), communicate results to stakeholders (88%), and compete for resources (83%). Overall, 74% of agencies agreed that "on balance, implementing outcome measurement has had a positive impact on this program's ability to serve clients effectively," and 89% answered yes to the question, "Would you recommend to the director of a similar program that he/she consider implementing program outcome measurement?"

These 298 agencies also reported several difficulties in 1999. About 50% reported that measuring program outcomes overloaded their recordkeeping capacity, diverted resources from existing activities, and led to a focus on measurable outcomes at the expense of other important results. More than 50% found it difficult to identify appropriate outcomes, indicators, methods, and data collection tools. About 60% reported insufficient staff time available and inadequate computer hardware and software capacity to store and manipulate outcome data. More than 60% were concerned about the cost of measuring outcomes. Some of this may have been the inevitable difficulties with any new effort, but many of these issues probably remain as concerns for local agencies.

These overall findings may be viewed as somewhat encouraging, but are they representative of all agencies today? The question is fair; these 298 agencies were surveyed explicitly because they were funded by one of six pioneering UWs involved in UWA's National Learning Project. These UWs were measuring outcomes before the UWA approach was developed—although all six UWs subsequently adopted the UWA approach—and they were atypically knowledgeable and experienced.

How, then, are those agencies faring that are funded and supported by more-typical UWs? We have no systematic data on agencies since the 1999 survey, but our collective experience from site visits, conversations, and various documents leads us to believe that the overall picture is probably mixed, with serious challenges emerging alongside productive benefits; some agencies might even report their overall experience to be negative. On the other hand, the additional years of experience with outcome measurement by individual agencies and among nonprofits in general may have allowed time for greater facility with, and more varied and effective uses of, the tool. We simply do not know in any systematic way; hence our earlier suggestion to gather local-level experiences more regularly.

Our Assessment of Agency Outcome Measurement

Just as there is no single experience shared by all UWs implementing outcome measurement, so is there no single experience shared by all agencies

Table 2.5. Our Assessment of Local Agency Outcome Measurement

Overall conclusion
Wide variability of experiences, varying across agencies; some positive, some not
UWs cannot influence
Inherent difficulty of outcome measurement
Commitment of agency leadership
Motivation of front-line staff
However, UWs can influence
Type and level of support given to agencies

striving to measure outcomes (see Table 2.5). Some agencies are "poster boys and girls" for the concept, and they inspire others with what can be done. Other agencies are only partially grasping the concepts and reaping only some of the benefits. Still other agencies may be frustrated at an effort they feel is time-consuming and unproductive. This variability is compounded by the fact that, for most agencies, UW funds make up only a small percentage of their overall funding; other funders typically supply more money and therefore carry more influence.

We are especially concerned that agencies are not using outcome data to derive as much benefit as they could. Too many agencies may feel they have "used" their outcome data if they submit an outcome report to their UW. As with the UWs that fund them, we suspect that too few agencies are using outcome data to increase the effectiveness of their programs. As one expert laments, the effort hasn't yet made the essential leap from outcome measurement to "outcome management," that is, from outcomes reporting to "outcomes usage." In our opinion, this may be the biggest agency challenge at the moment.

- *We see four factors determining agency success in measuring outcomes, and unfortunately we believe a UW can influence only one of them.* The first factor is the *inherent difficulty* of collecting, analyzing, interpreting, and using outcome data. Despite the motivating successes in some agencies, the task requires a specialized combination of analysis- and management-oriented skills, and few agencies have staff with these specialized skills. Guidance is increasingly available for steps such as analyzing outcome data (Hatry, Cowan, & Hendricks, 2004) and using it to benefit the program (Morley & Lampkin, 2004), and outside vendors are beginning to offer outcome measurement-related services to agencies, but agencies still need to guide these efforts.
- *The second factor is the agency's leadership.* All of us, and many of our colleagues, have seen the importance of top-level commitment to measuring and continuously improving outcomes. With this leadership, even an underfunded, overworked agency can achieve surprising successes; without it, chances of success are much lower.
- *The third factor is the agency's staff.* Strong leadership is important, but front-line staff are the ones who actually fill out the forms and keep the records, and too often they don't recognize the value or relevance of doing so for themselves and their agency. In addition, though many agencies are quite stable, two UWs found that 28% and 33% of agency staff they had trained in outcome measurement the previous year had left their jobs.
- *Our view is that UWs cannot influence to a significant degree any of these first three factors.* This leaves the fourth factor: the type and level of support from the agency's UW, especially over time. We believe an agency is more likely to succeed if its UW offers them a vision of what is possible, a trusting partnership in which to discuss program weaknesses, and continuing training and technical assistance to do the task successfully. That is, it appears agencies are more successful with outcome measurement when their UWs help them measure well and make good use of the data. Agencies must engage fully and do their best, but UWs have an important role in creating the conditions for success.

Program Outcomes and Community Impact: An Evolution for the UW System

The focus of this chapter, and the priority of the early work of UWA in this area, has been on measuring program-level outcomes. But as previously noted, even in the early years of the effort UWA and its task force realized that UWs seek to affect more than the people served by UW-funded *programs*. They also aspire to affect and measure their impact on *community*-level change.

This broader aspiration has taken center stage as, starting in 2001, the UW system undertook a transformation to make community impact its central focus. In this transformation, *community impact* is about improving the lives of *community populations*—groups of people in the community—by changing policies, organizations, systems, neighborhoods, networks, and other factors that influence those populations. This contrasts with *program outcomes*, which are changes in *program clients* stimulated by program activities (United Way of America, 2007b).

UW is focusing current efforts on the challenge of achieving *community* impact, but this does not mean a lessening of the emphasis on *program* outcome measurement. UWA President and CEO Brian Gallagher has said, "In the move to community impact, program outcome measurement is table stakes: you don't get in the game without it." UWA has identified 17 examples of ways that program outcome measurement contributes to community impact in three strategic areas: demonstrating results of direct-service efforts, allowing a head start in implementing the community impact model, and helping to target community issues (United Way of America, 2006).

It has also issued guidance for and examples of using program learning to inform community impact objectives and strategies (United Way of America, 2005a).

As its early work suggested, UWA's approach continues to distinguish between measurement of *program* outcomes and *community* impact and to reiterate that simply aggregating program outcome data does not yield community impact data. This may be obvious to the evaluation community, but it is not readily apparent to some who are eager to use existing (program outcome) information to demonstrate results in the new community impact environment. UWA's recommendations and resources regarding measurement of community impact focus on tracking progress and results of both changes in community *conditions* being sought and the improvements for community *populations* that are the ultimate reason for the effort.

Measuring progress will be an integral part of the UW system for the foreseeable future. As UWs and agencies measure changes in program participants stimulated by program activities (program outcomes) and changes in a defined community population brought about by changing conditions within the community (community impact), they will continue to require access to essential evaluative skills and knowledge.

Notes

1. The UWA national consultant pool consists of Kenneth Fyfe, Michael Hendricks, Melanie Hwalek, Jane Reisman, John Seeley, and Dawn Hanson Smart.
2. Kathleen J. Pritchard led that effort.
3. Michael Hendricks worked with that UW.

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THE Edna McConnell Clark FOUNDATION

A Continuum of Knowledge About Youth Development Program Effectiveness

In its work on Institution and Field Building in the field of Youth Development, the Foundation uses this table to assess the degree of confidence one can have that a given youth development program is effective in helping its participants achieve desired results or outcomes.

1. Apparent Effectiveness *Justified assumption.. Through the more or less systematic collection of information about program participants and youth outcomes—that range from the impressionistic and anecdotal to the highly systematic—it is justifiable to reach an initial assessment regarding claims for a program's likely effectiveness, for those intended to benefit from it through, comparison with what is known about similar programs and populations.*		**2. Demonstrated Effectiveness** *Substantiated judgement. Rigorously collected data using some form of comparison group are tested against analytical methods of, and constraints on, generalization. Through the tracking of outcomes for service recipients, the program's likely effect(s) on service recipients has been established – but with a degree of probability, when this is calculated, that is less powerful a predictor than when such calculations are performed on data deriving from a randomized sample assignment.*		**3. Proven Effectiveness** Scientific knowledge. *Through the use of a random assignment experimental research design, the impact of the program on service recipients has been verified in a statistically significant manner, and consequently the results are generalizable to other, similar populations.*	
Evaluation Designs		**Evaluation Designs**		**Evaluation Designs**	
a. Low End. ▪ Little or no systematic data collected on program participant demographics and patterns of participation. ▪ No data are collected on participant outcomes. ▪ Data are collected internally, without the involvement of an evaluator.	*b. High End.* ▪ Systematic data collection on program participant demographics and participation patters. ▪ "Pre-test" and "post-test" participant outcomes data are collected – but without the use of any comparison groups. ▪ Data are collected internally, but an outside evaluator may be used for the collection and analysis of participant outcome data.	*a. Low end* ▪ Youth outcomes data are collected "pre-test" and "post- test." ▪ The use of some comparison group. ▪ Outcome evaluations are conducted by an external evaluator, but may be conducted by an internal evaluator if the expertise and level of resources are available internally.	*a. High End.* ▪ Youth outcomes data are collected "pre-test" and "post- test." ▪ A "quasi-experimental" evaluation model is used, and comparison is made to outcomes benchmarked against the general population or a rigorously matched comparison group. ▪ Outcome evaluations are conducted by an external evaluator, but may be conducted by an internal evaluator if the expertise and level of resources	*a. Low End.* ▪ Youth outcomes data are collected using a rigorous experimental evaluation method, including "pre-test" and "post-test" measurement and some form of random assignment (to control for selection bias). ▪ The evaluations make use of a rigorously designed control group (to permit reliable estimates of attribution). ▪ An external evaluator conducts the evaluations. Program impact is judged to account for at least 90% of variance between program and comparison group outcomes.	*b. High End.* ▪ Youth outcomes data are collected using a rigorous experimental evaluation method, including "pre-test" and "post-test" measurement and some form of random assignment (to control for selection bias). ▪ The evaluations make use of a rigorously designed control group (to permit reliable estimates of attribution). ▪ An external evaluator conducts the evaluations. Program impact is judged to account for at least 95% of variance between program and comparison group outcomes

Research & Evaluation: Former Clients of The Thurston Group

Annie E. Casey Foundation. Process evaluation and documentation of *Making Connections* community planning phase, East Little Havana community. **Broward County Department of Human Resources.** Manager training and technical assistance for developing program outcomes and measures. **Concerned African Women.** Process and outcome evaluation for youth crime prevention program. **CSR, Inc., Washington , D.C.** (1) Participant in 3 year cross-site evaluation of OSAP funded youth prevention programs and (2) national media drug prevention initiative. Extensive site visits in 7 states. **Dade Community Foundation.** Focus group based study of service barriers for African-Americans and Hispanics with HIV disease. **Fannie Mae Partnership Office, South Florida.** Survey-based needs assessment for community housing initiative. **Guardian ad Litem / Voices for Children Foundation.** Evaluations of services for children, youth aging out of foster care and volunteers. **Hands on Miami.** Evaluation of youth volunteer program. **Human Services Coalition.** Design of outcome evaluation for local Kid Count program. **Legal Services of Greater Miami .** Statistical analysis of service provision timeliness in food stamp offices. **Miami Bayside Foundation.** Research based case study of the minority business experience at Bayside Marketplace. **Miami-Dade Community Action Agency.** (1) Evaluation, ethnographic research, and staff training for a 5 year national child development program model; (2) evaluation of multi-year job training/self sufficiency program. **Miami-Dade Community Relations Board.** Countywide survey of inter-group relations (modeled after the national NCCJ survey). **Miami-Dade College – Medical Center Campus.** Evaluation of Overtown Neighborhood Partnerships, a community development initiative. **Minority Health Professions Foundation,** Atlanta , GA. Evaluation of HIV/AIDS community education programs in Florida , Georgia , and the U. S. Virgin Islands. **Parent Resource Center .** Evaluation of demonstration program for families at high-risk for abuse. **Sonshine Communications / Florida Dept of Health.** Evaluation of statewide HIV/AIDS media education initiative. **The Miami Coalition for a Safe and Drug-Free Community.** Study of community and family interactions in Liberty City . **The Ounce of Prevention Fund of Florida .** Evaluation of Ounce funded teen pregnancy prevention program. **Take Stock in Children.** Evaluation of stay-in-school incentive program for at-risk students. **The Village South.** Evaluation of a 3 year federal demonstration grant for street outreach to women drug addicts. **Urban League of Greater Miami .** (1) Evaluation of youth violence prevention national demonstration program; (2) Evaluation of early childhood intervention initiative.

Research & Evaluation:
Current and Recent Clients of The Thurston Group

Abt Associates (Cambridge Massachusetts). Subcontractor for evaluation of national Youth Crime Watch programs in Broward County schools. Conducted focus groups and administered surveys.

Dade Miami Criminal Justice Council. Evaluations of 23 youth crime prevention and 3 gang prevention programs in Miami-Dade County.

Carmen Morris & Associates. Assessment of airline passenger satisfaction at Miami International Airport through surveys.

City of Miami. Evaluations of multi-site (8) pre-school school readiness programs.

Informed Families. Evaluations of local and federally funded alcohol prevention programs targeting youth and families in Miami-Dade County.

Jewish Community Services. Evaluation of mentoring program for at-risk girls.

Little Haiti Housing Association. Evaluations of federally funded multi-site technology education programs for at-risk youth.

Miami-Dade Juvenile Services Department. Lead evaluator of National Demonstration Project.

Miami-Dade Domestic Violence Oversight Board. Design and evaluations of domestic violence shelter services provided at 3 sites.

Miami-Dade Youth Crime Task Force. Evaluations of 10 youth crime prevention programs.

ReCapturing the Vision. Evaluation of 5-year school-based curriculum to increase knowledge about marriage and relationships in 9 high schools.

Sonshine Communications / Miami-Dade Expressway Authority. Survey and assessment of residents' perceptions and opinions about roadways and toll systems.

Switchboard of Miami . Evaluation of federally funded school-based bullying prevention program.

Alliance for GLBTQ Youth. Web-based needs assessment to guide planning for services network.

Unidad. Evaluations of dental, nutrition education, and obesity prevention programs for children in Miami Beach elementary schools.

BASIC GUIDE TO PROGRAM EVALUATION

Key Considerations:

Consider the following key questions when designing a program evaluation.

1. For what purposes is the evaluation being done, i.e., what do you want to be able to decide as a result of the evaluation?
2. Who are the audiences for the information from the evaluation, e.g., customers, bankers, funders, board, management, staff, customers, clients, etc.
3. What kinds of information are needed to make the decision you need to make and/or enlighten your intended audiences, e.g., information to really understand the process of the product or program (its inputs, activities and outputs), the customers or clients who experience the product or program, strengths and weaknesses of the product or program, benefits to customers or clients (outcomes), how the product or program failed and why, etc.
4. From what sources should the information be collected, e.g., employees, customers, clients, groups of customers or clients and employees together, program documentation, etc.
5. How can that information be collected in a reasonable fashion, e.g., questionnaires, interviews, examining documentation, observing customers or employees, conducting focus groups among customers or employees, etc.
6. When is the information needed (so, by when must it be collected)?
7. What resources are available to collect the information?

Some Major Types of Program Evaluation:

When designing your evaluation approach, it may be helpful to review the following three types of evaluations, which are rather common in organizations. Note that you should not design your evaluation approach simply by choosing which of the following three types you will use -- you should design your evaluation approach by carefully addressing the above key considerations.

Goals-Based Evaluation

Often programs are established to meet one or more specific goals. These goals are often described in the original program plans.

Goal-based evaluations are evaluating the extent to which programs are meeting predetermined goals or objectives. Questions to ask yourself when designing an evaluation to see if you reached your goals, are:

1. How were the program goals (and objectives, is applicable) established? Was the process effective?
2. What is the status of the program's progress toward achieving the goals?
3. Will the goals be achieved according to the timelines specified in the program implementation or operations plan? If not, then why?
4. Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
5. How should priorities be changed to put more focus on achieving the goals? (Depending on the context, this question might be viewed as a program management decision, more than an evaluation question.)
6. How should timelines be changed (be careful about making these changes - know why efforts are behind schedule before timelines are changed)?
7. How should goals be changed (be careful about making these changes - know why efforts are not achieving the goals before changing the goals)? Should any goals be added or removed? Why?
8. How should goals be established in the future?

Process-Based Evaluations

Process-based evaluations are geared to fully understanding how a program works -- how does it produce that results that it does. These evaluations are useful if programs are long-standing and have changed over the years, employees or customers report a large number of complaints about the program, there appear to be large inefficiencies in delivering program services and they are also useful for accurately portraying to outside parties how a program truly operates (e.g., for replication elsewhere).

There are numerous questions that might be addressed in a process evaluation. These questions can be selected by carefully considering what is important to know about the program. Examples of questions to ask yourself when designing an evaluation to understand and/or closely examine the processes in your programs, are:

1. On what basis do employees and/or the customers decide that products or services are needed?
2. What is required of employees in order to deliver the product or services?
3. How are employees trained about how to deliver the product or services?
4. How do customers or clients come into the program?
5. What is required of customers or client?
6. How do employees select which products or services will be provided to the customer or client?
7. What is the general process that customers or clients go through with the product or program?
8. What do customers or clients consider to be strengths of the program?

9. What do staff consider to be strengths of the product or program?
10. What typical complaints are heard from employees and/or customers?
11. What do employees and/or customers recommend to improve the product or program?
12. On what basis do emplyees and/or the customer decide that the product or services are no longer needed?

Outcomes-Based Evaluation

Program evaluation with an outcomes focus is increasingly important for nonprofits and asked for by funders. An outcomes-based evaluation facilitates your asking if your organization is really doing the right program activities to bring about the outcomes you believe (or better yet, you've verified) to be needed by your clients (rather than just engaging in busy activities which seem reasonable to do at the time). Outcomes are benefits to clients from participation in the program. Outcomes are usually in terms of enhanced learning (knowledge, perceptions/attitudes or skills) or conditions, e.g., increased literacy, self-reliance, etc. Outcomes are often confused with program outputs or units of services, e.g., the number of clients who went through a program.

The United Way of America (http://www.unitedway.org/outcomes/) provides an excellent overview of outcomes-based evaluation, including introduction to outcomes measurement, a program outcome model, why to measure outcomes, use of program outcome findings by agencies, eight steps to success for measuring outcomes, examples of outcomes and outcome indicators for various programs and the resources needed for measuring outcomes. The following information is a top-level summary of information from this site.

To accomplish an outcomes-based evaluation, you should first pilot, or test, this evaluation approach on one or two programs at most (before doing all programs).

The general steps to accomplish an outcomes-based evaluation are to:

1. Identify the major outcomes that you want to examine or verify for the program under evaluation. You might reflect on your mission (the overall purpose of your organization) and ask yourself what impacts you will have on your clients as you work towards your mission. For example, if your overall mission is to provide shelter and resources to abused women, then ask yourself what benefits this will have on those women if you effectively provide them shelter and other services or resources. As a last resort, you might ask yourself, "What major activities are we doing now?" and then for each activity, ask "Why are we doing that?" The answer to this "Why?" question is usually an outcome. This "last resort" approach, though, may just end up justifying ineffective activities you are doing now, rather than examining what you should be doing in the first place.
2. Choose the outcomes that you want to examine, prioritize the outcomes and, if your time and resources are limited, pick the top two to four most important outcomes to examine for now.

3. For each outcome, specify what observable measures, or indicators, will suggest that you're achieving that key outcome with your clients. This is often the most important and enlightening step in outcomes-based evaluation. However, it is often the most challenging and even confusing step, too, because you're suddenly going from a rather intangible concept, e.g., increased self-reliance, to specific activities, e.g., supporting clients to get themselves to and from work, staying off drugs and alcohol, etc. It helps to have a "devil's advocate" during this phase of identifying indicators, i.e., someone who can question why you can assume that an outcome was reached because certain associated indicators were present.
4. Specify a "target" goal of clients, i.e., what number or percent of clients you commit to achieving specific outcomes with, e.g., "increased self-reliance (an outcome) for 70% of adult, African American women living in the inner city of Minneapolis as evidenced by the following measures (indicators) ..."
5. Identify what information is needed to show these indicators, e.g., you'll need to know how many clients in the target group went through the program, how many of them reliably undertook their own transportation to work and stayed off drugs, etc. If your program is new, you may need to evaluate the process in the program to verify that the program is indeed carried out according to your original plans. (Michael Patton, prominent researcher, writer and consultant in evaluation, suggests that the most important type of evaluation to carry out may be this implementation evaluation to verify that your program ended up implemented as you originally planned.)
6. Decide how can that information be efficiently and realistically gathered. Consider program documentation, observation of program personnel and clients in the program, questionnaires and interviews about clients perceived benefits from the program, case studies of program failures and successes, etc. You may not need all of the above.
7. Analyze and report the findings.

Four Levels of Evaluation:

There are four levels of evaluation information that can be gathered from clients, including getting their:

1. reactions and feelings (feelings are often poor indicators that service made lasting impact)
2. learning (enhanced attitudes, perceptions or knowledge)
3. changes in skills (applied the learning to enhance behaviors)
4. effectiveness (improved performance because of enhanced behaviors)

Usually, the farther your evaluation information gets down the list, the more useful is your evaluation. Unfortunately, it is quite difficult to reliably get information about effectiveness. Still, information about learning and skills is quite useful.

What is participatory evaluation, and how is it conducted?

Traditional evaluation is often seen as something that is done to people (Patton, 1990). Participatory evaluation is different. It is a bottom-up approach to evaluation that is guided either partially or fully by interested program participants, staff, board members, and community members. Participants ask the questions, plan the evaluation design, gather and analyze data, and determine actions to take based on the results (Zukoski and Lulaquisen, 2002). Throughout the process, participants' perspectives are weighted equally to those of the evaluator (Kellogg, 1998). Because of its focus on empowerment, participatory evaluation may be particularly well suited for EE programs (McDuff and Jacobson, 2001).

The following table highlights some of the advantages and disadvantages of participatory evaluation.

Advantages	Disadvantages
May be less expensive than hiring an external evaluator	Process requires more time
Gives participants more control over decision-making	Demands more coordination and is often more challenging to facilitate
Participants feel responsible for the results and are more committed to the success of the program	Requires investment in evaluation training for participants
Collaborative process builds and strengthens participants' relationships	Requires committed and motivated participants
Evaluation results are more likely to be acted on	Staff turnover at inopportune time would be very disruptive
Increases participants' knowledge of the program, skills in leadership, group decision-making, and evaluation	

Adapted from Zukoski and Lulaquisen (2002).

BMR
CONSULTING, LLC
Strategic Thinking for Effective Action

Dr. Barbara Morrison-Rodriguez
President/CEO

Empowerment Evaluation
A Tool for Capacity –Building
A Brief Overview

Empowerment evaluation is . . .

- The use of evaluation concepts, techniques, and findings to foster improvement and self-determination. The focus is usually programs.
- Based on the premise that people who design, implement, staff, and consume the program's services are in the best position to evaluate outcomes. It further supports the view that **critical self-evaluation** is part of good program planning and management.
- Rooted in community psychology and action anthropology. It has been influenced by action research and action evaluation.
- Institutionalized within the American Evaluation Association and is consistent with the spirit of the standards developed by the Joint Committee on Standards for Educational Evaluation.

Empowerment evaluation is different from external evaluations as it . . .

- Guides a self-reflective process by a team of program administration, staff and clients who "own" the evaluation process.
- Starts at the beginning of program design and implementation.
- Provides ongoing data for program enhancement and improvement.
- Defines the professional evaluator's role teacher, facilitator and coach.
- Assesses the program's value as part of an ongoing process of continuous program improvement.
- Gears goals and outcomes toward the appropriate developmental level of program implementation.
- Promotes ongoing sustainable continuous quality improvement using simplest data collection methods.
- Posits that there are no "failures", only lessons to be learned and shared.
- Promotes advocacy and activism based on lessons learned.

Major steps in the empowerment evaluation process are . . .

- ***Envision*** what you want to accomplish **(goals)** and ***specify the evidence*** **(outcome indicators)** you will use to show accomplishment.
- Design a ***plan of action*** **(objectives)** including built-in data review and feedback loops.
- Specify ***specific activities*** to accomplish each planned objective.
- Anchor ***responsibility*** and ***time-lines*** for each set of activities.
- ***Assess*** whether the activities have been ***implemented as planned.***
- ***Compare*** your intended plan of action to what actually occurred (***process evaluation***).
- ***Take stock*** to have staff self-assess performance quality

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- *Measure* the *changes* (*outcome evaluation*) that have occurred based on pre-determined indicators.
- *Use* the data for *continuous* monitoring and quality improvement.
- *Acknowledge* what has *not worked* as equally important for learning as what has worked.
- *Share lessons learned* with all stakeholders and others as part of a *learning community.*
- *Advocacy and activism* based on lessons learned is encouraged (*empowerment*!)

Advantages for Programs:

- *Provides capacity building* in evaluation and continuous quality improvement (CQI).
- Promotes understanding of accountability and evaluation as a requirement for funding.
- Accountability and evaluation requirements are spelled out and made clear up front.
- Evaluation from the start creates baselines against which progress can be *prospectively* measured.
- Professional evaluator provides instruction and technical assistance in empowerment evaluation techniques.
- Provides the opportunity to gather credible data for honest self-assessment as a guide for CQI.
- Produces an evidentiary base for goal attainment and performance outcomes that can be used to obtain additional funding, continuation funding, for advocacy and shared learning.

Advantages for Funders:

- Provides another opportunity to promote capacity building in grantees.
- Promotes the importance of evaluation and accountability as a requirement for funding.
- Makes accountability and evaluation expectations and requirements clear from the start.
- Produces better planned and well executed program designs and evaluation plans upon which funding decisions can be based.
- Provides more credible data on program level and client level outcomes as a way to better determine return on investment.

Reference Sources:

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David Fetterman (2000). *Foundations of Empowerment Evaluation.* Thousand Oaks. CA: Sage Publications

David Fetterman, Shakeh J. Kaftarian, and Abraham Wandersman (Eds). (1996) *Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability.* Thousand Oaks, CA: Sage Publications

Sandra Trice Gray (1997). *Evaluation with Power: Developing Organizational Effectiveness, Empowerment and Excellence.* San Francisco, CA: Jossey-Bass

Empowerment Evaluation Website: www.stanford.edu/~davidf/empowermentevaluation.html

MENU 8.1

Alternative Ways of Focusing Evaluations

Different types of evaluations ask different questions and focus on different purposes. This menu is meant to be illustrative of the many alternatives available. These options by no means exhaust all possibilities. Various options can be and often are used together within the same evaluation, or options can be implemented in sequence over a period of time, for example, doing implementation evaluation before doing outcomes evaluation, or formative evaluation before summative evaluation.

Focus or Type of Evaluation	*Defining Question or Approach*
Accreditation focus	Does the program meet minimum standards for accreditation or licensing?
Causal focus	Use rigorous social science methods to determine the relationship between the program (as a treatment) and resulting outcomes
Cluster evaluation	Synthesizing overarching lessons and/or impacts from a number of projects within a common initiative or framework
Collaborative approach	Evaluators and intended users work together on the evaluation
Comparative focus	How do two or more programs rank on specific indicators, outcomes, or criteria?
Compliance focus	Are rules and regulations being followed?
Connoisseurship approach	Specialists or experts apply their own criteria and judgment, as with a wine or antiques connoisseur
Context focus	What is the environment within which the program operates politically, socially, economically, culturally, and scientifically? How does this context affect program effectiveness?
Cost-benefit analysis	What is the relationship between program costs and program outcomes (benefits) expressed in dollars?
Cost-effectiveness analysis	What is the relationship between program costs and outcomes (where outcomes are *not* measured in dollars)?
Criterion-focused evaluation	By what criteria (e.g., quality, cost, client satisfaction) shall the program be evaluated?
Critical issues focus	Critical issues and concerns of primary intended users focus the evaluation
Decisions focus	What information is needed to inform specific future decisions?
Descriptive focus	What happens in the program? (No "why" questions or cause/effect analyses)
Developmental evaluation	The evaluator is part of the program design team, working together over the long term for ongoing program development
Diversity focus	The evaluation gives voice to different perspectives on and illuminates various experiences with the program. No single conclusion or summary judgment is considered appropriate.
Effectiveness focus	To what extent is the program effective in attaining its goals? How can the program be more effective?
Efficiency focus	Can inputs be reduced and still obtain the same level of output or can greater output be obtained with no increase in inputs?

MENU 8.1 Continued

Focus or Type of Evaluation	*Defining Question or Approach*
Norm-referenced approach	How does this program population compare to some specific norm or reference group on selected variables?
Outcomes evaluation	To what extent are desired client/participant outcomes being attained? What are the effects of the program on clients or participants?
Participatory evaluation	Intended users, usually including program participants and/or staff, are directly involved in the evaluation
Personnel evaluation	How effective are staff in carrying out their assigned tasks and in accomplishing their assigned or negotiated goals?
Process focus	What do participants experience in the program? What are strengths and weaknesses of day-to-day operations? How can these processes be improved?
Product evaluation	What are the costs, benefits, and market for a specific product?
Quality assurance	Are minimum and accepted standards of care being routinely and systematically provided to patients and clients? How can quality of care be monitored and demonstrated?
Questions focus	What do primary intended users want to know that would make a difference to what they do? The evaluation answers questions instead of making judgments
Reputation focus	How the program is perceived by key knowledgeables and influentials; ratings of the quality of universities are often based on reputation among peers
Responsive evaluation	What are the various points of view of different constituency groups and stakeholders? The responsive evaluator works to capture, represent, and interpret these varying perspectives under the assumption each is valid and valuable
Social and community indicators	What routine social and economic data should be monitored to assess the impacts of this program? What is the connection between program outcomes and larger-scale social indicators, for example, crime rates?
Social justice focus	How effectively does the program address social justice concerns?
Summative evaluation	Should the program be continued? If so, at what level? What is the overall merit and worth of the program?
Theory-driven focus	On what theoretical assumptions and model is the program based? What social scientific theory is the program a test of and to what extent does the program confirm the theory?
Theory of action approach	What are the linkages and connections between inputs, activities, immediate outcomes, intermediate outcomes, and ultimate impacts?
Utilization-focused evaluation	What information is needed and wanted by primary intended users that will actually be used for program improvement and decision making? (Utilization-focused evaluation can include any of the other types above.)

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evaluation	self-determination and political agenda
Equity focus	Are participants treated fairly and justly?
Ethnographic focus	What is the program's culture?
Evaluability assessment	Is the program ready for formal evaluation? What is the feasibility of various evaluation approaches and methods?
Extensiveness focus	To what extent is the program able to deal with the total problem? How does the present level of services and impacts compare to the needed level of services and impacts?
External evaluation	The evaluation is conducted by specialists outside the program and independent of it to increase credibility
Formative evaluation	How can the program be improved?
Goal-free evaluation	What are the *actual* effects of the program on clients (without regard to what staff say they want to accomplish)? To what extent are real needs being met?
Goals-based focus	To what extent have program goals been attained?
Impact focus	What are the direct and indirect program impacts, not only on participants, but also on larger systems and the community?
Implementation focus	To what extent was the program implemented as designed? What issues surfaced during implementation that need attention in the future?
Inputs focus	What resources (money, staff, facilities, technology, etc.) are available and/or necessary?
Internal evaluation	Program employees conduct the evaluation
Intervention-oriented evaluation	Design the evaluation to support and reinforce the program's desired results
Judgment focus	Make an overall judgment about the program's merit or worth (see also summative evaluation)
Knowledge focus (or Lessons Learned)	What can be learned from this program's experiences and results to inform future efforts?
Logical framework	Specify goals, purposes, outputs, and activities, and connecting assumptions; for each, specify indicators and means of verification
Longitudinal focus	What happens to the program and to participants over time?
Meta-evaluation	Was the evaluation well done? Is it worth using? Did the evaluation meet professional standards and principles?
Mission focus	To what extent is the program or organization achieving its overall mission? How well do outcomes of departments or programs within an agency support the overall mission?
Monitoring focus	Routine data collected and analyzed routinely on an ongoing basis, often through a management information system
Needs assessment	What do clients need and how can those needs be met?
Needs-based evaluation	See Goal-free evaluation

(continued)

Local Program Evaluations

Presented to: Miami-Dade County Commuinity Based Organizations Advisory Group

Presenter: Maxine Thurston-Fischer, MSW, Ph.D.
President and CEO, The Thurston Group

December 3, 2008

In The Last 5 Years:

More than 50 programs evaluated for 20 clients

- 42 Local
- 6 Federal
- 2 State

Evaluations of Youth Crime Prevention Programs: Summary of Approaches and Processes

Primary Clients: Dade-Miami Criminal Justice Council
Miami-Dade Youth Crime Task Force

Included in NOFA:

- **Program Design**
- **Units of Services (Outputs)**
- **Outcomes for Participants**
- **Required Staffing**

Major Purpose of Evaluation (Client)

- Guide funding decisions of specific programs
- Guide future decisions regarding program/service priorities

Two Primary Questions

1. **Are these programs being implemented as specified in the NOFA?**
   - Program observations
   - Staff and client focus groups
   - Conversational interviews

2. **Are these programs making any difference for the youth and their families? E.g. Improved school attendance, family relations, lack of involvement in juvenile justice system**
   - Pre-post measures (actual)
   - Participant feedback (perceived)

Engagement of Providers
(Secondary Client)

- Reviewers of evaluation procedures and instruments
- Evaluation feedback sessions
- Individual reports
- Evaluation of the evaluators

Partnership with Dade-Miami Criminal Justice Council and Miami-Dade Youth Crime Task Force
(Primary Clients)

- On-going communication and feedback with staff
- Links with Miami-Dade Department of Human Services Contract Staff
- Formal reports and reccomendations

Focus of Evaluations					
•Were program goals achieved?	•Was the program implemented as designed?	•How can the program be improved?	•How has the program affected changes in participants, e.g. Knowledge skill, behavior, etc?	•What is overall value of the program; Rationale to continue?	•What are the common activities across programs within a common initiative?
(Goal Attainment)	(Process / Implementation)	(Formative)	(Outcomes)	(Summative)	(Cluster)

⇩

Level of Knowledge About Program		
Apparent Effectiveness	Demonstrated Effectiveness	Proven Effectiveness
Resources/Expertise	⇨	⇨

⇩

Conceptual Approaches			
Utilization Focused	Participatory	Empowerment	Evaluation Research

Continuum of Program Effectiveness					
Level 1 **Apparent Effectiveness** *Justified Assumption. More or less systematic collection of information on participants, and outcomes, leads to initial assessment of program's likely effectiveness.*		**Level 2** **Demonstrated Effectiveness** *Substantiated Judgment. Rigorously collected data using some form of comparison group demonstrates program's likely effectiveness with a degree of probability.*		**Level 3** **Proven Effectiveness** *Scientific knowledge. Experimental research design using random assignment demonstrates program impact in a statistically significant manner. Results are generalizable to other, similar populations.*	
Evaluation Designs (Models)		**Evaluation Designs (Models)**		**Evaluation Designs (Models)**	
Low End •Little or no systematic data on patterns of participation and participant demographics •Minimum data on program outputs and participant outcomes •Data collected internally without the involvement of an evaluator	**High End** •Systematic data on patterns of participation and participant demographics •Outcomes assessed through pre and post tests •Data collected internally; outside evaluator may be used for collection and analysis of participant outcomes	**Low End** •Outcomes assessed through valid pre and post tests •Use of comparison group or data •External evaluator, or internal evaluator with appropriate resources and expertise	**High End** •Outcomes assessed through valid pre and post tests •A quasi-experimental design used; comparison of outcomes using benchmarks in the general population or a rigorously matched comparison group •External evaluator, or internal evaluator with expertise and resources	**Low End** •Outcomes assessed through rigorous experimental design including pre and post tests •Random assignment to rigorously designed control groups •External evaluator •Program impact accounts for at least 90% of variance between groups	**High End** •Rigorous experimental design •Random assignment •External evaluator •Program impact accounts for at least 95% of variance between groups

Adapted from The Edna McConnell Clark Foundation's, A Continuum of Knowledge About Youth Development Program Effectiveness

Challenges in the Field

- Availability of information, eg. School reports, arrest data
- Accuracy of data
- Appropriate instruments
- Provider expertise

United Way of Miami-Dade

Community Investment Process
Deliberation Instructions

Process

Each Impact Council will convene for a 4-6 hour meeting. The goals of this meeting are:

- Develop investment recommendations including which programs will be funded, the amount of funding to be allocated and any stipulations or conditions to be included in the contract

- Formulate clear rationale for every decision that is made

The meeting will begin with direction by the Co-Chairs and a review of the criteria to be considered when making decisions. Co-Chairs will also emphasize that:

- all of the criteria need to be taken into consideration and aggregate scores alone should not determine which programs receive funding
- decisions should be based on the quality of the program & proposed results/outcomes and their feasibility
- decisions should be reached utilizing a consensus process
- programs can be partially funded
- stipulations and conditions must be developed in order to be incorporated into contract negotiations

The individual review teams will meet for approximately two hours and develop their recommendations from the applications they reviewed. They will be asked to rank the programs in order of preference. They will also determine funding levels and contract stipulations.

The teams will develop a list of recommendations utilizing three breakdowns: definitely fund, negotiable, definitely do not fund.

The Council will reconvene and each Team will report out their recommendations based on the breakdowns listed above. Reports will include amount of funding being recommended, objective being addressed and neighborhood being served. Co-Chairs

will facilitate a consensus building process to arrive at final recommendations for the Council taking into consideration the following:

- overall score of the program compared to others in the Council
- site visit evaluation
- objective being addressed
- neighborhood/target population being served
- case for need
- stewardship grade
- previous performance if currently funded
- funding available
- cost per client
- leverage opportunities

Each team will identify their top program for funding and the suggested funding amount. These dollars will be subtracted from the total available for the Council. The Co-Chairs will continue with this exercise until funds are exhausted. During this process, staff will monitor objectives being addressed and neighborhoods being served. If the programs selected for funding are not adequately addressing a particular objective or neighborhood, staff will intervene with the Council to review the gap.

Councils will evaluate the totality of their recommendations and ensure that investments are balanced by objective, neighborhood and quality of program.

Councils will also be asked to select 3 programs that did not receive full funding or were not selected at all for funding but warrant further consideration should funds become available.

At a subsequent meeting, the councils will determine the focus for Response Fund grants and any special Response Fund considerations, if appropriate.

United Way of Miami-Dade

Criteria

Impact Council volunteers will utilize the following criteria when assessing the programs and making investment recommendations:

- Does the program align with United Way's impact area **goals and objectives**?
- What is the **overall rating** for this program?
- What is the potential for client/agency/community change? What **impact** will there be to the neighborhood/community?
- Is the program design **feasible, logical**?
- What is the potential for **achievement of outcomes** and or learning and improvement?
- What **neighborhood** or target population is being served?
- Is the program meeting a **critical need** and was this clearly demonstrated?
- Is there alignment with the **service continuum** for that impact area?
- What service intervention model is being utilized and is it a **best practice**?
- How many clients will be impacted and is the program **cost effective**?
- Does the program **budget** make sense?
- Are there any **leveraging** opportunities?
- Is this a **currently-funded** program, a **new** program, or an **expansion** of current services?
- What is the **stewardship grade** for the agency?

United Way of Miami-Dade

Investment Process

- The community investment process moves us from addressing needs on an agency-by-agency basis, to investing in strategies that will change community conditions.

- The investment process increases our ability to help more people by making us more effective in delivering outcomes; responding to community needs and demonstrating the true impact our investments have on people's lives.

- The investment process is volunteer driven and relies on community experts and lay volunteers to establish goals and objectives, evaluate program applications and make investment decisions.

- Impact councils established goals and objectives within each impact area to reflect the needs in the community.

- All United Way investments must align with these goals and objectives.

- Impact partners apply for funding by program within the appropriate impact area.

- Agencies may not apply for funding for the same program in various impact areas.

- The process consists of a written application and an oral presentation and a site visit.

- Applications consist of:
  - key information about agency wide issues
  - program specific narrative information
  - program specific budget information

- Programs that receive funds will need to measure outcomes.

- Training sessions and on-going technical assistance will be provided.

- A Response Fund has been established to address gaps and emerging needs.

- Any non profit organization can apply to meet the focused objectives of the Response Fund.

- Those selected for funding who successfully implement an outcomes focused program, are invited to participate in the larger community investment process taking place during the next cycle.

United Way of Miami-Dade

Investment Process

Volunteer Structure & Process Implementation

Board approves final investment recommendations

Community Investments Committee

- determines allocation year and interim year investment strategy
- determines percentage investment in each Impact Area
- determines percentage investment in gaps/emerging needs funding
- determines any set asides for special investments

Audit/Stewardship Committee reviews agency audits, assessment tool and issues report on agency management and fiscal health for consideration by the Impact Councils and subcommittees

Volunteer Structure & Process Implementation

Impact Councils

- develop goals, objectives & identify gaps/emerging needs priorities
- consider funding & other recommendations of subcommittees and forward recommendations to the CIC for approval
- evaluate program outcomes information yearly

Subcommittees within each Impact Council review program requests for funding and formulate recommendations for Impact Council consideration

Scope of Investments

Program funding, with appropriate administrative and outcome measurement funding included

Prevention, early intervention and treatment services, with stronger emphasis on prevention

Range of services to be determined by goal setting process and subcommittee review of specific programs

Recommendations may include non-financial investments

Key Elements of Investment Process

- Multi-year funding (3 years for CWIF)
- Program grants support goals & objectives by impact area
- Training
- Communications
- Written application, oral presentation, site visit
- Audit and stewardship review
- Program reports submitted every 6 months

Key Elements of Written Application

- Statement of Need
- Program Description
- Logic Model
- Measurement Framework
- Budget

Outcomes

- **Program applicants will develop logic model and measurement framework outlining:**
  - **Desired benefits for the clients (outcomes)**
  - **Resources (inputs)**
  - **Activities**
  - **Number of clients and amount, duration & frequency of activities (outputs)**
  - **Indicators of outcome achievement**
  - **Data source and data collection method**

Initial (Staff) Screening Process

- All elements of the application have been completed
- Program aligns with an appropriate objective
- Application scores at least 50 points in initial review

Volunteer Review Process

Application review and scoring

Oral presentation and site visit scored

Council subcommittees deliberate utilizing additional screens and rank order recommended programs and funding

Subcommittees present recommendations to Impact Council

Deliberations Criteria

- Overall score
- Site visit evaluation
- Neighborhood/target population being served
- Case for need
- Stewardship grade
- Previous performance if currently funded

Deliberations Criteria (cont'd)

- Available funding
- Cost per client
- Leverage opportunities
- Program design
- Potential for achievement of outcomes

Inclusion & Response Fund Grant Process

"Non-impact partners" will enter the process through the Response Fund grant process

Community Investments Committee will determine amount available for grant process

Response Fund grants open to "non-impact partners" and "impact partners"

Gaps/Emerging needs to be addressed by the Response Fund will be specific and will drive Request for Proposal

2 stage process – letter of intent & full proposal

Inclusion

# of years for award is flexible depending on what the Impact Council wants to accomplish & amount of funding available

Basic stewardship screening (utilizing standardized criteria) in order for an agency to be able to compete

Within the 1st year of funding the agencies will go through a rigorous program & stewardship review

Agencies will be able to resolve identified issues within 2nd year of grant in order to be eligible to compete in CWIF (overall) process

Inclusion

Programs successful in program implementation who pass stewardship review will be invited to compete in next overall investment process.

If successful in securing funding, will become a new impact partner.

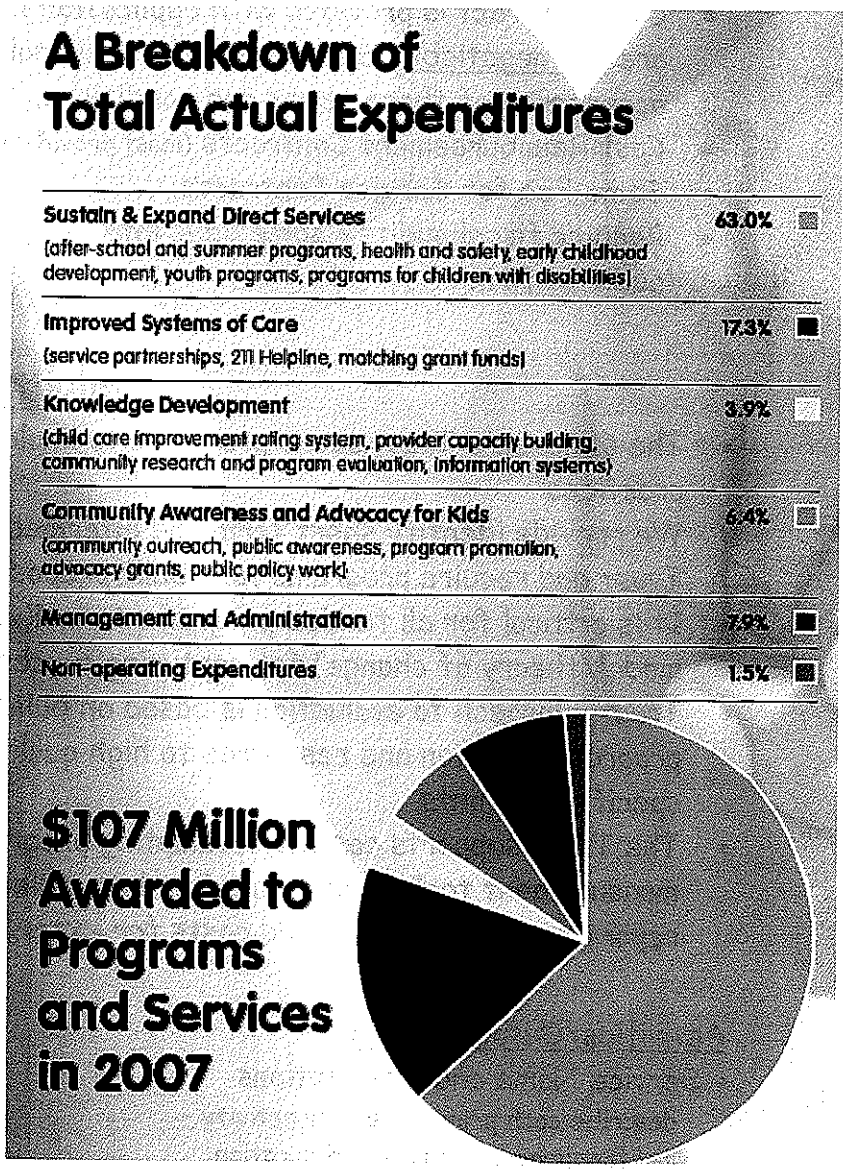
The Children's Trust

Funding, Contracting and Evaluation Model

Presented to the Miami-Dade County
Community-Based Organization Advisory Board
December 3, 2008

Funding

- Decisions based on 2003 Needs Assessment and The Children's Trust Strategic Plan. (See Breakdown of 2007 expenditures from 2007 Annual Report)
- Resolutions go before the board for request for proposal bids to go out to the public
- The Trust is not authorized to fund core components of service systems historically funded by state, county, or municipal governments and Trust funds cannot be used to replace existing or recently cut programs.
- Use a competitive bidding process in most cases. (RFP, RFQ, or ITN)
- Funding earmarked for organizations with total budget of less than $300,000
- Provide a comprehensive application guideline and training for completing application
- Bidders Conference and online Q&A
- The Trust follows County "Cone of Silence" rules
- Applications are reviewed and rated with applicants receiving copies of all comments and reviewer scores
- Funding Recommendations go to the board for approval
- Appeals process in place



Application Sections (Points awarded to each section)

- Agency Narrative/Organizational Capability
- Statement of Need/Target Population
- Program/Service Description
- Logic Model & Measurement (Activities & Outcomes)
- Cross-Agency Efforts
- Staffing Plan
- Agency & Program Budget (Justification)
- Fiscal Soundness

Screening Process

- Technical Review -done by Trust staff, failure of critical items proposal does not move to next level
- Substantive Review- conducted by proposal evaluation team : Trust staff, experts in the field and trained volunteers
- Existing and past providers- rated on criteria related to past performance
- Rating sheets provided to the applicants are used to guide proposal review process

Contracting

- Core Contract is provided with application for funding. Terms of the core contract are not negotiable. Submission of a proposal by an organization shall constitute acceptance of those terms and conditions.
- Cost Reimbursement Contracts (most providers)
- Some Fee for Service Contracts
- Require fiscal audits – some done internally and some done by external contracted auditing firm

Evaluation

- The Children's Trust seeks proposals to implement evidence-based programs or "best practices"
- We provide identify short term and intermediate outcomes that are of interest to the Trust and require programs to submit proposals that address 3-5 specific outcomes.
- It is critical for all funded programs to include a strong evaluation plan (logic model/theory of change) for capturing successes of the program
- Trust approach to evaluation is based on building a program's capacity to link the program's mission and resources to high quality program activities, documented through specified outputs
- The Trust supports costs of evaluating program effectiveness including the purchase of measurement tools, staff time for data collection, entry, management, analysis and reporting and/or reasonable costs for external evaluation.

Activities/Outputs Table

- Service Name and Descriptions
  describe each primary service activity – incl frequency, intensity and duration
- Outputs # of unduplicated participants and total # of units of service

Outcomes Table: benefits for participants

- Indicators – evidence that the program is achieving the outcomes
- Data Source/ Measurement Tool - what data tool will be collected
- Data Collection & Management
  methodology used to collect & manage data

Proposed Services Areas:

- Domestic Violence/Sexual Assault
- Children, Youth, and Families
- Mental Health
- Homelessness
- Immigration/Refugees
- Basic Needs
- Substance Abuse
- Elderly
- Juvenile Justice
- Preventative Health and Access
- Employment and Training
- Diversion and Reentry
- Developmental Disabilities
- Physical and Sensory Disabilities
- Capacity Building

Domestic Violence/Sexual Assault

Indicator: Domestic Violence

Measures:
The total number of reports of domestic-violence-related crimes in Miami-Dade County

- 2007 saw a 35.7% decline in DV offense reports (11,012) to FDLE by local law enforcement since 2001 (17,152)

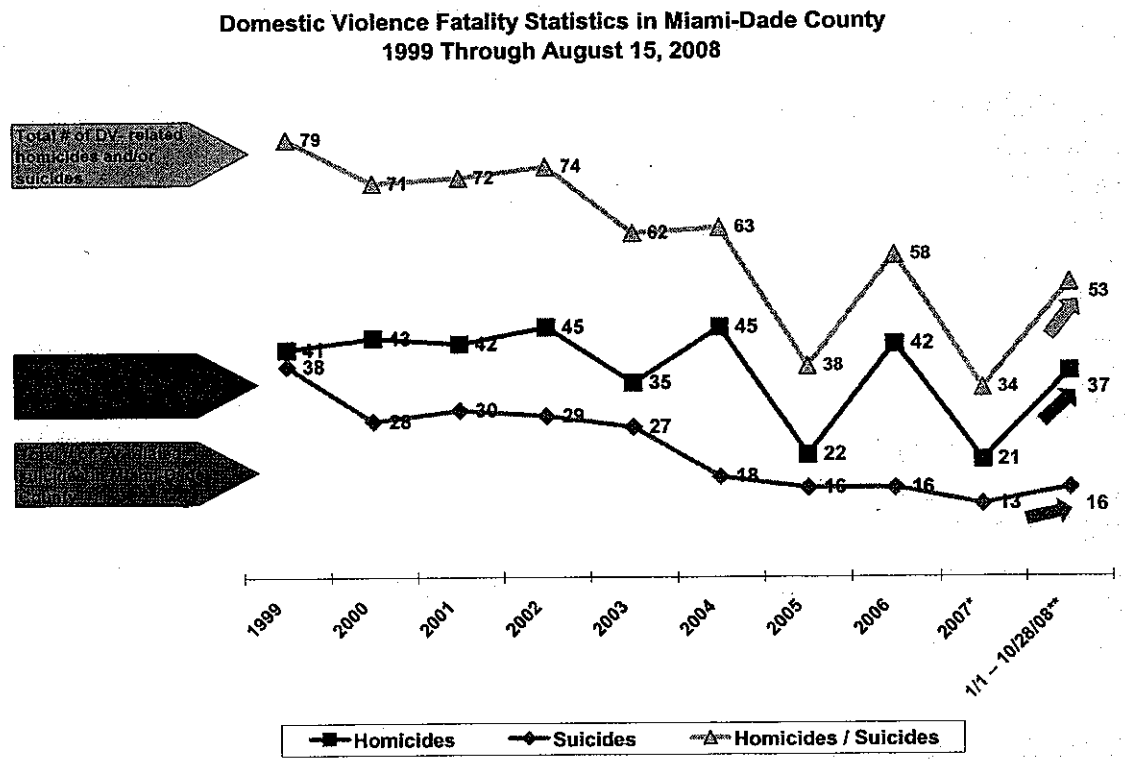
The total number of reports of domestic violence-related homicides or suicides in Miami-Dade County

- As of October 28, 2008 MDC has experienced 53 DV related homicide/suicides including 37 homicides and 16 suicides - a 56% increase in DV related homicide/suicides since 2007 with data for November and December still unknown
    - 76% increase in DV homicides over 2007
    - 23% increase in suicides over 2007

Total number of filings for Injunctions for Protection against DV

- 2007 saw a 6.2% decline in filings for Injunctions for Protection against DV (6,392) since 2001 (5,994)

Outcomes:
Reduce number of domestic-violence-related crimes and homicides/suicides in MDC



Indicator: Sexual Assault

Measures:
Total number of SA offense reports to FDLE by local law enforcement

- 2007 saw a 17.3 % decline in SA offense reports (1,389) to FDLE by local law enforcement since 2001 (1,680)
    - 68% (826 cases) of SA offense reports were offenses made to child victims 17 yrs and under

Number of registered sex offenders in MDC

- The number of registered sex offenders in MDC per 100,000 persons is 1,717 vs. Florida 20,604
    - Registered Sexual Offenders comprise 8.9% of the County population (80.5 of every 100,000)

Number of registered sexual predators in MDC, 212, vs. Florida, 1,767

- There are 212 registered sexual predators in MDC, vs. 1,767 in Florida

Outcomes:
Reduce number of sexual assault crimes in Miami-Dade County.

Table 1.1 – 2001 vs. 2007 Comparison Offenses and Services

Year	Hotline Calls	DV Offenses	SA Offenses	DV 741.30 Injunctions Filed	RTC Services
2001	290,009	17,152	1680	6392	1532
2007	800,010	11,012	1389	5994	846

Source: Update to Domestic Violence and Sexual Assault Report Assessment of Gaps in Services

A **sex offender** is a person who has been criminally charged and convicted of, or has pled guilty to, or pled Nolo contendere to a sex crime. Crimes requiring mandatory sex offender registration may include child sexual abuse, downloading pornographic material of persons under the age of 18, (child pornography), rape, statutory rape and even non-sexual offenses such as kidnapping. The term sexual offender is a broad term, with sexual predator being used to describe a more severe physical or repeat sexual offense.
For additional information see: http://offender.fdle.state.fl.us/offender/FAQ.jsp#Question1

Children, Youth, and Families

Indicator: Student Graduation

Measures:
Percentage of public high school students graduating from high school

- Graduation rates are significantly behind state averages.

Public High School Graduation Rate

	2002	2003	2004	2005	2006
Miami-Dade	55.7%	57.9%	60.6%	59.9%	59.2%
Florida	57.9%	69.0%	71.6%	71.9%	71.0%

Source: http://www.fldoe.org/news/2006/2006_12_15/FloridaGraduationDropoutRates.pdf

Number of high school students dropping out of school

- Dropout rates are significantly behind state averages.

High School Dropout Rate

	2002	2003	2004	2005	2006
Miami-Dade	4.4%	4.2%	4.6%	4.5%	6.7%
Florida	3.2%	3.1%	2.9%	3.0%	3.5%

Source: http://www.fldoe.org/news/2006/2006_12_15/FloridaGraduationDropoutRates.pdf

Dropout percentage rate for students with disabilities

- The dropout rate among Miami-Dade County students with disabilities has significantly increased since 2003

Dropout Percent of Students with Disabilities

	2003	2004	2005	2006
Miami-Dade	4.8%	6.9%	6.3%	10.2%
Emotional/Behavioral Disabilities (E/BD)			3.9%	3.0%

Outcomes: Increase graduation levels and decrease dropout rates.

Indicator: Student Achievement

Measures:
Test scores of MDCPS compared to state and national test scores

- MDCPS students continue to score below state averages in nearly every subject in every grade
- Student test scores are significantly behind state averages. FIND STATS

Outcome: Increase student achievement on test scores.

Indicator: Early Learning

Measures:

Rate of eligible children accessing VPK

- Less than 50% of all eligible children accessed Voluntary Pre-Kindergarten

Number of 1st grade children being promoted to second grade.

- Find stats on 1st grade promotion rates? Or early reading levels?

Outcomes: Increase number of Pre-K students enrolled in Voluntary Pre-Kindergarten

Indicator: School Experiences

Jacksonville uses attendance. We should incorporate access to after school program activities. And the arts.

Indicator: Risk Factors for Children
(Children of parents with limited education may live in an environment lacking stimulation for literacy and school success).

Measures:
Education level of the mother (a key influence on family health outcomes, and low levels of education often predict long-term poverty)

- Find stats

Divorce rate of parents (children are often negatively impacted by divorce of their parents)

- Find stat

Outcomes: Increase education levels among parents and reduce divorce rates

Indicator: Children in Foster Care

Measure:
The total number of foster children in Miami-Dade County per 10,000 children in Miami-Dade County under 18

- FIND STAT

Length of stay in foster care

- FIND STAT

Outcome:
Provide foster children with a safe home with a stable and permanent family through adoption or family placement.

DRAFT

Indicator: Early Risk Factors

Measure:

Percent of low Birthweight births

- Percentage of low birthweight births have risen from 8.1% in 2002 to 8.6% in 2006.

		2002	2003	2004	2005	2006
Birth Rate (per 1,000)	**Miami-Dade**	13.8	13.8	13.4	13.3	13.8
	FL	12.3	12.4	12.4	12.6	12.9
Percent of Low Birthweight Births	**Miami-Dade**	8.1%	8.6%	8.4%	9.0%	8.6%
	FL	8.4%	8.5%	8.6%	8.8%	8.7%

Source: Annie Casey Foundation's Kidscount

Percent of mothers who began prenatal care within the first three months of their pregnancy

- Early prenatal care has fallen since 2002 from 89.2% in 2002 to 82.8% in 2006

		2002	2003	2004	2005	2006
Percent of Births Receiving Early Prenatal Care	**Miami-Dade**	89.2%	89.3%	86.7%	85.0%	82.8%
	FL	85.4%	85.8%	81.0%	78.5%	76.8%

Source: Annie Casey Foundation's Kidscount

Indicator: Infant Mortality

Measure:
The total number of Miami-Dade County infants who die before one year of age per 1,000 live births

- The infant mortality rate in MDC has risen since 2002 by .5 infants per 1,000 live births

		2002	2003	2004	2005	2006
Infant Mortality Rate (per 1,000)	**Miami-Dade**	6.0	6.0	5.2	5.4	6.5
	FL	7.5	7.5	7.0	7.2	7.2

Source: Annie Casey Foundation's Kidscount

The racial disparity between Miami-Dade County black, white, and Hispanic infant death rates (the number of infants who die before reaching one year of age per 1,000 infants born)

- FIND STAT

Outcome: Reduce infant mortality rate

Indicator: Child Protection and Safety

Measures:
The total annual Miami-Dade verified reports to the Department of Children and Families of child abuse or neglect per 1,000 children under 18

- FIND STAT

The total annual number of Miami-Dade County teens ages 15 through 19 years old who die as a result of homicide, suicide, or accident, per 10,000 teens in Miami-Dade County.

- Teen violent death rate has risen from 4.8 to 5.5 per 10,000 teens

	2002	2003	2004	2005	2006

Teen Violent Death Rate Age 15-19 (per 10,000)	**Miami-Dade**	4.8	4.9	4.1	4.0	5.5
	FL	5.3	5.3	5.1	5.9	5.5

Source: Annie Casey Foundation's Kidscount

The total number of youth ages 0-19 who die from motor-vehicle accidents per 10,000 youth in Miami-Dade County

- FIND STAT

Outcomes:

- Reduce annual verified child abuse or neglect reports in MDC
- Reduce annual number of violent deaths among youth age 15-19
- Reduce annual number of youth deaths as a result of motor vehicle accidents

Indicator: Youth Weight

Measures:
Percentage of public high school students in MDC reporting to be overweight

- The percentage of reported overweight public high school students has increased slightly, rising from 11 to 12 percent between 1999 and 2005, but remains lower than the national rate of 13 percent.
    - Male high school students in Miami-Dade County were more likely than female students to be overweight in 2005 (15 versus 9.3 percent, respectively). Black non-Hispanic and Hispanic students were twice as likely to be overweight (14 and 12 percent) than white non-Hispanic students (6.5 percent).

Percentage of high school students that reported having an eating disorder

- FIND STAT IF AVAILABLE

Outcomes: Reduce child obesity rates in MDC and reduce reported cases of eating disorder among school age children.

Mental Health

Indicator: Mental Illness

Measure:
Percentage of individuals with serious mental illness

- Miami-Dade County has the highest percentage of people with serious mental illnesses of any urban area in the United States.
- Approximately 210,000 individuals, or nine percent of the county's population, experience a serious mental illness (Community Voices Miami: Reports, Jail Diversion, 2005).

Outcome: Reduce percentage of persons with serious mental illness.

Indicator: Mental Health Treatment

Measures:
Percent of individuals reporting depression and not seeking professional help

- 63.2% of individuals in Miami-Dade County reporting depression did not seek professional help.

- Untreated mental illness is an enormous social and financial burden on the Miami-Dade community with consequences particularly effecting women, low-income individuals, Hispanics and Blacks.

Number of early detection and treatment cases reported by professionals

- FIND STAT
- Early detection and treatment have been shown to greatly ameliorate the development of mental health issues and symptoms and typically involve counseling for emotional or behavioral difficulties.

Outcomes
Increase early detection and treatment services received by persons reportedly experiencing a mental illness.

Indicator: Deaths by Suicide

Suicide rate by age group = number of suicide deaths per total deaths for persons 64 yrs and under

- In 2007 the age group with the highest suicide rate was 20-24 at 10.11%

2007 Suicide Rates

	9 and under	10-14	15-19	20-24	25-34	35-44	45-54	55-64
Suicides	0	1	9	18	26	41	58	42
Total Deaths	266	29	119	178	343	623	1,356	1,948
Suicide Rate	0	3.45 %	7.56 %	10.11 %	7.58 %	6.58 %	4.28 %	2.16 %

Outcome: Improve access to mental health treatment to decrease suicide rates in Miami-Dade County.

Homelessness

Indicator: Homeless Count

Measure:
Number of homeless individuals in Miami-Dade County

- As of January 2008, there were 1347 people on the street 3,227 persons were sheltered

Number of homeless persons in families in Miami-Dade County

- As of January 2008, 2 (.1%) homeless persons on street were in families; and 1,222 (38%) sheltered were person in families

Indicator: Homelessness and Health
Number or percent of homeless individuals with mental illness

- Approximately 21 percent of homeless people in Miami-Dade are mentally ill (Miami Coalition for the Homeless, 2003).

Immigration/Refugees

Indicator: Arrivals

Number of Entrants

- During FFY 2007 there were 9,419 entrants or arrivals to Miami-Dade County

	FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008
Refugees	152	1,296	2,741	1,162	1,290	1,877
Cubans	1,986	1,195	2,066	2,401	3,240	2,185
Haitians	188	96	27	7	11	4
Parolees	3,662	12,661	4,220	7,390	5,017	5,353
Total	5,988	15,252	9,054	10,960	9,561	9,419

Source: Arrival Statistics from Florida Department of Children and Families

Outcome: ?

Indicator: Immigrant/Refugee Workforce
(Immigrants are more likely to be low-wage earners and at risk of poverty).

Measure:
Number of foreign-born residents having less than a high school education
- More than one in four foreign-born residents have less than a high school education

Number of persons receiving Legal Permanent resident Status
- FIND STAT
- Number of persons receiving Legal Permanent Resident Status has increased from 2003-2006.

Outcome: Increase educational attainment levels among foreign-born population.

Indicator: Language Proficiency

Measure:
Percent of children that are foreign born and speak a language other than English at home
- In 2006, 12 percent of all Miami-Dade children living with their parents were born outside of the United States, compared with only 5.5 percent in Florida and 3.4 in the nation.

Percent of children having at least one foreign-born parent and speaking a language other than English at home
- 56 percent of Miami-Dade children living with their parents were native-born but have at least one immigrant parent

Outcome: Increase English proficiency among foreign-born parents and their children

Basic Needs

Indicator: Low Income Families

Measures:
Total number of recipients of Food Stamps and TANF cash assistance
- 14.1% of all households in Miami-Dade County were food insecure requiring use of public benefits or legal services to meet basic needs
- Food Stamp use had declined up to 2007 but then rose sharply to over 200,000 households in August 2008

Poverty Rate

- The poverty rate decreased from 16.3% in 2006 to 15.4% in 2007 but continues to exceed the state and national poverty rate

Rate of children eligible to receive free and reduced lunch in MDC

- Rate of children eligible to receive free and reduced lunch has fallen since 2002 but is still nearly 15% more than the state rate

		2002	2003	2004	2005	2006
Percent of Students Eligible to Participate in Free/Reduced Lunch, SY	Miami-Dade	61.4%	62.7%	63.6%	61.1%	59.0%
	FL	44.6%	45.4%	46.4%	45.9%	45.4%

Source: Annie Casey Foundation's Kidscount

Outcomes: Reduction in number of recipients receiving public assistance, including free or reduced lunch.

Indicator: Housing Affordability

Measures:
The ratio between median family income and the average cost of a single-family home in Miami-Dade County

- The current median single-family home-to-median household income ratio in Miami-Dade County is greater than 6:1
    - Medium home price has almost doubled from $147,734 in 2004 to $299,300 in June 2008 yet median family income has not increased at the same rate from $40,927 in 2004 to $49,894 in 2007
    - The current "existing" median single-family home price (306,100) remains unaffordable to approximately 85 percent of Miami-Dade County's households

Measure:
Total housing permits issued in MDC

- New housing permits issued in Miami-Dade County plummeted by 70.9 percent from 2005 to 2007;

Outcomes:
Increase housing affordability by narrowing ratio gap between median family income and cost of a single-family home.
An increase in the number of housing permits issued will be reflective of a healthier housing market.

Substance Abuse

(Substance abuse is known to contribute to family disintegration and violence, unemployment, school failure, child abuse, HIV infection and other STIs, and a variety of criminal activity (National Institute on Drug Abuse, Fiscal Year 2006 – 2007)).

Indicator: Alcohol and Drug Dependency

Number of persons having a non-injection illicit drug substance abuse problem

- An estimated 216,000 people in Miami-Dade County have a non-injection illicit drug substance abuse problem (Williams, Stern and Associates, 2004).

Number of persons having a reported alcohol dependency problem

- In 2002, an estimated 67,000 Miami-Dade residents reported alcohol dependence.

Outcome: Reduce number of residents with substance abuse and alcohol dependency

Elderly

Indicator: Elderly Well-being

Measures:

Percent of elderly population without any disabilities
- 54% of elder population have no reported disability
    - 117,576 have at least one disability

Percent of elderly population living in poverty
- 67,441 persons over 65 are living in poverty (2007)
    - 5.1% are food insecure – rate has increased since 2004
- Employment rate of older adults age 65 to 74 has incrementally increased from 22.7% in 2005 to 23.8% in 2007

Percent of elderly population living alone
- 43.4% live alone or without a family member in household (2007)
    - 40% live without a spouse; 43.4% live as a married couple

Percent of caregivers receiving services to improve provision of care
- 97.35% of 1,358 caregivers that received services from Florida Department of Elder Affairs in 2007 reported their ability to provide care was improved or maintained after intervention

Senior citizen suicide rate: Number of suicides death over overall death count of elderly population 65yrs and over
- Only .51% of elderly deaths were caused by suicides
    - In 2007 there were 71 suicide death of persons 65 years and over. Total deaths for this population were
    - Age group with the highest suicide rate was 20-24 at 10.11%

(MDC has greatest number of elder population (60+) in the state – 13.8% or 345,734 persons over age 65 reside in MDC)

Outcomes:
- Reduce percent of elderly population living in poverty.
- Improve overall health and well-being among elderly population.

Juvenile Justice

Indicator: Health and Behavior Risks for Children
(Alcohol and drug use among youth leads to other risky and/or delinquent behavior).

Measures:
Alcohol or drug use among middle school students

- In Miami-Dade, 49 percent of middle school students reported having used alcohol or any illicit drug (2004 Florida Youth Substance Abuse Survey).

Alcohol or drug use among high school students

- 71 percent of high school students reported having used alcohol or any illicit drug (2004 Florida Youth Substance Abuse Survey).

Number of drug/alcohol arrest on juveniles

- FIND STAT

	2003	2004	2005	2006	2007
Juvenile Arrests	12,193	11,868	11,478	10,860	9,750

Measures:

Number of total juvenile arrests

- There was a 25.06% decline in juvenile arrests from 12,193 in 2003 to 9,750 in 2007

Number of juveniles successfully completing Individualized treatment through the Post Arrest Diversion (PAD) program

- Operating since December 2000, 3,821 juveniles and their families have participated in the Post Arrest Diversion program of which 73% or 3,821 of PAD participants successfully complete individualized treatment plan.

Outcome:

Reduce alcohol and/or drug use and related arrest among school age children.

Other info.

2007 Totals 4,100 juvenile curfew violations processed

Key risk factors among adolescents include:

- *Poor parental and family functioning.*
- *Lack of parental supervision, discipline, involvement or acceptance*
- *Marital issues and divorce among parents.*
- *Use of "gateway" substances – tobacco, alcohol, inhalants, marijuana and prescription drugs – can be predictors of heavier substance use or addiction in older adolescence and adulthood.*

Period of transition – i.e. from elementary to middle school; from living at home as a dependent to college or work – during when young people face great academic and social pressures, emotional and physical changes and a greater exposure to other individuals using substances.

Indicator: Youth Crimes

Measures:

Number of youth per 1,000 persons charged with violent felony offenses

- Youth charged with violent felony offenses have decreased from 7.5 persons per 1,000 (in 2003) to 5.8 persons per 1,000 in 2007.

Percent of youth violent crime referrals by County

- Youth violent crime referrals by County has decreased by 18.7% over the last 5 years

Number of youth diverted from juvenile court

- Youth diversion from juvenile court has increased – key indicator of program success

Outcomes:

- Reduce number of youth charged with violent felony charges

- Reduce youth violent crime referral rate
- Increase number of youth successfully diverted from juvenile court

Preventative Health and Access

Indicator: Access to Health Services

Measures:
Percent of children under age 18 uncovered by health insurance
- 100,000 children in the county (16%) under age 18 remain uncovered by health insurance

Percent of individuals uncovered by health insurance
- Uninsured rate in MDC of 28.6% is higher than the national rate (2004)
    - an even greater number have difficulty accessing health services or obtaining quality care as evidenced by the significantly higher rates of hypertension, low birth weight babies, diabetes, asthma, cervical cancer and low levels of access to oral health care and elders who have received influenza vaccination.

Annual County cost from pay charity cases each year for uninsured individuals
- HOW CAN WE FIND THIS?

Percent of children ages 19-35 months receiving immunizations
- MDC Immunization rates are on rise at 82% for children ages 19-35 months

Outcomes:
- Increase percent of children and overall population covered by health insurance
- Decrease annual County cost from pay charity cases
- Increase percent of children (19 – 35 months) receiving immunizations

Indicator: Teen Births
(Teen pregnancies often result in health problems for mother and baby, and parenting problems can create potentially serious social and economic hardship)

		2002	2003	2004	2005	2006
Teen Birth Rate Age 15-17 (per 1,000)	**Miami-Dade**	22.1	20.4	19.8	18.8	20.2
	FL	23.6	22.0	22.1	21.8	23.0
Teen Birth Rate Age 15-19 (per 1,000)	**Miami-Dade**	39.8	35.8	35.5	35.0	36.0
	FL	44.3	41.8	42.0	41.9	43.5

Source: Annie Casey Foundation's Kidscount

Measure:
The total annual live births in Miami-Dade to females ages 15- 17 per 1,000 females
- Annual live births to females ages 15-17 per 1,000 females has declined by 9.41% from 22.1 in 2002 to 20.2 in 2006

The total annual live births in Miami-Dade to females ages 15- 19 per 1,000 females
- Annual live births to females ages 15-17 per 1,000 females has declined from by 10.56% from 39.8 in 2002 to 36.0. in 2006

Outcome:
Reduce number of teenage live births to teenage females to reduce health risk factors for mother and baby.

Indicator: HIV/AIDS

Measures:
HIV/AIDS positivity rate

- In 2007 there was a 3.1% positivity rate in Miami-Dade County.
    - Of the newly reported HIV/AIDS cases in 2007: 29.8% were female; 68.3% were male; 53% were Black; 36% were Hispanic; 9% were White; 33139 was the zip code with the highest prevalence; 30-39 was the most effected age group; Men who have sex with men and heterosexual were the two highest exposure categories

State and National Rank on number of AIDS cases

- Miami-Dade ranks first in the state of Florida and South Florida ranks third in the nation on the number of AIDS cases with 1,202 newly reported AIDS cases in Miami-Dade County in 2005.

Number of AIDS related deaths

- In 2007 there were 397 AIDS-related deaths in MDC

Outcomes:

- Decrease positivity rate
- Fall in ranking on number of AIDS cases
- Promote awareness and prevention services

Indicator: Physical Health and Fitness

Measures:
Obesity rate in Miami-Dade County

- 2005 obesity rate in MDC is higher than the state rate
    - Blacks are more likely to have asthma, be overweight/obese, and have difficulty accessing health care
    - Hispanics are more likely to have prolonged depression, extremely stressful days, have no leisure time for physical activity, lack health insurance (ages 18-64), and be overweight

Percentage of adults receiving no leisure time activity

- 33.5% of adults in MDC had no leisure time activity

Indicator: Leading Causes of Death - Cancer and Heart Diseases

Measures:
Number of resident deaths in MDC caused by heart diseases

- There were 5,205 deaths caused by heart diseases in 2007

Number of resident deaths in MDC caused by Cancer

- There were 3,863 deaths caused by Cancer in 2007

Outcomes: Increase early detection and prevention services for heart diseases and cancer

Employment and Training

Indicator: Employment Opportunities

Measures:
Unemployment Rate

- Unemployment rate declined every year from 2004 to 2007 and then significantly inclined to 5.5% from 2007 to August 2008
    - Jobs most abundant pay close to minimum wage

Number of unemployment insurance claims filed.

- Unemployment insurance claims have increased
- Unemployment rate among individuals with any disability (ages 16-64) has declined from 69.5% in 2003 to 63.3% in 2007

Outcomes: Decrease the unemployment rate and number of unemployment claims filed.

Indicator: Income and Prosperity

Measures:
Total per capita income or money earned per person in Miami-Dade County

- Per capita income has increased by 19.4% from $19,368 in 2003 to $23,125 in 2007

Median family income (which captures the money available per family) in Miami-Dade County

- Median family income rose by almost 21.9% from $40,938 in 2003 to $49,894 in 2007

	2003	2004	2005	2006	2007
Median Family Income	40,938	40,927 Down .027%	42,499 Up 3.841%	46,731 Up 9.96%	49,894 Up 6.76%
Per Capita Income	19,368	19,664	20,916	21,716	23,125

Source: U.S. Census Bureau American FactFinder

Outcome: Increase per capita income by 5% annually

Indicator: Dropout Outcomes

Measures:
Graduation Rate

- Graduation rates in MDC have slightly risen from 57.9 per 100 in 2002 to 63.9 per 100 in 2006; nearly 10 per 100 less than that state rate
    - Earning potential for persons with less than a high school education remains below $17,000

Number of individuals 25 years and over with less than a 9th grade education

- Number of individuals with less than a 9th grade education continues to climb each year between 2003 and 2006

	2003	2004	2005	2006	2007
Number of individuals 25 years and over with less than a 9th grade education	189,452	178,380	184,303	202,348	197,612

Number of dropout successfully completing continuing education

- NEED STATS

Number of dropouts seeking successful employment

- NEED STATS

Outcomes:
Increase successful continuation of education and successful employment for dropout population.

Diversion and Reentry

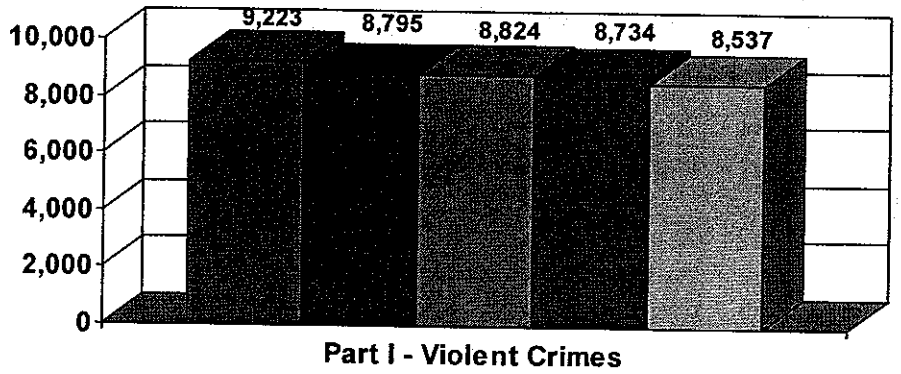
DONE - Add link to website
http://edr.state.fl.us/criminal%20justice%20county%20profiles/miamidade.pdf

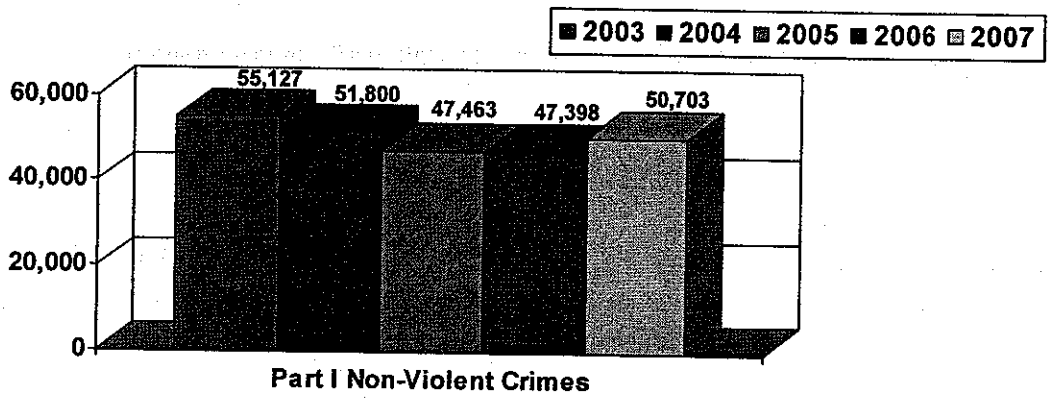
Data:

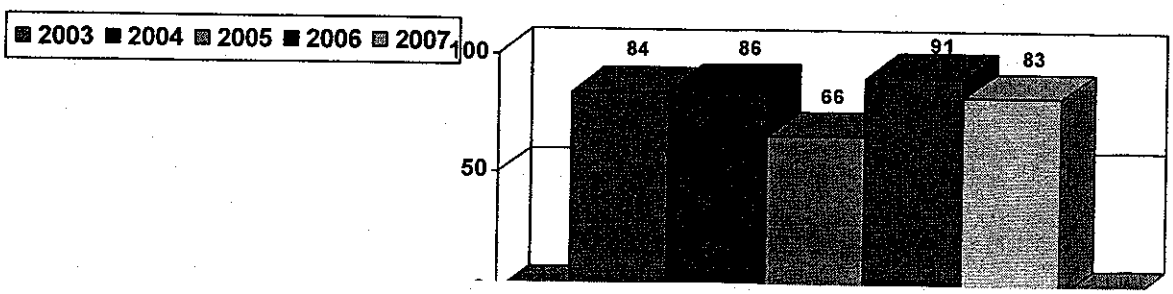
2005 Crime in Miami-Dade County

Florida Annual Crime Report for Miami-Dade	**2003**	**2004**	**2005**	**2006**	**2007**
Total Arrests		143,721	132,161		
Violent Crimes	9,223	8,795	8,824	8,734	8,537
Non-Violent Crimes	55,127	51,800	47,463	47,398	50,703

Florida: Crime Rate per 100,000: 4,632 (2006) < 4,694.7 (2007); Violent Crime Rate per 100,000: 705.8 (2006) > 705.5 (2007)







Indicator: Adult Crimes

Measures:
Total number of violent crimes committed annually

- There was a 8.04% decline in violent crimes committed in Miami-Dade County from 9,223 in 2003 to 8,537 in 2007

Total number of nonviolent crimes committed annually

- There was an 8.73% decline in nonviolent crimes committed in Miami-Dade County from 55,127 in 2003 to 50,703 in 2007

Number of new commitments to prison

- New commitments to prison increased from 2088 in 2006 to 2399 in 2007

Total number of murders
Total number of murders

- There was a 1.2% decline in murders from 84 in 2003 to 83 in 2007
- The most murders occurred in 2006 with 91 murders

Indicator: Education and Rehabilitation

Measures:
Number of inmates in education and vocational/technical programs

- Number of County inmates in education programs - 2,682 in FY 07 and 1,847 in FY 08;
- Number of County inmates in vocational/technical programs – 1,235 in FY 07 and 909 as of July 2008

Outcomes:
Increase number of County inmates successfully completing education or vocational/technical program for successful reentry.

Measure:
Number of County detainees receiving mental health treatment

- FIND STAT
- On any given day, 800 to 1,200 detainees experience mental illness at the Miami-Dade County Jail, while 500, almost half of the detainees, receive psychotropic medications daily (Community Voices Miami: Reports, Jail Diversion, 2005).

Outcome: Provide County inmates with adequate mental health treatment for successful reentry.

Indicator: Reentry

Measures:
Number of prisoners reentering the community

- FIND STAT

Percentage that re-offend within 5 years

- 48% re-offend within 5 years – 37% return to prison – Highest % occurs during first year

Number of ex-offenders placed in employment

- Number of ex-offenders receiving workforce development services through Transitions, Inc. has declined from 297 in 2004 to 192 in 2007-2008.
    - Of these 142 were placed in employment in 2007 compared to 249 placements in 2004.

Outcome Measures:

- Increase employment placements of prisoners released to community
- Reduce number of re-offenders (long-term)

Developmental Disabilities

- mental retardation,
- cerebral palsy,
- autism spectrum disorder, various genetic and chromosomal disorders such as Down's syndrome and Fragile X syndrome, and Fetal Alcohol Spectrum Disorder

Physical and Sensory Disabilities

- **Deafness**
- **Blindness**
- **Paralysis**

Capacity Building

References:

Quality Indicators for Progress, Jacksonville, Florida
http://www.jcci.org/indicators/statistics.aspx

Annie Casey Foundation's Kidscount
http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&subset=FL&areaid=14

http://www.miamidade.gov/grants/pdf/DV_Report_Final_11.14.08.pdf
UPDATE TO DOMESTIC VIOLENCE AND SEXUAL ASSAULT REPORT ASSESSMENT OF GAPS IN SERVICES

http://www.miamidade.gov/mdpd/Press_Releases/crime_stats.asp
MDPD Five Year Crime Comparisons

DRAFT

Historical JSD Report
http://www.miamidade.gov/jsd/Historical%201998-2007.pdf add to site

Florida Vital Statistics Annual Reports
http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx

Arrival Statistics
http://www.dcf.state.fl.us/refugee/publications/index.shtml

http://edr.state.fl.us/ Add to site

http://www.fldoe.org/news/2006/2006_12_15/FloridaGraduationDropoutRates.pdf add to site
http://www.fldoe.org/eias/eiaspubs/pdf/dropdemo.pdf add to site

http://74.125.47.132/search?q=cache:IyaLU404prsJ:www.urbancollaborative.org/pdfs/Fall%252007/District%2520Presentations/Miami-Dade%2520County%2520Public%2520Schools.pdf+miami-dade+dropouts+continuing+education&hl=en&ct=clnk&cd=1&gl=us

http://fcat.fldoe.org/results/default.asp