

Matrix Evaluation Model Tutorial
Session 1

<http://iccs.monterey.edu/matrix/tutorial/session1/>

What are Outcomes?

OUTCOMES are changes that occur during and after a certain activity is undertaken that result from participation in the activity.

In human service evaluation, outcomes evaluation is differentiated from process evaluation, which measures how well program implementation was accomplished compared to the original plan.

Process evaluation is the "What?"; outcomes evaluation is the "So What?"

Part of Reinventing Government

There is currently a national push in both the public and private sectors, for human service programs to utilize outcomes evaluation.

At the federal level, the Government Performance Results Act of 1993 mandated that by 1997 all federal departments except for the Post Office should have developed a strategic plan which includes outcomes and performance measures. The premises for this "reinvention" of government are:

- What gets measured gets done.
- If you don't measure results, you can't tell success from failure.
- If you can't see success, you can't reward it.
- If you can't reward success, you're probably rewarding failure.
- If you can't see success, you can't learn from it.
- If you can't recognize failure, you can't correct it.
- If you can demonstrate results, you can win public support.
- From Chapter 5, "Results Oriented Government" in Reinventing Government
by David Osborne and Ted Gaebler

The Department of Health and Human Services developed a national Monitoring and Assessment Task Force as a response to this mandate. Since 1994, Community Service Block Grant funds have required outcomes evaluation as a part of every grant request.

The End that Justifies the Means

Outcomes Key Concepts:

- A form of evaluation that is different from impact or process evaluation;
- Answers the question "so what?"... "what difference did the service delivered make?";
- Measures change; RESULTS
- Represents a shift in thinking relative to program evaluation; a move from service focused to client focused;
- Focuses on the ends vs. the means in service delivery;
- Link to collaboration;
- Link to strategic planning;
- Part of a continuous process of evaluation focused on improvement;
- Demand for accountability;

This new emphasis is a response to years when funds were used to provide services, with little or no documentation of what long-term change the services accomplished. Statistics were collected related to the amount of service provided -- hours of contract, pounds of food, number of clients sheltered -- but nothing was done to determine whether the services supported clients in achieving mental health, freedom from hunger, or a permanent place to live.

In recent years, public and private funders have wanted to see how their dollars are being used to accomplish real change in the lives of children, families, and communities. Service providers who know that their work effects change are responding to this reorientation with a combination of excitement and apprehension. They want this shift in thinking as much the funders, but they don't always know how to change the way they track information in their agencies.

Central to Client-Focused Evaluation

The shift in focus from agency and service to client and outcome benefits everyone, because:

- it puts resources where they are the most efficient and effective,
- contributes to program evaluation that is useful to all aspects of client and agency planning, and
- gives recipients a central, active role in program-related decision-making.

In developing outcomes, the client-centered question becomes, "What change do we want to see, in what period of time?" The response must be a specific, measurable change that resulted from your efforts.

Outcomes can be:

- short term,
- intermediate, and
- long term.

A realistic time-frame is important -- too short or too long a time frame for outcomes can lead to a perception of failure, when actually it is the expectations that are not workable.

The larger question asked by clients, funders, and policymakers -- "How do you know the people you helped became self-sufficient?" -- can be answered easily when client progress is measured over realistic periods of time using specific, measurable outcomes. When consumers make progress toward self-sufficiency, agencies and communities make progress as well.

Exercise

Most of us accomplish outcomes every day -- we set goals for which we then make a plan to achieve using the resources we have. Do this exercise with yourself, to demonstrate a concrete outcome which you achieved today.

Desired outcome: Sufficient healthy food of choice.

Baseline: Hungry!

What resources do you have to meet this need?

What plan can you devise which will help you use your resources to meet this need?

What timeframe is realistic for the accomplishment of this plan?

How can you measure when this outcome is achieved?

What change took place when the outcome was achieved?

The Benefits of Outcomes Evaluation

Why You Should Use Outcomes - Top Ten Reasons

Irv Busbee, CSD

- 1) You will speak a language of new accountability
- 2) Your staff can feel they have accomplished positive results
- 3) Reporting agencies using outcomes know how they impact the community; this means new visibility
- 4) It is fun working with families using outcomes because of the empowerment and choice elements
- 5) You will speak a common language with other agencies and this facilitates collaboration
- 6) Outcomes look at progress using a systems approach (a macro and a micro view)
- 7) Other agencies are hungry and anxious to "do it", and you can roll up aggregate information with outcomes
- 8) Outcomes will help you find your niche in the continuum of care in your community
- 9) Outcomes will help you look long term vs. day to day operation. It will help focus on the vision of your agency
- 10) You can join other government agencies in the performance based focus - a chance to participate in the wave of the future

Built-In Program Evaluation

Documenting and aggregating client progress (or lack of progress) toward outcomes over time can provide a foundation and structure which can both simplify and streamline every aspect of program evaluation.

Valuable data will be available for needs assessment and proposal writing.

Trends and patterns will be identifiable, to use in the planning of program activities.

One evaluation model can be used for reporting to multiple funders.

Over time, accumulated information can be used to advocate for systems changes with policymakers and funding bodies.

A Foundation for Accountability

More than ever before, service providers are being asked to account for how funds are spent and what they are used to accomplish. An outcomes program evaluation model makes it easier to demonstrate:

- What did it provide?
- What did it cost?
- What will it save?

Agencies which document client progress toward specific outcomes over time have the information they need to show cost avoidance -- how much money was saved by providing services that would have been spent if the services had not been received.

A Tool for Agency Strategic Planning

Strategic planning is a must if an agency or organization is going to be effective and proactive.

A plan with all components -- from vision statement to activities -- should be in place for 3 to 5 years into the future, and be revisited yearly to track its fulfillment and to revise as needed. The development of a strategic plan:

- helps a service provider move beyond crisis mode; and
- focus on the client rather than funding a strategy for success.

Staff and consumer input and buy-in is crucial, and the cycle of implementation and revision must be ongoing for the plan to serve its purpose.

Consumer and agency outcomes play an important role in the development of this plan, in that they help structure the plan and clarify the focus of its discussion.

Exercise

Where is your agency in the process of implementing outcomes evaluation?

What positive changes have taken place?

What are the barriers do you see in implementing outcomes evaluation in your agency?

What would be a good next step for your agency in terms of implementing outcomes evaluation?

What resources would be needed to make that next step?

Outcomes and Accountability

The basis for the move to outcomes evaluation is the need for accountability. The resources put into service delivery are an investment, and all the investors -- including consumers and providers -- want to know what is the return on their investment. Of course, reviewing the process that was used in allocating and spending their resources is important. However, is means little if no one can say, "for your investment of time/money/skill, we gained this amount in family progress toward self-sufficiency." Outcomes evaluation, if done properly, helps us make that statement with confidence.

Characteristics of a Client-Focused, Results-Oriented Human Service Organization

The Minnesota Department of Human Services Outcomes Evaluation Unit, in their publication Client-Focused Outcomes Based Decision making, described the client-focused, results oriented human service organization as follows:

Accountability is based on client outcomes rather than on administrative procedures or service delivery processes.

The organization is known by the "difference" it make in the lives of the people it serves rather than being known for the "services" it provides.

Services are provided to "facilitate change" for clients instead of being provided to "meet client need".

Case managers and providers of service are primarily concerned with what clients want to accomplish and how clients will know when they have accomplished their goals.

Program managers and purchasers of client services are primarily concerned with what will be different for clients, what information will indicate that change has occurred, and what lessons can be learned.

Agency administrators and board members are primarily concerned with what difference the organization is making in the lives of the people it is serving.

Client outcomes are measured and reported, successes are rewarded, lessons are learned from failures and failures are corrected.

Emphasis in central control and rigid rules is diminished and activities that don't improve client outcomes are minimized.

Client outcome data drives program decision making and it used to document results attained.

Collaborative decision making, teamwork, and reasonable risk taking is expected and encouraged.

What Difference Does It Make? How Do You Know?

The shift in focus from agency output to client outcomes can facilitate the movement of all levels of staff from buzzwords and platitudes to a real, working knowledge of what their work should and does accomplish. It changes the agency's perception of itself from the "do gooder" to "advocate for change". This movement subsequently strengthens the agency's position with funders, partner agencies, and decision makers. Most of all, it strengthens the organization's work with families.

In order to make the shift, however, the organization need to make a merciless, comprehensive self-assessment asking:

- What differences do the services that we provide make?
- How do we know that they make these differences?

Typically, this is knowledge that staff and consumers already possess, and that just needs to be elicited and organized in a useful structure. If people don't have an idea, then the basic information need to begin to be recorded in a systematic way. The documentation of outcomes and how they can be measured can be a very rewarding experience for an agency, and boost staff morale because they can finally see concrete proof that their work is productive. It can also be an unpleasant shock, but that is a beginning toward true productivity. If the services provided make little visible difference, such information in itself provides an agency baseline from which an efficient and effective program can be built.

Moving Families, Agencies, and Communities Toward Self-Sufficiency

Family self-sufficiency is not just financial independence. It means that a family is able to meet the physical, developmental, educational, social and emotional needs of its members, and is basically healthy in its relationships among family members and with the community and larger society.

Also, self-sufficiency does not mean that the family can meet all of these needs and maintain health in isolation. An important aspect of family self-sufficiency is the ability to tap external resources and to engage in positive interdependence with others.

The paradigm shift from measuring outputs to measuring outcomes needs to occur at the family, agency and community levels for true change to take place in the way we support families in moving toward self-sufficiency.

One important change that this shift should trigger is that outcomes should be client-focused. It becomes more important that you taught the family to fish than to have given them food. If an effective client-focus is to be achieved, then clients need to be included in developing the tools that are used to measure their progress, and they need to be consulted on a regular basis regarding how well the system works from their point of view.

Exercise

Your agency is given \$50,000 to support the nutritional needs of your clients. The grant is for one year. If you use these funds to buy food to distribute to your clients:

1. What will your output be at the end of one year?

2. What will family outcomes be?

3. What will agency outcomes be?

4. What will community outcomes be?

If you use these funds to develop a nutritional program which includes weekly dinners, a children's cooking class, a newsletter, a recipe exchange, and parent-to-parent nutritional education, all run by parents with program professional and clerical support:

1. What will your output be at the end of one year?

2. What will family outcomes be?

3. What will agency outcomes be?

4. What will community outcomes be?

Outcomes and Agency Strategic Planning

The shift from outputs to outcomes must be embedded in a larger plan for the agency, which integrates multiple, smaller plans into one simple strategic outline, with short-, medium-, and long-term time frames. The development of this plan should be an inclusive, group process, requiring leadership, time, and commitment to collaboration.

Agency Strategic Planning

An agency strategic plan, if it is developed with comprehensive and systematic consideration and input of clients, staff, and the community, is not one more time-consuming process which then sits on the shelf. Rather, it embodies the vision of the agency's stakeholders and becomes the central structure that guides every decision and streamlines every process.

The components of a strategic plan include:

- The vision of the agency -where it wants to go;
- The mission of the agency-its reason for existence, how it intends to accomplish its vision;
- The goals of the agency-in what ways the mission will be accomplished; and
- Measurable, time-limited objectives related to each goal, along with specific strategies and activities for achieving each objective.

A well-prepared strategic plan:

- Considers the baseline data available for the target population;
- Accurately assesses current agency capacity, and defines what growth is needed in which programs;
- Incorporates any mandates from parent organizations or large, ongoing funding sources;
- Includes components addressing assessment, program design and implementation, evaluation, and sustainability, which are revisited in a regular cycle ;
- Clarifies and supports day-to-day operational decisions;
- Minimizes the frustration and waste resulting from uncoordinated and conflicting efforts;
- Provides a way to get beyond "crisis mode"; and
- Helps the agency to be client-focused and outcome-driven, instead of reflexively trying to respond to the issue or panacea of the moment.

Strategic plans extend from three to five years into the future, with shorter one-year plans

comprising the longer timeline. As with any effective approach to the agency's work, the strategic plan must be developed to develop ownership and support-the "buy-in"-of clients, staff, funders, and agency partners. It is often useful for an outside "expert" to train and guide all levels of planning participants in producing this essential tool. Though perhaps initially labor-intensive, a quality, up-front effort will produce long-term efficiencies and effectiveness that far outweigh the initial investment.

Collaborative Strategic Planning

A second shift that needs to take place is for the agencies within a community or region to plan strategically and work together collaboratively.

When the client becomes the focus, it becomes easier for service providers to value the effectiveness of the services they provide. Partnership with others who serve the same population, share the same approach, and have participated in joint planning, then becomes a more logical and rewarding path than duplication and competition.

The collaboration of service providers in the provision of services that are client-focused in turn contributes a great deal to the health, stability and self-sufficiency of the entire community:

- Cross-agency aggregation provides a powerful data base with which to demonstrate need to funders and decision-makers;
- A more positive, open climate develops, making true community-level change possible;
- Hidden agendas among service providers are minimized and more easily addressed;
- Resources can be more effectively identified, shared, and coordinated, so that community capacity for service provision is developed.

Developing Useable Outcomes

Outcomes are central to any strategic plan, which in turn is the "road map" that guides program and organizational decision-making. Useful outcomes can make the difference in every aspect of agency functioning, moving it beyond reporting and fiscal year reactivity to intentional and coordinated efforts focused on client success.

Some basic guidelines for outcomes development are:

- Develop outcomes that are easily measured -- specific, achievable, time-limited, quantifiable;
- Develop outcomes that are simple -- that make sense to staff and reflect client goals;
- Develop outcomes that are realistic for the time-line, consider where clients are starting from and what they may be able to accomplish in the length of time for which the outcomes are determined;
- Develop outcomes that are program-related -- be clear regarding exactly who is going to document progress regarding what services using what tools for whom how often.

In developing useable outcomes, the following issues need to be considered:

- What training will your staff and Board need to make the paradigm shift required?
- What organizational changes will need to take place to document these outcomes, in terms of changes in employee roles and tasks, service delivery approaches, etc.?
- How will the indicators be selected and performance measures established, which will be used to measure progress toward each outcome?
- What community partners should be included in the process?
- What additional resources will be needed to achieve these outcomes?
- What system and structure will be used to evaluate and revise these outcomes on a regular basis?
- How will outcomes statistics be interpreted for clients, staff, funders, and decision-makers?

Exercise

Using the guidelines provided, develop three outcomes toward which your program works, with the clients that you serve:

- A.
- B.
- C.

For these outcomes, answer the following questions, as outlined above:

A. What training will your staff and Board need to make the paradigm shift required?

B. What organizational changes will need to take place to document these outcomes, in terms of changes in employee roles and tasks, service delivery approaches, etc.?

C. How will the indicators be selected and performance measures established, which will be used to measure progress toward each outcome?

D. What community partners should be included in the process?

E. What additional resources will be needed to achieve these outcomes?

F. What system and structure will be used to evaluate and revise these outcomes on a regular basis?

G. How will outcomes statistics be interpreted for clients, staff, funders, and decision-makers?

The Matrix Evaluation Model as an Outcomes Evaluation Methodology

- Developed by Community Action Agency Network in California in partnership with California State Department of Community Services and Development (CSD) in response to the CSBG Reauthorization Act, GPRA mandate and the National Task Force on Monitoring and Assessment recommendations for;
- Currently in use by Community Action Agencies in California, and variations of it are used by Healthy Start programs and some community based agencies;
- A ladder and scale model of measuring change in status of a family, agency or community;
- The model is holistic and strength based and incorporates parallel systems that are interdependent (family, agency and community);
- A locally controlled and developed model; dependent upon collaboration, that builds acceptance for community standards for outcomes and benchmarks. Does not rely on external data;
- Rooted in strategic planning.

Principles of the Model

- The outcome system should allow and encourage each community service provider to report the full depth and breadth of its activities and impacts.
- Outcomes must be able to be replicated and aggregated.
- The outcome reporting system must be able to accommodate and incorporate various reporting systems.
- Outcomes must reflect a holistic and parallel system process which recognizes community, agency, and family are interdependent.
- Outcomes and indicators should be stated in strength based terms or wellness concepts rather than in terms of negative indicators or conditions.
- Outcome indicators should be multiple in scope since no one indicator reflects all the variable necessary to establish reliability.
- Outcome indicators will take years to evolve into a clear delineation of benchmarks.
- It is understood that the outcomes process is evolutionary and is to be carried out during the implementation phase as a collaborative learning process

Using the Model

Matrices provide the structure for organizing and presenting locally determined indicators and criteria that will be used to document changes effected by work of the agency, family or community. A matrix is a grid composed of horizontal and vertical axis. It allows for assessment or tracking of progress made by a family, community or agency. It is possible to move up (progress) or down (regress) on each scale where the agency has activity.

There are three matrices; one for family, one for community, one for agency. They are measurement tools, somewhat like rating scales. They are used to assess the status of a family, community or agency in one or more outcome categories. The assessment is done at least twice to determine any changes in status. Changes are outcomes.

There is an important difference in rating scales and the matrices. Ordinary rating scales have fixed criteria and indicators against which things are compared. The Matrix Evaluation Model allows for developing criteria and indicators that best match local conditions, even though the matrix structure stays the same for all agencies.

Status levels: The status level refers to the five status levels on the right side of each matrix. It is used to determine the starting point for each family, agency or community need.

Family: A family is any individual or combination of individuals that function as a family unit.

Community: A community can be a service area, designated geographic area, or an interest community such as an ethnic grouping.

Steps for Implementation

Step One: Provide training for agency staff and Board on outcomes and model.

Step Two: Base upon the agency strategic plan, determine outcome category(ies) you want to measure change. A program or project may have more than one outcome category. The matrix is designed to allow for reporting interdisciplinary effects of its activities.

Step Three: Determine general criteria for category, and then indicators that apply to each status level. Again, criteria should link to strategic planning. **THIS IS THE CRITICAL STEP!!!**

Step Four: Establish baselines. This is based upon your target population, initial intake, and program capacity. Typically, the baseline is in crisis or at risk.

Step Five: Establish performance targets. This includes a focus on program capacity, time period, etc.

Step Six Define outcome based objectives based upon above.

Step Seven: Determine assessment process, data needed, assurance of reliability and validity, and assignment of status level criteria.

Step Eight: Assess changes using indicators at regular intervals. Evaluate outcomes and revise accordingly.

Questions for Consideration

- What process will you use for assessment? (How will you collect data needed?)
- What data will you need for indicators?
- What validity and reliability steps will you take to assure objectivity in assessment?
- This model is strengthened if indicators are developed and agreed upon by agencies providing similar services or community stakeholders, etc.
- If you are not showing changes over a period of time, consider what kind of outcomes you are trying to measure, if the appropriate matrix is being used, if the indicators reflect outcome, if there are external factors that contribute to the outcome, if your outcome objective requires more time, etc.
- Is everyone on board and committed to this model and the paradigm shift required to implement it?

Lessons Learned

- Most experience with this model is with the family matrix, and seems to work well in case management programs.
- This model tracks progress/change during a determined time period. Thus, this model provides short term, intermediate and long term outcomes, depending on the measurement time period.
- The model needs to incorporate reliability and validity measures.
- The model can be automated for easy data entry and reporting.
- The entire story of outcomes must include some level of analysis, which can illustrate correlation among outcome categories.
- The model has the greatest potential for use when indicators are developed and agreed upon by stakeholders. Using generic indicators to save time is not useful in the long run.
- The model needs to include ranges and limits of each status level.
- The model can account for new client "drag".

A Sample of an Outcome Category

The following is sample criteria for the Outcome Category of Shelter:

Thriving

Lives in housing of choice;
Spends less than 25% of income for rent or mortgage;
Owns or has long-term tenancy.

Safe/Self-Sufficient

Lives in or has access to adequate housing;
Spends less than 33% on income for rent or mortgage;
Safe and secure in home and neighborhood;
Tenancy is secure for more than one year.

Stable

Spends less than 50% of income on rent or mortgage;
Tenancy is secure for at least one year;
Housing is not hazardous, unhealthy, overcrowded;
Space is appropriate to family size and composition.

At-Risk

Lives in temporary or transitional housing and is not certain where next shelter is to be found;
Lives in unsafe or deteriorating housing;
Spends more than 60% of income on housing;
Housing is overcrowded for family size.

In-Crisis

Lives in dangerous conditions;
Homeless or on the verge of being homeless.

Exercise

The thirteen Outcome Categories included in the Family Development Matrix are: 1) Shelter; 2) Food and Clothing; 3) Transportation; 4) Health and Safety; 5) Social and Emotional Health; 6) Finances; 7) Family Relations; 8) Community Relations; 9) Adult Education and Development; 10) Children's Education and Development; and 11) Adult Employment.

Which three of these categories best reflect the outcomes you developed in the last exercise?

- A.
- B.
- C.

What is the length of time that your agency usually works with a family?

What type(s) of services does your organization offer?

- Long-term case management
- Short-term, intensive case management
- Classes and workshops
- Information and referral
- Other:

Given this length of time and the work that you do, how often does it make sense to meet with a family to document progress in achieving their outcomes?

- Weekly
- Monthly
- Quarterly

Definitions

(Taken from: Focusing on Program Outcomes: A Guide for United Ways)

Inputs: Resources dedicated to or consumed by a program. (e.g. money, staff, facilities, equipment, etc.)

Activities: What the program does with the inputs to fulfill its mission.

Outputs: The direct products of program operation and usually measured in terms of volume of work accomplished. (e.g. number of classes taught, pounds of food collected, counseling sessions conducted)

Outcomes: Changes for individuals during or after participating in program OR: What the people will do after you serve them.

Performance Measures: A performance measure tracks how well organizations provide programs and services to consumers.

Resources

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Freidman, Mark. *A Strategy Map For Results-Based Budgeting: Moving From Theory to Practice*. The Finance Project, 1341 G Street NW, Washington, D.C. 20005 (202) 628-4200

Minnesota Department of Human Services. *Focus on Client Outcomes: A Guidebook for Results-Oriented Human Services*. Community Services Division, 444 Lafayette Road, Saint Paul, MN 55155-3839 (612) 296-7031

Muraskin, Laura. *Understanding Evaluation: The Way to Better Prevention Programs*.

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