Measuring Client Well-Being

A Toolkit for Counties and Community-Based Organizations

Work Support Strategies

A product of the Colorado Work Support Strategies

Family Well-Being Work Group

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Executive Summary

Measuring Client Well-being presents a practical guide for county and community-based organizations to explore new ways to support clients holistically. It enables organizations to explore well-being metrics and use that information to improve services and achieve outcomes. Prescribing a one-size-fits-all approach does not work in an area like well-being that varies by client, program, and organization. Instead, this hands-on toolkit offers practical information and a sound process for organizations to follow in advancing their practice to measure client outcomes rather than program outputs.

This guide was created through Colorado's Work Support Strategies (WSS) grant. In April 2012, Colorado was awarded a multi-year Work Support Strategies grant from the Ford Foundation and its philanthropic partners to support struggling families by streamlining public assistance programs and improving access to and delivery of services. To achieve these goals, Colorado's WSS work plan has focused on outcomes and deliverables in the areas of administrative efficiency, access to benefits, outreach, and family well-being.

A key deliverable in the area of improving family well-being was to inform organizations' practices in defining, measuring, and using well-being metrics in supporting families. Information collected and analyzed was used to create this hands-on toolkit for county and community-based organizations to use in creating their own processes for measuring and tracking their clients' paths to improved well-being.

Creating this toolkit has been a tremendous accomplishment, guided by committed members of the WSS Family Well-Being Work Group who devoted significant time and attention to this effort. Ultimately, this toolkit is designed to provide local governments and community-based organizations with information and resources to enable them to define their own measures of family well-being, serve families holistically, and track families' progress towards improved well-being. In 2013, the work group engaged a variety of stakeholders to discuss how their organizations measure and track family well-being and use that information to improve services. The result of that work is the production of this toolkit which includes hands-on strategies and considerations for organizations to customize well-being measures, secure tools to measure and track clients' well-being, support clients holistically, and use data for evaluation.

A significant achievement in developing this toolkit is the creation of a comprehensive set of 20 common domains and corresponding definitions within the realm of well-being (see Table 2). These domains were identified by analyzing data collected from a broad swath of programs that explicitly track well-being among clients. While each domain represents an outcome that contributes to 'well-being,' the domains are designed to work together to depict the overall well-being of an individual or family. Given the multiple variations in the definition of well-being, this concrete set of domains is a significant step in establishing a common understanding and common language, among a wide array of stakeholders, to measure family/individual outcomes.

The toolkit also provides a "how to" section for organizations to follow in changing their practices to measure clients' outcomes.[1] It includes details within a ten-step tutorial for making organizational changes while valuing families' unique voices in pursuit of their goals:

Obtain commitment from top leaders. Projects that are clearly support from all levels within the organization, including executive leaders, are more likely to succeed.

Assemble a strong leadership team. A strong leadership team is invested in ideas to measure and improve well-being.

Select programs/services to monitor. While the goal is to measure and track the impact of all services on a client's well-being, it may be prudent to start with a smaller sample of programs and/or services.

Identify analytic and reporting products. Consider how data collected on clients' well-being will be used to inform programs, procedures, and policy.

Tailor well-being assessment scales. Rather than defining your own scales, within the domains, this toolkit provides a 'Key Contacts/Resources' section with verified resources to connect you with the scales currently being used by organizations in Colorado.

Acquire software. Organizations must assess their needs and resources to determine the best database/software to support this process.

Define a process to use the assessment scales. A sound process will support both the organization's and customers' needs.

Implement your process to track well-being. Once the process is defined, the organization should be prepared to use it consistently to measure and track changes in well-being and services received.

Evaluate the impact of services and referrals. Measuring and tracking changes in well-being and correlating those changes with services received will provide opportunities to evaluate whether the services provided are improving well-being.

Monitor and maintain processes and procedures. The leadership team must commit to periodically reviewing the data, reports, analyses.

Why Measure and Track Family Well-Being?

Do the programs we administer and services we provide make a difference in the lives of people who receive them? Would service delivery changes lead to better outcomes for families? Are families receiving all the help they need? These are just a few of the questions that family well-being measures might be able to answer.

As the WSS FWB Work Group interviewed stakeholders to understand how they serve clients and what they measure, the group documented many reasons to measure and track family well-being, including:

Establishing family well-being metrics creates opportunities for dialogue and collaboration

- Create a common language to facilitate collaboration among service providers
- Give organizations the means to report outcomes of the work they are doing
- Ensure clients are getting all the help they need
- Improve program referrals
- Identify policies and processes to improve services
- Maximize the impact among dedicated human services staff
- Create incentives for families to improve their lives

Establishing family well-being metrics creates opportunities for dialogue and collaboration among community-based organizations and local and state government. Sharing this information enables organizations to synergize efforts to aid families which ultimately results in better outcomes for families.

Measuring family well-being establishes holistic views of a family and its basic needs, enabling service providers to effectively support families' morphing needs. Work support programs—including Colorado Works (TANF), Food Assistance, Medicaid, and Child Care Assistance—support families through rough periods, stabilize employment, and prevent repeat cycles into poverty. However, these and other programs are often provided in piecemeal fashion, with little coordination or understanding of the shared effects of the interventions. Using a well-being measure can establish consistency in the ways organizations serve families.

Because a family's needs and its well-being generally change as the family receives help, tracking those changes and correlating them to specific services is a powerful way to identify areas of focus for the family. Tying specific programs or referrals to outcomes both ensures that the intervention is effective and promotes a community-wide approach to family stability. Additionally, having this kind of data provides perspective on barriers to achieving expected outcomes in order to improve the assistance and referrals provided to families and individuals.

Using family well-being metrics to assess program outcomes also identifies areas where existing policies and processes need to be shifted or changed to produce better outcomes for customers. While process or policy changes cannot effectively address every situation that may arise, making changes to respond to outcomes helps to ensure consistent services to customers. Alternatively, flawed processes or policies can hinder positive outcomes for customers. Therefore, using well-being metrics to improve program design will result in better outcomes for clients.

Additionally, tracking well-being identifies areas where organizations' capacity may be thin. For instance, identifying areas where families are not improving may highlight training or capacity needs within the organization or community.

Ultimately, tracking and measuring family well-being leads to better outcomes for families. When customers fill out assessments or other instruments, it makes them active participants in the process. This practice highlights the kinds of changes that are possible in customers' lives and is the incentive for the individuals to make those changes.

Colorado's Road to Defining Well-Being

The concept of well-being lacks a clear, common definition which presents a significant challenge to organizations in choosing how to define, measure, and track well-being. A wealth of research exists in the general areas of well-being and happiness, yet sifting through all that material to find what is most useful to an organization's mission can be a daunting task. Although there is no clear agreement on the definition or indicators of family well-being, most studies, including those conducted by the Center for Disease Control (CDC) and other public health agencies, document similar patterns in their findings. A strong determinant of family well-being is socio-economic status and "life satisfaction," which relates to access to basic resources. According to the CDC, correlations between income and well-being are stronger for those at lower socio-economic levels. After considering this information, the Family Well-Being Work Group decided against promoting a firm definition of family well-being; instead, the group saw more value in focusing on how organizations choose to measure and track well-being among their clients.

Rather than reinventing the wheel within this approach, the work group examined various approaches adopted across Colorado to find common threads among definitions or practices in order to build this toolkit.

Beginning in January 2013, the group invited ten county, community-based, and state entities[2] to share how they define and use family well-being metrics. Each organization addressed three distinct questions:

1. How does your organization define family well-being?
2. How is family well-being measured? What evaluation/assessment tools are used?
3. What is done with the information gathered on families' well-being? What outcomes are tracked or evaluation/assessment performed?

The purpose of this exercise was to gather information from a diverse array of organizations around the state, using their approaches as a proxy for how well-being is being defined and measured in Colorado. The following key points emerged:

Despite organizations' differences, a number of common themes emerged

- There is a wide array of tools and methods being used to assess well-being.
- Ultimately, the choice of metrics and tools used relates both to the organization's purpose and available resources.
- Despite differences in the tools used and data collected, there are common themes among what is collected and measured.
- Organizations share a common goal of ensuring Coloradans are stable, healthy, and have steady income.

The tools used by these organizations include standardized questionnaires, administrative data, Census survey data, and composite indices. Often, the organization needed to purchase or develop a database and analytic software in order to collect, track, and analyze well-being data. Ultimately, organizations chose tools and metrics that fit their mission and resources available. To illustrate this, consider two organizations that presented to the Work Group: Colorado Children's Campaign and Family Resource Center Association (FRCA). The Children's Campaign measures overall child well-being across the entire state on an annual basis. It does not provide direct services, so individual-level data is not collected or analyzed. Instead, its child well-being index is based on national methodology and uses a lot of Census data and administrative statistics. The organization chose this methodology as the best way to educate people about how policy decisions affect child well-being and advocate for proven policy changes adopted in other states. In contrast, FRCA focuses on improving family well-being in communities where family centers operate. Each center provides direct services to families in the areas of family development (i.e. strengths-based case management), health care, nutrition, early childhood education, parenting, youth development, and emergency assistance. The centers work directly with clients; they conduct one-on-one interviews with families, using a standard survey questionnaire, to collect and document information on each family's state of well-being and track how well-being changes over time.

However, despite the different tools and metrics used by organizations, some common themes emerged. After examining the domains of information that are considered across organizations, patterns emerged. Ultimately, all the organizations are striving to ensure that Colorado families are stable, healthy, and have steady income.

Domains

The Work Group documented the domains tracked by each organization interviewed, as presented in Table 1. Each column represents information collected from that organization regarding its activities to measure and track well-being. The first four rows document the organizations who presented and any tools and data used. The remaining rows list the domains considered by the organization; an 'X' in a column indicates that the organization tracked data in that domain.

The WSS FWB Work Group members examined a wide array of data in order to create the matrix presented in Table 1. Using their best judgment, the group whittled the information collected to twenty common domains. This list of domains and their descriptions is presented in Table 2.

What is a 'Domain'?

Domains are outcome areas that contribute to well-being. For example, 'income' is considered a domain because it measures a family's ability to secure immediate physical needs as well as plan for future needs.

The terms 'domain' and 'indicator' are often interchanged, but their meanings are different. Indicators are often specific metrics that help to indicate the status within a domain. For instance, median household income in a community could be one *indicator* within the *domain* of income for that community.

Table 1: Organizations Interviewed and Domains Used for Assessing Well-Being

Important Note: This table is based on information obtained by the WSS Family Well-Being Work Group during presentations from each organization. This table attempts to summarize the information learned during those presentations, however the table may not fully and accurately reflect all activities by each organization. Not all organizations listed have reviewed this matrix to ensure its accuracy.

	Organizations				
	Mile High United Way	WorkLife Partnership	CDPHE Strengthening Families	CDHS Division of Vocational Rehabilitation	Boulder County Housing and Human Services
Tools Used:	Shared Indicators Project	Self-Sufficiency Matrix and eLogic Model	The Strengthening Families Protective Factors Framework	Administrative Statistics	Self-Sufficiency Matrix
Data Type:	Survey and Program Administrative Data	Client Data	Framework Only	Program Administrative Data	Client Data
Tool Used for Data Collection:	Their own database	eLogic	N/A	Their own database	Efforts to Outcomes
Domain:					
Adult Education	X	X	Xa	X	X
Child Education	X	X	X		X
Employment	X	X	Xa	X	X
Work Place Skills	Xa	Xa	Xa	X	X
Childcare	Xa	X	X		X
Family Relations		X	X		
Income	X	X	X	X	X
Financial Literacy	X	X	Xa		
Food	X	X	X		X
Health Care [Access]	X	X	X	X	X
Health/Chronic Illness	X			X	X
Housing	X	X	Xa		X
Legal		X			X
Mental Health	X	X	X		Xa
Parenting Skills		X	X		
Substance Abuse	X	X	Xa	X	
Support Network		X	X		X
Transportation/Mobility	X	X	Xa		X
Utility Assistance	Xa	X	X		Xa
Environment	X				
Safety/Domestic Violence		X			X
Access to Services/ Knowledge of Services		Xa	Xa	X	X
Community Improvement and Involvement			Xa		
Agency Collaboration and Development			Xa		
Emergency Services	Xa				
Parent Engagement					

Notes: a It was not completely clear whether this domain was explicitly covered by the well-being tool(s) used but the tool seemed to have related elements

Organizations					
Colorado Community Action Association	**Colorado DOLA Housing Division**	**Colorado Children's Campaign**	**Family Resource Center Association**	**Project Self-Sufficiency**	**Colorado Legislative Council Research**
CSBG National Performance Indicators/ Results Oriented Management & Accountability (ROMA)	Administrative Statistics	Child Well-Being Index (Kids Count)	Self-Sufficiency Matrix	Self-Sufficiency Matrix	Well-Being Index Concept (suggested possible domains only)
Client Data/Financial Data/Community & Agency Data	Program Administrative Data	Survey and Program Administrative Data	Client Data	Client Data	Not yet specified but likely Survey and Program Administrative Data
eLogic Model Manager/ CAP 60/Adsystech/Efforts to Outcomes and Others	Their own database	Their own database	Efforts to Outcomes	Not Known	Presumably their own database
X		X[a]	X	X	X
X		X	X	X	X
X		X[a]	X	X	X
X					
X			X	X	
X		X			
X		X	X	X	X[a]
X			X	X[a]	
X		X	X	X	
X		X	X	X	X
X		X	X	X	X
X	X		X	X	X
X				X	
			X	X	
X			X		
X			X	X	
X[a]			X	X	
X			X	X	X
X				X	X[a]
X[a]					X[a]
X[a]			X		
X[a]					
X			X		
X					
X					
			X		

Table 2: Domain Descriptions

Domain	Description
Adult Education	Adult educational attainment, literacy, ESL, and math skills
Child Education	Child enrollment and attendance in school
Childcare	Childcare availability, reliability, and affordability
Employment	Full-time/part-time, livable wage, availability and adequacy of benefits
Family Relations/ Domestic Violence	Characterization of relationships with other family members including the presence of domestic violence
Financial Literacy	Ability to budget, presence of and ability to accrue savings, knowledge of basic finance principles
Food	Availability and adequacy of food and means of food preparation, use of food assistance, and nutritional adequacy
Health/Chronic Illness	Presence of chronic illness and receipt of adequate care
Health Care Access	Immediate need for care, availability of care with or without insurance
Housing	Housing type (including homeless and temporary housing), rent and mortgage status, and whether the housing is subsidized, safe, affordable, and stable
Income	Adequacy of income to meet needs, whether or not income includes subsidy or public assistance
Legal	Presence of unresolved legal issues/charges and the availability and adequacy of legal help
Mental Health	Presence of mental health challenges and the availability and adequacy of care
Parenting Skills	Parenting knowledge and experience, knowledge of child development concepts
Safety	Home and neighborhood safety
Substance Abuse	Presence of substance dependence and abuse and whether being treated
Support Network	Availability and adequacy of support and resources from family and friends
Transportation	Access to and adequacy of public or private transportation
Utility Assistance	Ability to pay utilities on time and use of energy assistance
Work Place Skills	Work history and skills

Using this list of common domains, the Work Group categorized the domains into three broad groups, which are illustrated in Figure 1.

- Family Stability
- Healthy Living
- Economic Security

Individually, each domain reflects a basic area of need in a person's or family's life. As a whole, the 20 domains characterize the overall well-being of an individual or family. While there may be individual effects among domains, grouping them associates domains with higher-level outcomes of basic stability, health, finding a job, and keeping a job.
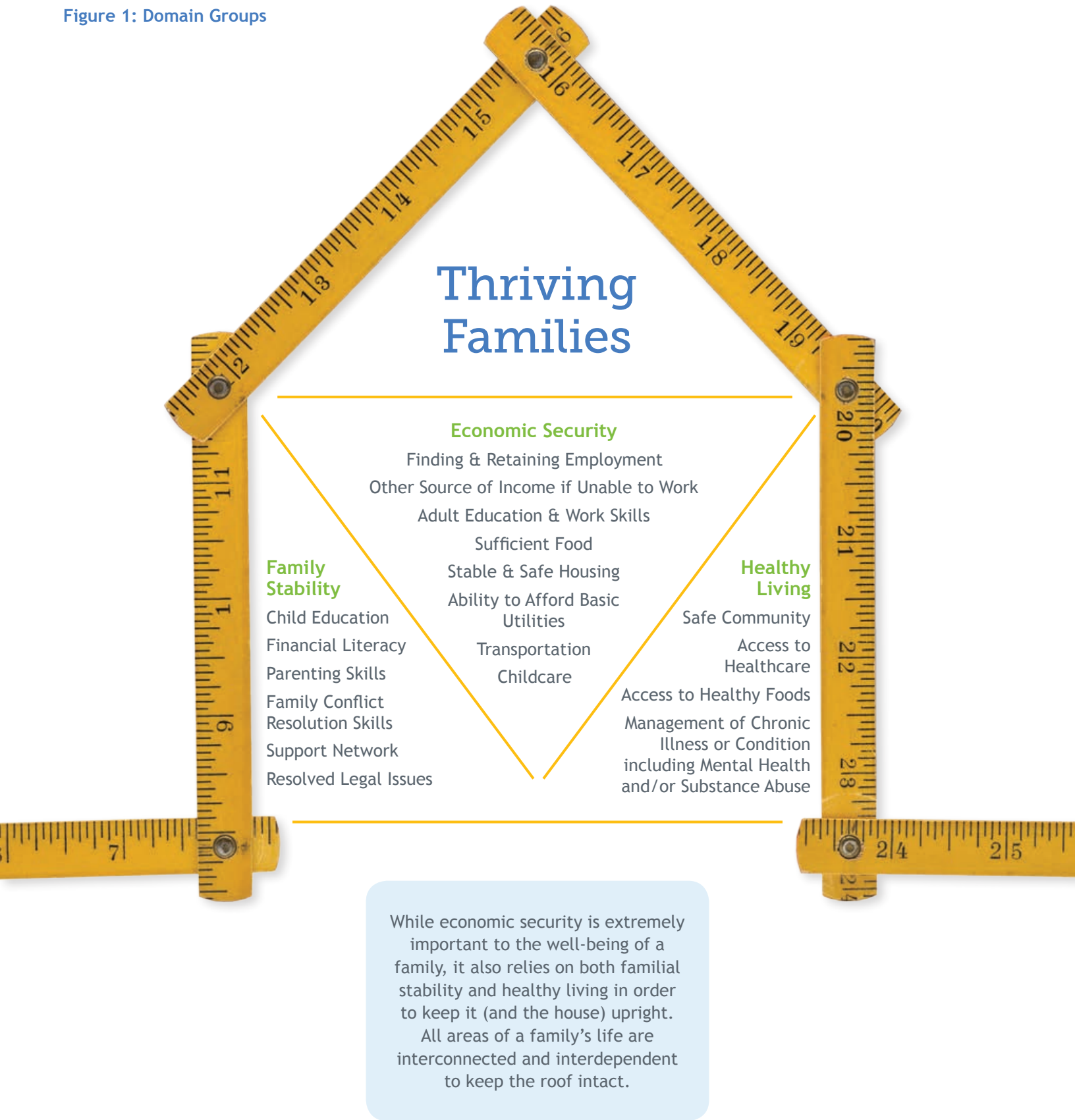
The concept of grouping domains is supported in research literature. A 2008 study conducted by the Arizona Department of Economic Security (Parker, 2008) examined the correlation of movement along domain assessment scales.[3] Parker suggests that these groupings

are useful because they "reflect a long waged debate within public welfare services over whether or not the primary needs of the poor are better met with dollars or services," with one subscale measuring changes in economics and the other measuring interpersonal functioning. The Arizona study includes data for 17 of the 20 domains identified in Table 2.

A similar study conducted by the Colorado FRCA, which includes analysis of 12 domains, supports the idea that some domains have a closer relationship than others, suggesting that grouping economic self-sufficiency domains is good practice (OMNI Institute, 2012).

Using the domain groups in Figure 1 attempts to shift the conversation from one about which types of programs, those that provide direct money or direct services are best, to a conversation about the high-level outcome areas within the well-being realm in which services are likely to have the most impact.

Figure 1: Domain Groups

Thriving Families

Economic Security
Finding & Retaining Employment
Other Source of Income if Unable to Work
Adult Education & Work Skills
Sufficient Food
Stable & Safe Housing
Ability to Afford Basic Utilities
Transportation
Childcare

Family Stability
Child Education
Financial Literacy
Parenting Skills
Family Conflict Resolution Skills
Support Network
Resolved Legal Issues

Healthy Living
Safe Community
Access to Healthcare
Access to Healthy Foods
Management of Chronic Illness or Condition including Mental Health and/or Substance Abuse

While economic security is extremely important to the well-being of a family, it also relies on both familial stability and healthy living in order to keep it (and the house) upright. All areas of a family's life are interconnected and interdependent to keep the roof intact.

Assessment Scales

One of the main purposes of the assessment scales is to create an objective standard for measuring a person's or family's level of well-being within each domain. For example, a person may be comfortable with occasionally visiting a food bank to meet his/her basic food needs; yet, these scales do not attempt to gauge individuals' comfort or happiness with their circumstances. Instead, the scales seek to create an objective measure to assess well-being within each domain. Often, the scales are measuring an individual's or family's level of self-sufficiency that would enable the family to meet its basic needs without relying on public or private assistance. Case managers working with families may present the scales in a strengths-based way that evaluates the family's situation against an objective standard, helping them to identify and seek steps to improve their well-being.

The assessment scales are a tool with potential variations (e.g., language, what is included/excluded, formatting). Many organizations have adapted the domains and scales to better fit their needs. Some academics have strong opinions about how the scales should be formatted (e.g., vertically with thriving at the top to reflect climbing the ladder of self-sufficiency); however, most organizations have chosen to format the scales horizontally, presumably so that the survey instrument takes up fewer sheets of paper. In general, the following guidelines will help organizations determine how to develop and modify the scales to meet their needs:

- Tracking changes in well-being and correlating those changes with services delivered provides an opportunity to evaluate whether the services provided and referrals made are actually leading to higher levels of well-being.

- A trained worker should regularly survey the client and document where the client currently falls within each domain. Tracking this information over time correlates progress in the scales with services received. In the end, the data can be used to evaluate whether the services provided and referrals made are leading to higher levels of well-being.

- Organizations tracking well-being use a standard survey instrument to document results. The FWB Work Group found that, in Colorado, organizations typically use either the Self-Sufficiency Matrix or the eLogic Model (also sometimes referred to as the ROMA Outcome Scales and Matrices). Both survey instruments originated from the same sources[4] and have similar, albeit not exact, structures.

Both survey instruments include a set of scales for each domain. Most of the Self-Sufficiency Matrix instruments used across Colorado have a five-point scale for each domain. The eLogic Model uses the same five levels, but uses a 10-point scale, giving each level up to two subscales. Despite this difference, the concepts are similar. Table 3 presents an example scale for the Food domain used by one of the interviewed organizations using the Self-Sufficiency Matrix tool. Each of the five levels is associated with a degree of well-being for the domain, ranging from In-Crisis (the lowest level) to Thriving (the highest level). These scales were developed with the goal that all clients should obtain Stability (level 3) or higher within each domain; however, a 'prevention line' is sometimes drawn between level 2 (vulnerable) and 3 (safe) in order to visualize the minimum goal. Some clients will achieve the highest levels of well-being for some domains, but it is certainly not expected that they will achieve or sustain the highest levels in all domains.

Go to the Resource page (p. 20) for contact information of Colorado groups using assessment scales and software to serve their customers.

Table 3: Example Scale for Food Domain

Food Security: Assesses a family's level of food security based on USDA definitions

- According to the USDA, "food insecurity is limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." **http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx**
- Families receiving public assistance for food will score 1 or 2 when they meet the conditions of very low or low food security, respectively; Families receiving public assistance for food should not score higher than a 3.
- Public assistance for food = food bank access within past month or enrolled in SNAP, WIC, and/or Free/Reduced school lunch

☐ 5	**High food security:** Family members have no problems, or anxiety about, accessing enough quality food with variety
☐ 4	**Marginal food security** *without* reliance on public assistance for food. • Family members **have anxiety about** accessing food, but the quantity, quality, and variety of their food intake are not reduced **AND** family does not rely on public assistance for food.
☐ 3	**Reliance on public assistance for food** • The quantity, quality, and variety of food intake are not reduced **AND** the family relies on public assistance for food.
	P R E V E N T I O N L I N E
☐ 2	**Low food security** (disruption in *quality* and *variety* of food intake) Family has enough food **AND any of the following:** • They rely on a few types of lost-cost foods. • They can't afford to eat balanced meals.
☐ 1	**Very low food security** (disruption in *quantity* of food intake) • *Food intake reduced* for one or more family members because the household lacks money or other resources for food.
☐ N/I	*Not enough information at this time*

Note: The concepts behind the scale levels and prevention line above were initially developed by the Department of Health and Human Services, Office of Community Services and the Community Services Block Grant (CSBG) Monitoring and Assessment Task Force. These concepts have been further refined and incorporated into the Results Oriented Management and Accountability (ROMA) curriculum by Frederick Richmond.

Process: How to Start

In Colorado, a mosaic of public and non-profit agencies works to help families improve and maintain their well-being. One of Colorado's strengths is the involvement of county officials and community agencies in tailoring programs and services to specific populations. Recognizing this, the FWB Work Group's recommendations do not prescribe a one-size-fits-all approach. Instead, this toolkit emphasizes the process for organizations to explore measures of well-being, how they relate to an organization and its services, and how to use that information to improve services. Essentially, it outlines a process and suggests steps[5] to establish, track, and maintain well-being measures.

STEP 1: Obtain and Convey Commitment from Top Leaders.

STEP 2: Assemble a Strong Leadership Team.

STEP 3: Select Programs/Services to Monitor.

STEP 4: Identify Analytic and Reporting Products.

STEP 5: Obtain and Tailor Well-Being Assessment Scales.

STEP 6: Acquire the Software that Will Best Help You in Implementing this Process.

STEP 7: Define the Process to Use the Assessment Scales.

STEP 8: Implement the Process to Measure and Track Changes in Well-Being and Services Received.

STEP 9: Evaluate the Impact of Services and Referrals.

STEP 10: Monitor and Maintain Processes and Procedures.

STEP 1 — **Obtain and Convey Commitment from Top Leaders.** Initiatives that have clear support from all levels within organizations, including top leaders, are more likely to succeed. Top leaders include county human services directors, executive directors, members of the board of community-based organizations, and possibly various elected officials. These top leaders may need to understand more about the benefits of measuring and tracking client well-being which include providing better information on client outcomes to management, enhancing existing methods of evaluating programs, and using client outcome information to improve organizational management. After obtaining the support of top leaders, make sure to clearly convey this support to other staff.

STEP 2 — **Assemble a Strong Leadership Team.** Assembling a leadership team invested in the idea of measuring and improving well-being is important. Be sure to include key members from a variety of areas including eligibility workers, case managers, program managers, and technical support. It is critical that this group both understands and oversees the financial feasibility of implementing the project and sets long-term goals for measuring well-being. A team size of 6 to 12 people should be sufficient for most organizations. At the outset of the project, the team should establish a schedule, responsibilities, roles, timeline, and a strategy for communicating progress (Millar et al., 1981).

STEP 3 — **Select Programs/Services to Monitor.** While the overarching goal is to measure and track the impact that all programs, services, and service referrals have on clients' well-being, may be initially necessary to select only a portion of programs and/or services to measure and track, adding more programs/services as the learning curve flattens. The leadership team should consider the following factors in selecting which programs and services to initially monitor, including the relative importance of programs to an organization's overall budget and responsibilities, caseload size, organizational leaders interested in using specific client outcome data, any need to justify specific services, and resources available to

support program implementation with fidelity.[6] Of course, everything should be consistent with your organization's mission and community needs.

- *Know Your Mission.* Who isn't coming in your door and why not? The purpose of tracking well-being must be consistent with what your agency wants to promote. How will measuring and tracking well-being alongside services provided help you to better understand your impact?

- *Know Your Community.* While most agencies have great information on the clients they're serving, it's important to understand the demographics of the service area's entire population. This knowledge both informs your organization about how many potential clients reside in your service area and how well your services align with the community's needs. Most organizations can get a glimpse of the community population by using the US Census Bureau's American FactFinder (see Appendix A for user tips).

- *Know Your Sister Organizations and Community Partners.* Take the time to identify any other organizations that provide complementary services to the community you serve and to inventory any well-being measures they are using. Take note of any differences in the target populations.

- *Know Your Clients.* Who is the target population for your organization's services? What changes is your organization trying to make in customer's lives? While your services may fit neatly into one or two of the domains, it's important to consider whether any other domains have an impact on a client's ability to succeed? The work of the FWB Work Group found that impacting one domain often indirectly impacts other domains. For example, attaining employment may positively impact a number of domains including, but not limited to, income, food, housing, and health care access.

- *Know Your Services.* Organizations usually understand the services they provide and the cost. This will be useful information as you decide whether or not to create or purchase a new tool in order to measure and track well-being. Tracking well-being may eventually provide insight into your organization's ability to meet new needs (measured in different domains than your current services have impact) as they arise. In addition, choosing to

measure well-being outcomes may provide valuable information for future grant opportunities from public and private funders.

STEP 4 **Identify Analytic and Reporting Products.** This is the right point in the process to begin to think about how data collected on client well-being and services received will be used to inform programs, procedures, and policy. The leadership team should produce a plan for how the data will be used to improve programs and what specific products (e.g., reports or analyses) will be needed. A few things to consider is how often data should be reviewed, and whether the data will be used to inform the budget process or to fulfill program reporting requirements. Using information, the leadership team should determine the types of reports and analyses needed, any associated cost, and capacity constraints. A plan for how the data will be used should also be presented with this information.

STEP 5 **Obtain and Tailor Well-Being Assessment Scales.** Rather than defining your own scales, this toolkit provides a list of contacts for obtaining a copy of the scales currently being used by other organizations in Colorado. (See "Key Contacts/Resources" section.) Creators of this toolkit recommend exercising caution in tailoring scales, especially when it comes to excluding domains; however, some organizations may find it necessary to tailor or define new scales. Great care and cultural sensitivity should always be used in developing scales. Proceed cautiously and use the following recommendations if you must develop scales:

- *Avoid the possibility that a person assessing a family or otherwise administering the survey would need to make a judgment call between two or more levels of a scale in which a client or family may fit.* This situation could arise if there are multiple conditions within each level and the client's circumstances partially fall into more than one level. Avoiding this problem will help ensure that the data collected is consistent and comparable. Organizations may try to address this issue through training and a thorough training manual; however, the most effective way of protecting the integrity of data collected is to ensure the survey instrument minimizes this issue to begin with.

- *Consider language carefully in metrics.* A food scale could read, "Can meet basic food needs with occasional support." The word 'occasional' might mean different things to different people. A better approach might be to reword the scale to read, "Can meet basic food needs with support received no more than once every three months." In this example, 'support' and 'basic food needs' may also lend themselves to a subjective interpretation; care should be taken to minimize that possibility.

- *Carefully consider a decision to exclude domains.* Organizations have put much thought and research into identifying a set of domains in which a family or individual must advance in order to achieve self-sufficiency. Most organizations the FWB Work Group spoke with have made some effort to tailor the list of domains to better suit their needs, yet they all proceeded carefully. Excluding domains might undermine the holistic picture of family and client well-being that these metrics are intended to foster.

STEP 6 **Acquire the Software that Will Best Help You in Implementing this Process.** There are a number of software packages, with varying capabilities, to assist organizations collect client information using assessment scales. Appendix B lists software options the FWB Work Group has encountered; however, the list is not exhaustive. When selecting a software tool, organizations should consider the ease of data collection, data reporting and analysis, and cost. A key purpose of this toolkit is to promote the concept that organizations consider sharing not only client information, but also databases and data collection tools. In any case, software is necessary to track, manage, and analyze the data collected. Software solutions are grouped into three broad categories (Appendix B):

A. Software developed specifically to measure and track client well-being using either the Self-Sufficiency Matrix or eLogic Model

B. Software designed to manage client interactions that could be adapted for use with the Self-Sufficiency Matrix and eLogic Model

C. Do-it-yourself software that, with effort, could measure and track client well-being using the Self-Sufficiency Matrix and eLogic Model

In presenting a sample of software options in Appendix B, the FWB work group is not recommending any particular software product over another.

Some software solutions presented in Appendix B offer 'enterprise solutions' to many common problems that organizations directly serving clients face. As such, the software and its capabilities may have a much wider scope than the task of measuring and tracking clients' well-being and evaluating how well-being changes as services are provided. If these additional enterprise-wide solutions appeal to your organization, you may want to consider reviewing the paper "Enterprise Client Tracking Systems for Community Action Agencies: A Review of Client Database Systems Across the Community Action Network" (CAA AIMS, 2011).

STEP 7 **Define the Process to Use the Assessment Scales.** Typically, as a client receives services, a trained worker periodically assesses the client to document where the client currently falls within each of the domains. Tracking changes in well-being by domain over time allows organizations to correlate progress in the scales with services received.

- *Define and Document the Process by which Workers will Use the Assessment Scales.* A key strength of scales is that they can be used as part of a motivational interviewing process[7] aimed at helping clients realize the types of improvements they can make in their own lives to improve their overall well-being. Whether the scales will be used as a motivational interviewing tool or simply administered as an assessment or survey, it will be important to solicit input from direct-line staff regarding how this new tool will be incorporated into their processes. Involving direct-line staff will both obtain staff buy-in and provide insight into possible changes needed in current processes.

- *Utilize Best Practices.* While a literature search[8] offers few rigorous evaluations of effective family support services, we can rely on the insights from a diverse set of studies to draw out recommendations of the general principles and practices that positively impact family outcomes. (Appendix C presents a list of best practices shared by the Family Resource Center Association in using assessment scales.)

- *Create Robust and Continual Training Guide.* Training is vital for organizations undergoing any sort of change in processes or outcome measures; furthermore, training is critical to ensure valid and consistent data. Organizations embarking on measuring and tracking family well-being should be ready to create robust trainings on the use of the scales that compliment a culture of treating clients with respect and showing cultural sensitivity to different norms for different populations. While good training is critical, organizations must be mindful not to let training become a substitute for having a clear, consistent, concise set of assessment scales.

- *Consider Adding a Follow-Up Survey with Clients After They Have Left the Program.* Post-service surveys are valuable tools that are frequently neglected. Conducting a client survey at a designated period of time after the client has received a service may yield important information to interpret the results of clients' movements in the assessment scales as services were received.

STEP 8 — **Implement the Process to Measure and Track Changes in Well-Being and Services Received.** Time should be allocated for incremental implementing and testing of the new process before full deployment. Both procedures and software should be tried out on a small, representative cross-section of the full caseload with whom the new processes are expected to be used. This step is useful for collecting feedback, adjusting the process and procedures, and ensuring any software is configured and running correctly.

STEP 9 — **Evaluate the Impact of Services and Referrals.** Measuring and tracking changes in well-being and correlating those changes with services received provides organizations with an opportunity to evaluate whether the services provided and referrals made are actually leading to higher levels of well-being. Reports should be periodically produced; additionally, staff should have the capacity to produce ad-hoc reports and analyses to answer questions about a program's anticipated and actual effect on well-being.

STEP 10 — **Monitor and Maintain Processes and Procedures.** The leadership team must meet periodically to review the data collected and the reports and analyses produced. Thus, leadership must regularly address improving and maintaining the quality of the data collected. Inevitably, circumstances will require that processes and procedures be adapted or changed. As key leaders understand the value of the data, it is likely that the number of programs and services included could expand. Making these kinds of adjustments may involve going back through several of the steps outlined above to re-think the process and make the necessary changes.

Reporting, Evaluating, and Improving

There are three major purposes for collecting well-being data.[9] First, data can show the actual impact of a program, presenting evidence of a program's impact on an individual or family. Second, data provides a basis for program improvement, identifying programs that are not reaching their intended goals or possibly even pinpointing the reasons for a program's ineffectiveness. Finally, customers can see what changes they need to make to improve their lives as they're engaged in the assessment process.

Although much of the same data can be used for all of these purposes, it isn't always the case. Therefore, leaders must be explicit about the purpose for each data point. To support this process, many organizations find it useful to create logic models to clearly depict their programs' purpose, activities, and intended short- and long-term outcomes.

Step 4 in the 'Process: How to Start' section of this toolkit encourages the leadership team to develop a plan for using the data. A plan for regularly reporting data is the first step in using the data to improve services and processes. This section summarizes some common comparisons to consider in developing and refining plans using data on client well-being and discusses some basic steps for using data to evaluate and improve services.

Typical comparisons made with data to help understand program performance include:

- Between organizational units
- Between programs
- Across time or time periods
- Between types of clients either by key demographics or assistance unit types
- Between actual performance and any performance goals
- Between outcomes for similar clients that received different services

Customers can see what changes they need to make to improve their lives as they're engaged in the assessment process

- Between client outcomes by caseworker (if the client primarily works with only one caseworker)
- Between families that received services through different service delivery systems (if families had different levels of engagement in identifying their goals)

Often, these basic comparisons can lead to more questions than answers; attention will need to be put into if and/or how to use the data to try to answer additional questions that emerge.

Organizational leaders should consider the limitations of data amid the following common pitfalls:

1. **Making Cause-and-Effect Inferences.** Data can show where there *could* be a cause-and-effect relationship, but actually proving that the relationship exists is a much more difficult and complex problem. This problem exists because there are always external factors, outside of the control of an organization (e.g., natural disasters, changes in the economy, illness, death, etc.), that can affect performance. Therefore, organizational leaders must be sensitive to external factors that could be the actual root cause or primary driving factor behind any observed relationship.

2. **Apples-to-Oranges Comparisons.** Inherent factors could make two groups difficult to compare— e.g., basic differences in populations served by two programs, geographic location, potential differences in processes or procedures for collecting data, and more.

3. **Flaws, Bias, and Changes in Data Collection Processes.** Inevitably, there will be systematic issues that may result in poor data quality. Therefore, leaders should take the time to identify potential systematic issues and mitigate them by ensuring that data collection instruments and procedures are clear and concise and that workers are trained on the procedures to ensure consistent data collection.

4. **Outputs and Outcomes.** Both outputs and outcomes are important components of program evaluation, but they are not the same. Outputs are units of service, e.g., number of persons served at a food pantry; number of times a family visits a caseworker; number of housing units created for persons experiencing homelessness, etc. In contrast, short- and long-term outcomes trace changes in behavior or circumstance by the units of service. For example, how long a person is able to maintain housing in a housing unit is an outcome, while simply being placed in the housing unit is an output leading to the outcome. Similarly, seeing a case worker on a regular basis is an output that leads to the outcome of what happens to the individual or family as a result of those interactions with the case worker.

5. **Entering Data.** The quality of data is only as good as the people entering it. Therefore, it is imperative that staff be well trained on the measurement tools and have adequate time to check their data entry to make sure that all the necessary data have been entered correctly into the system.

6. **Pre and Post Measurement.** In order to determine the overall impact of a particular program or series of interventions on clients' well-being, a baseline must be set upon the initial assessment. Then, regular reassessments (e.g., after one, three or six months) will identify any changes in the individual's or family's circumstances. If reassessments are neglected, it eliminates any possibility of determining whether or not the program has had any real impact.

Depending on the software procured (many of the products in Appendix B have some outcome reporting capability), it may also be necessary to procure additional software or evaluation services to perform more complicated data analysis and evaluation. Software tools focused on data analysis and evaluation (e.g., SAS, Stata, SPSS, R) range in sophistication, cost, and ease of use. Depending on the organization's size and capacity, it may be a more efficient use of funds to contract with an evaluation firm.

Conclusion

Colorado's Work Support Strategies Initiative is just one of many efforts actively exploring new ways to serve families holistically by defining, measuring, and tracking well-being among Colorado families. While organizations must remain cognizant of direct services outputs, this toolkit will aid organizations to focus on outcomes, enabling them to consider the entire tapestry of each client's life and design services to meet those clients' changing needs. Additionally, this toolkit creates a framework for engaging community leaders in measuring well-being of an entire community. While Colorado moves forward, it is likely that new strategies will continue to emerge in assessing, measuring, and tracking well-being. Our work will be a critical component of the research body to inform new strategies.

The Work Support Strategies group will continue to strive to help Colorado's families thrive by helping organizations implement strategies to serve clients well in times of need and celebrate with them as they thrive through attention to and measurement of well-being.

Key Contacts and Resources

Survey instruments currently being used in Colorado may be obtained by contacting the following organizations and persons.

Organizations that can provide support for the Self-Sufficiency Matrix:

Boulder County Housing and Human Services
Jessie Counts
Management Analyst
jcounts@bouldercounty.org
3460 Broadway
Boulder, CO 80304
720-564-2292
www.BoulderCountyHHS.org

Family Resource Center Association
Virginia Howey
Program and Member Services Director
vhowey@cofamilycenters.org
1888 Sherman Street, Suite 100
Denver, CO 80203
303-388-1001 Ext 105
www.COFamilyCenters.org

Organization that can provide support for Efforts to Outcomes:

OMNI Institute
Melissa Richmond, Ph.D.
Director of Research and Evaluation
MRichmond@omni.org
899 Logan Street, Suite 600
Denver, CO 80203
303/839-9422 x166
www.omni.org

Organization that can provide support for eLogic Model Manager:

The Burnes Institute
Donald Burnes
Acting Executive Director
donwburnes@gmail.com
6740 E. Colfax Ave
Denver, CO 80220
303-927-7562
www.BurnesInstitute.org

General Assistance or Information:

Colorado Department of Human Services
Samantha O'Neill-Dunbar
Project Manager
1575 Sherman Street, 3rd Floor
Denver, CO 80203
303-866-2864

Colorado Community Action Agency Association
Josiah Masingale
Executive Director
josiah@coloradocommunityaction.org
P.O. Box 18321
Denver, CO 80218
303-949-9934
www.coloradocommunityaction.org

APPENDIX A: Tools Used for Understanding Your Population

Administrative Data

'Administrative data' refers to data collected in order to fulfill administration requirements of a grant, contract, or program. This type of data is not usually collected with the purpose of assessing well-being, but tracking enrollment and costs. However, examining changes in administrative data can often indicate how well-being might be changing. Merging administrative data from multiple sources can also give a more holistic vision of the populations touched and provide opportunities based on common needs.

U.S. Census Data

Data from the U.S. Census Bureau surveys may be among the most useful information available to organizations interested in the population in general, as well as the clients who walk in their doors. Understanding the well-being of the population in your area and how it changes can be important to consider. The Census data is one way of obtaining information on the well-being of the whole community. One drawback to using Census Bureau data is the one- to two-year lag between when the data is collected and when it is published.

The American FactFinder

The American FactFinder is the U.S. Census Bureau's primary tool for consumers to access Census data, including the American Community Survey (ACS). The five-year ACS is particularly useful to counties and CBOs because it contains estimates for all counties as well as even smaller geographic areas known as Census Tracts. In order to access ACS data, point your web browser to http://factfinder2.census.gov.

Community Action Partnership

For county-level data, the national Community Action Partnership has produced a tool that provides a summary of typical information to consider within the areas of general demographics and population change, employment, education, housing, income, nutrition, and health care. Anyone can access this tool known as the Comprehensive Community Needs Assessment Online Tool through the following link: http://www.communityactioncna.org/.

APPENDIX B: Software Options for Measuring and Tracking Client Well-Being Using Assessment Scales

A. Software Specifically Designed for Case Management and Client Outcome Measurement using Assessment Scales		
Software	**Platform**	**Website**
Efforts to Outcomes (ETO)	Web-Based	**http://www.socialsolutions.com/**
eLogic Model Manager	Web-Based	**http://www.appliedmgt.com/Technology/**
B. Software Designed and Built for Case Management that May Have Adaptable 'Outcome' Modules		
Software	**Platform**	**Website**
Adsystech ICE	Web-Based	**http://www.adsystech.com/services/ice**
Apricot	Web-Based	**http://www.communitytech.net/apricot**
CAP60	Web-based	**http://www.cap60.com/**
CAP Systems CAPTAIN	Local Server	**http://www.capsystems.com/**
Client Track	Web-Based	**http://www.clienttrack.com/**
DBA FACSPro	Web-Based	**http://www.dbatec.com/dba-facspro.php**
Service Point	Web-Based	**https://www.servicept.com/**
Service Xpert	Web-Based	**http://www.unicentric.com/**
C. Do-It-Yourself Software or Software that You or a Contractor Could Adapt		
Software	**Platform**	**Website**
Access and Excel (Microsoft Office)	Desktop/Local Server or Web-Based	**http://office.microsoft.com/en-us/**
Google Docs	Web-Based	**https://docs.google.com/**
FileMaker Pro	Local Server	**http://www.filemaker.com/products/filemaker-pro/**
Salesforce	Web-Based	**http://www.salesforce.com/**

APPENDIX C: Best Practices

Inclusion of a Diverse Population

Working with people who have a wide spectrum of needs, from those in crisis to those who are thriving, avoids the stigma associated with traditional social services systems (Warren-Adamson, 2006). Also, those in serious trouble gain from being part of a model that includes practices that have successfully met challenges and can offer advice and encouragement (Downs and Nahan, 1990).

Strong Collaborative Relationships between Staff and Families

Close collaboration and committed teamwork between staff and participants is essential for positive family outcomes. To ensure the "voice and choice" of the family receives priority (Bruns & Walker, 2011), strong working relationships are crucial (Sanders & Roach, 2007). Studies show that family support programs work best when family members are viewed as colleagues, are allowed to participate in planning, and are able to obtain services at convenient times (Comer & Fraser, 1998; Morrissey-Kane & Prinz, 1999; Olin et al., 2010; Pithouse, Holland, & Davey, 2001). Strong relationships, where power is shared rather than used, help participants take steps toward change (Forest, 2009) and develop trust and respect (Warren et al., 2006; Statham 2000).

Strengths-Based Approach to Service Delivery

Strengthening assets or protective factors such as parental resilience, knowledge of parenting and child development, supportive social connections, concrete support in times of need, and social and emotional competence bring several benefits (Center for the Study of Social Policy, 2013). Strengthening assets leads to growth and development, instills confidence in one's own skills, and fosters a sense of empowerment (Fernandez, 2004, 2007). This process contributes to the ultimate goal of creating internal motivation for change (Walker, 2011). If a focus on deficits tends to discourage participants, positivity in relationships and outlook helps to maintain high participation and the effort needed to overcome the inevitable obstacles in making life changes (O'Brien et al., 2012).

Focus on Prevention and Long-Term Growth

A coordinated service approach can be used as a springboard to family improvement (Schorr, 1997). Crises need to be addressed quickly—however, instead of ending services once the crisis is resolved, short-term solutions should be the beginning of a process of long-term growth in the family's ability to avoid crises, move toward positive goals, and grow and develop. A problem-based or deficit model of intervention misses this important goal and limits the value of family support services to families (Artaraz, Thurston, & Davies, 2007). A preventive focus means that interventions

should, when possible, occur before families reach the crisis stage. Recruiting a wide range of families, including those not yet in crises, reinforces the goal of prevention.

Involvement of Peers, Neighbors, and Communities

The ecological approach views the family rather than the individual as the unit of treatment (Blank, 2000). Since the needs of parents and children are closely related, practitioners need to involve as many family members as possible. For example, programs for families do better when they involve both children and parents (Geeraert et al., 2004; Layzer et al., 2001). Overall, families should have a say in selecting who and what will be included in the action plan. Additionally, families belong to neighborhoods and communities. Therefore, case management activities should take advantage of support from nearby friends, peers, relatives, and neighbors (Schorr, 1997; Trivette & Dunst, 2005). Furthermore, programs involving peer support produce better outcomes than those based on home visitation or isolated treatment. Studies support this claim empirically (Trask et al., 2005).

Coordination of Multiple Services

Since problems often come in clusters that can't necessarily be separated, a holistic perspective is more likely to result in positive changes that reinforce one another (Fernandez 2007; Hess, McGowan, & Botsko, 2000). Trying to improve one area of a client's circumstances while ignoring others will be less effective than coordinated services matched to multiple needs (McCurdy & Daro, 2001). A holistic approach requires individualized, flexible plans for action that allow for multiple routes to common goals (Moran & Ghate, 2005). By coordinating multiple services, case managers can avoid fragmentation and simplify the lives of families. The approach should keep participants more involved with an agency and willing to remain involved for a longer period of time.

High-Quality Staff Training and Coaching

Even high-quality practitioners need special, diverse skills to engage the whole person, build trusting relationships, understand cultural differences, and navigate the web of programs and services (Benedetti, 2012). Creativity is needed less to define the desired outcomes but more to develop innovative ways to reach the desired outcomes. The required combination of skills involves more than typically required skills for clinical practice or case management alone (Waddell, Shannon, & Durr, 2001). Coaching may come from supervisors, outside consultants, or colleagues, but it should involve personal contact and advice. Manalo (2008) finds that ties across family support systems lead to better programs, just as much as rigid boundaries between geographic areas, agencies, and workers weaken programs.

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Footnotes

1. These steps were adapted from a number of relevant sources. The primary source was the report from Millar et al. "Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies" published by the Urban Institute in 1981 and recommended to the group by Harry Hatry of the Urban Institute. Other sources contributing to the general ideas within this outlined process include the Illinois Framework for "Establishing Governance for Health and Human Services Interoperability Initiatives" and a report from the Community Action Agencies' Agency-Wide Management Systems Panel (AIMS) entitled "Enterprise Client Tracking Systems for Community Action Agencies."

2. Organizations that presented included: Mile High United Way, WorkLife Partnership, Colorado Community Action Association, Colorado Children's Campaign, Family Resource Center Association, Boulder County Housing and Human Services, CDPHE Strengthening Families, CDHS Division of Vocational Rehabilitation, DOLA Division of Housing. Additional information was received from Project Self-Sufficiency.

3. It is important to note that the study found that those two groups simply represented sets of domains with stronger relationships and not that the two groups are somehow mutually exclusive.

4. The initial concepts behind many of these tools were developed in the 1990s through the work of the Department of Health and Human Services, Office of Community Services and the Community Services Block Grant (CSBG) Monitoring and Assessment Task Force. These concepts were further developed, refined, and incorporated into the Results Oriented Management and Accountability (ROMA) curriculum by Frederick Richmond.

5. These steps were adapted from a number of relevant sources. The primary source was the report from Millar et al. "Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies" published by the Urban Institute in 1981 and recommended to the group by Harry Hatry of the Urban Institute. Other sources contributing to the general ideas within this outlined process include the Illinois Framework for "Establishing Governance for Health and Human Services Interoperability Initiatives" and a report from the Community Action Agencies' Agency-Wide Management Systems Panel (AIMS) entitled "Enterprise Client Tracking Systems for Community Action Agencies."

6. National Implementation Research Network. See Implementation Drivers: Assessing Best Practices for research-based steps and strategies that support program implementation with fidelity. http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers

7. Training on motivational interviewing techniques is available from a number of organizations including the Human Services Network of Colorado: http://thenetwork-co.org.

8. Key Components of Family Resource Centers: A Review of the Literature. Fred Pampel, PhD., Senior Research Associate, Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado, Boulder. August 2013.

9. Many of the key points in this section were drawn from the report from Millar et al. "Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies" published by the Urban Institute in 1981 and recommended to the group by Harry Hatry of the Urban Institute.

COLORADO

Work Support Strategies

Connecting people to the right services at the right time

A joint initiative between the Colorado Department of Human Services and Health Care Policy & Financing