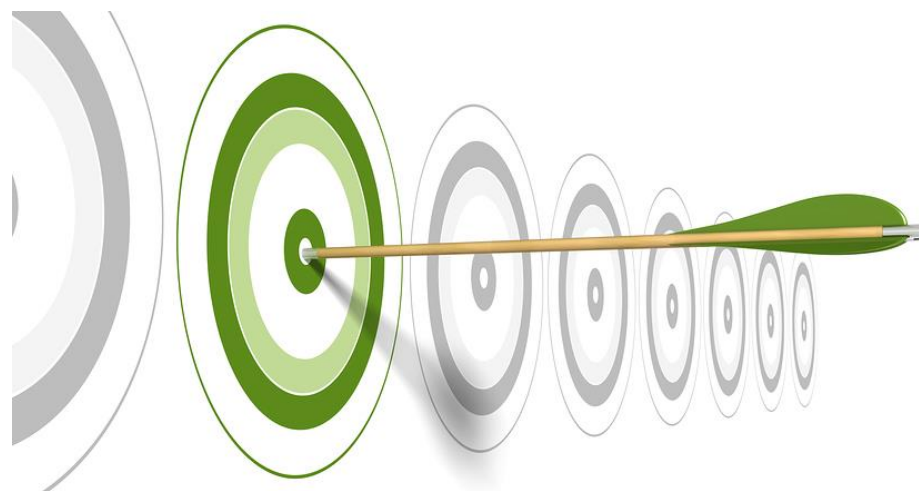


# Common Outcome Indicators Framework

**Background | Methodology | Results | Next Steps**



Helping people.



United Way  
of Greater St. Louis

## I. BACKGROUND

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On August 20, 2014, the United Way of Greater St. Louis Board of Directors approved the 2014-2018 Strategic Plan which includes a key initiative focused on outcomes, benchmarking, innovation, and measuring and communicating impact. The inclusion of this initiative into the plan was informed by analysis of internal data, as well as an environmental scan of sector trends.

To date, United Way has provided a broad open-ended framework for agencies to report program outcomes whereby they can customize them based on best practices within their particular fields of service. The *2020 Project: Outcome Measurement Recommendations Report* prepared by Washington University revealed that due to this lack of standardization, member agencies reported over 5,000 different outcome and indicator statements between 2007 and 2013. Further analysis shows that at least one third of these statements were not actually outcomes, but instead were inputs, activities, outputs, and client satisfaction measures.

As a result, there is significant variation in the consistency and quality of outcomes making it impossible to coherently aggregate, summarize, and communicate impact. This, combined with the growing demand for greater accountability, results, and return on investment by donors in an increasingly competitive environment, reinforces the imperative to develop a common set of program outcome indicators.

## II. METHODOLOGY

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United Way of Greater St. Louis funds 170 member agencies providing services in an array of programmatic areas and serving various target populations throughout the St. Louis region. To develop the common set of indicators, data was collected, analyzed, and synthesized from multiple sources including the following:



\* Repositories included the Child Trends Indicators Data Bank, Foundation Center Tools and Resources for Assessing Social Impact (TRASI), Perform Well, and Urban Institute Outcome Indicators Project

Outcome indicators were developed within the following five impact areas in alignment with the newly developed Strategic Plan and will be segmented into outcome domains:

1. Basic Needs – includes food, clothing, housing, violence prevention, sexual assault, legal services
2. Education – includes early childhood education, child welfare, youth development, adult education
3. Financial Stability – includes workforce development, financial education, tax preparation, asset building, IDAs
4. Health – includes behavioral health, physical health, disabilities, senior services
5. Strong Communities – includes administrative services (agencies that typically do not provide direct services to clients), disaster services, neighborhood-based services, place-based collaborations

Based on lessons learned, it was determined that rather than engaging all member agencies in the actual development of standard outcomes as was done in the past unsuccessfully, a more efficient and effective method would be to develop an initial framework for agencies to respond to and provide feedback. During the most recent annual United Way meeting with executive directors, member agencies were solicited to provide feedback into the final product, with several agencies representing various impact areas volunteering to do so.

### III. RESULTS

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Below are the common indicators that emerged after analysis and synthesis of various sources, and are subject to modification based on agency and partner input and feedback. Possible measures are included at the end of this report.

- 1.) Clients achieve/maintain permanency (reunification, guardianship, adoption).
- 2.) Clients are born of a healthy birth weight.
- 3.) Clients are free from law enforcement/juvenile justice involvement or re-offending.
- 4.) Clients are free from substantiated incidents of child abuse and/or neglect.
- 5.) Clients are proficient in reading/math.
- 6.) Clients are promoted to the next grade level.
- 7.) Clients are ready to enter kindergarten.
- 8.) Clients are satisfied with services.
- 9.) Clients are successfully able to manage physical health conditions.
- 10.) Clients are successfully able to navigate the justice system.
- 11.) Clients are successfully linked with community services.
- 12.) Clients avoid bullying behaviors.
- 13.) Clients avoid illegal/addictive substances that negatively impact their lives.
- 14.) Clients develop coping, stress management skills.
- 15.) Clients develop healthy relationships with family members/caregivers.
- 16.) Clients develop positive friendships with peers.
- 17.) Clients develop positive self-concept/self-esteem/self-confidence.
- 18.) Clients develop/maintain a physically active lifestyle.
- 19.) Clients develop/maintain healthy eating habits.
- 20.) Clients develop skills to avoid engaging in risky behaviors.
- 21.) Clients do not become pregnant or father a child during teen years.
- 22.) Clients enhance their capacity and performance.
- 23.) Clients enroll in/complete job training, college, or vocational training.
- 24.) Clients experience a sense of belonging.
- 25.) Clients experience fewer mental, emotional, and/or behavioral symptoms.
- 26.) Clients experience no out-of-home placements.
- 27.) Clients feel less isolated.

- 28.) Clients feel more hopeful about the future.
- 29.) Clients gain critical thinking and decision-making skills.
- 30.) Clients gain knowledge/take action about advocacy/policy issues.
- 31.) Clients gain knowledge about available community resources.
- 32.) Clients gain knowledge about behavioral/mental health issues.
- 33.) Clients gain knowledge about healthy lifestyle habits.
- 34.) Clients gain knowledge about personal finance and money management.
- 35.) Clients gain knowledge about pertinent legal rights and obligations.
- 36.) Clients gain knowledge about physical health conditions.
- 37.) Clients gain knowledge about safe and healthy relationships.
- 38.) Clients gain knowledge about service delivery topic.
- 39.) Clients gain knowledge and skills to prevent and respond to emergencies.
- 40.) Clients gain knowledge/take action to increase disaster preparedness.
- 41.) Clients gain positive parenting/co-parenting skills.
- 42.) Clients gain strategies for enhancing safety.
- 43.) Clients gain/maintain independent living/essential life skills.
- 44.) Clients graduate from high school, earn a GED, other high school equivalent.
- 45.) Clients have immediate basic needs met (food, clothing, shelter, etc.).
- 46.) Clients identify, manage, and appropriately express emotions and behaviors.
- 47.) Clients improve listening and spoken language abilities.
- 48.) Clients increase income, savings, assets.
- 49.) Clients maintain/improve course grades/academic performance.
- 50.) Clients maintain/improve school attendance/remain in school.
- 51.) Clients maintain/improve their level of functioning.
- 52.) Clients maintain/improve their quality of life.
- 53.) Clients make changes based on knowledge gained.
- 54.) Clients meet or exceed age-appropriate developmental milestones.
- 55.) Clients obtain employment.
- 56.) Clients obtain job readiness skills.
- 57.) Clients pass their classes.
- 58.) Clients receive routine medical care and age-appropriate immunizations.
- 59.) Clients recover to their normal lifestyle after a disaster.
- 60.) Clients remain in/transition to an improved, stable living situation.
- 61.) Clients retain employment for at least three months.

#### **IV. NEXT STEPS**

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After incorporating agency feedback, the common set of outcome indicators will be shared with member agencies during annual web-based reporting beginning in March 2015. Agencies will select indicators that best align with their program activities from a pre-defined list. As in previous reporting cycles, agencies will also report their measurement tool, target goal, number of clients served in the program, number of clients measured (base), and number of clients making progress on the indicator (achieved). This information will be pulled into the Site Visit packet in a similar format.

Agencies that may not have been tracking any of the indicators will present what they have been tracking to the allocation panel at their 2015 Site Visit. However, all agencies must select at least one indicator for each program and put tracking mechanisms into place so that they can report results during the 2016 reporting cycle.

Here is a general **timeline with key milestones**:

**2014** – Gather, aggregate, and analyze universe of possible indicators; conduct interviews with other funders and community partners; develop a synthesized list of common indicators and potential measures; incorporate agency and partner feedback into final list

**2015** – Redesign reporting site for agencies to select from the pre-defined list during annual reporting with agencies reporting outcomes for all programs (whether it was funded previously or not); collect data on measures that agencies are currently using that align with the pre-defined list; convene agencies to assess possibility of utilizing similar measures; provide technical assistance and capacity building for agencies based on needs assessment; train staff and volunteers on assessing programmatic performance; develop a scoring rubric to assess overall organizational performance; explore potential partnership with local university on technical assistance and capacity building; work with marketing team on messaging and impact statements

**2016** – Implement new technology platform to incorporate logic model reports and performance dashboards; continue to provide technical assistance and capacity building; compile a list of agencies by indicator and begin comparative analysis; design reporting site with a pre-defined list of measures; begin applying social return on investment formulas; utilize results for investment decision making during site visit and allocations cycle

**2017 and Beyond** – Refine list of indicators, measures, dashboards, and scoring rubric; utilize results to inform return on investment formulas; convene agencies for best practice sharing; continue technical assistance and capacity building; utilize results for benchmarking and investment decision making during site visit and allocations cycle

Below are some **Frequently Asked Questions** to help address questions that may arise:

1. Why is this being done?

The mission of United Way of Greater St. Louis is to mobilize the community with one goal in mind – helping people to live their best possible lives. Having a common outcome measurement framework will not only help to achieve the mission, but it will also help to:

- Establish a universal language and data infrastructure
- Assist the community in working toward a common agenda and goals
- Determine the impact and return on investment of funded programs
- Provide comparative and benchmark data to inform strategic direction and future investments
- Inform capacity building and technical assistance support
- Allow the region to become more competitive for state and federal funding opportunities

Most importantly, a common framework will help to identify best practices, emerging issues among impact areas, and what's working to help make progress on a particular indicator. This will help cultivate a culture of continuous quality improvement and learning which is essential to achieving outcomes and developing Centers of Excellence.

2. What assistance will be provided for member agencies?

In addition to providing annual predictable funding to member agencies, United Way will provide non-monetary support in the form of technical assistance throughout the process. Beginning in the summer of 2015, capacity building trainings, and consultation will be provided to assist and strengthen agencies in the areas of evaluation and measurement by providing relevant and practical tools to improve performance.

To ensure alignment, United Way staff and volunteers will also be trained on the same content which may include the following topics:

- Fundamentals of performance management and measurement
- Cultivating a performance culture and continuous quality improvement mindset
- Implementing theory of change and logic model frameworks
- Evaluating quality and fidelity of program implementation
- Tools for process mapping and building data systems
- Best practices for data entry, quality, and integrity
- Analyzing, interpreting, and communicating outcomes

After the first year of collecting data around the common indicators, the next phase will be to standardize measurement tools and methods with agency input and consensus.

3. What if an indicator we've been tracking is not on the list? Or we develop a new innovative program and an indicator we want to track is not on the list?

We see this as a journey and partnership with our member agencies, a continually evolving process of learning and refinement. We value innovation and emergent interventions, and therefore welcome suggestions for indicators to be incorporated into the list. The goal and challenge is to be inclusive and comprehensive, while at the same time keeping it simple and manageable.

4. Are there a minimum or maximum number of indicators that agencies have to select?

Agencies must select at least one indicator for each of their programs during 2016 agency web-based reporting. Indicators should align with program activities; more is not necessarily better. Not everything an agency tracks will be on the list. Agencies may present additional measures during their 2015 Site Visit.

5. Who should I contact if I have questions, comments, and suggestions for indicators?

We value your partnership and welcome your input and feedback. Please contact:

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Senior Vice President, Planning and Evaluation  
[Julie.Russell@stl.unitedway.org](mailto:Julie.Russell@stl.unitedway.org), 314-539-4205

## GLOSSARY OF KEY TERMS

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**Benchmark** – A standard by which something can be measured or judged. An agency may compare its performance to own past performance, another agency, and/or other external entity.

**Continuous Quality Improvement (CQI)** – An approach to quality assurance that emphasizes continually improving systems and processes within an organization in order to meet the needs of those served and improve the services offered. It involves a system of gathering, analyzing, and responding to data that is collected to guide efforts to meet an organization's vision, mission, and values. It incorporates an endless process of identifying and implementing opportunities for improvement.

**Evidence-Based Practices (EBP)** – Interventions that have been proven to be effective based on evidence generated from rigorous scientific research such as randomized controlled trials (RCT).

**Indicator** – Specific, observable, and measurable characteristics, actions, or conditions that demonstrate whether a desired change has happened within the intended outcome domain. Also referred to as outcome indicator.

**Input** – The resources—money, time, staff, expertise, methods, and facilities—that an organization commits to a program to produce the intended outputs, outcomes, and impact.

**Intervention** is an activity that is intentionally designed to promote change and create desirable outcomes.

**Logic Model** – The logically related parts of a program, showing the links between program objectives, program activities (efforts applied coherently and reliably over a sustained time), and expected program outcomes. A logic model makes clear who will be served, what should be accomplished, and specifically how it will be done (i.e., written cause-and-effect statements for a given program design).

**Measure** – specific data collection tool (e.g. pre/post surveys, post surveys, standardized instruments, observations, administrative data, case data, etc.) used to track progress toward an indicator.

**Outcome Domain** – Broad areas of desired change, generally defined in terms of knowledge, skills, attitudes, behavior, condition, or status.

**Output** – The volume of a program's actions, such as products created or delivered, number of people served, and activities and services carried out.

**Performance Management** – A self-corrective process an organization uses to track progress toward success. It involves making use of data about clients, services, and outcomes in real time to adjust program practices on an ongoing basis and make the program as effective as possible at improving clients' lives.

**Theory of Change** – An organization's strategy, blueprint, and clear statement about what it will do to solve a particular community issue. The overarching set of formal relationships presumed to exist for a defined population, the intended outcomes that are the focus of the organization's work, and the logic model for producing the intended outcomes. A theory of change should be meaningful to stakeholders, plausible in that it conforms to common sense, doable with available resources, and measurable.

## KEY REFERENCES

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Child Trends Indicators Data Bank, <http://www.childtrends.org/databank/>

Community Tool Box, <http://ctb.ku.edu/en/toolkits>

Foundation Center Tools and Resources for Assessing Social Impact (TRASI), <http://trasi.foundationcenter.org/>

Leap of Reason: Managing to Outcomes in an Era of Scarcity by Mario Morino

PerformWell, <http://www.performwell.org/>

Shared Vision for Youth Common Outcomes and Indicators, The Forum for Youth Investment, <http://www.nassembly.org/knowledge/documents/NCYCommonOutcomes.pdf>

The Nonprofit Outcomes Toolbox: A Complete Guide to Program Effectiveness, Performance Measurement, and Results by Robert Penna

United Way of Greater St. Louis 2020 Project: Outcome Measurement Recommendations Report by Washington University

United Way of Greater St. Louis, Performance Management Toolkit: A Resource for Nonprofits

Urban Institute Outcome Indicators Project, <http://www.urban.org/center/cnp/projects/outcomeindicators.cfm>



## POSSIBLE MEASURES BY OUTCOME INDICATOR

Below are some possible measures by outcome indicator. This is not an exhaustive list, but a **starting point** for identifying measures. Measures are specific data collection tools (e.g. pre/post surveys, post surveys, standardized instruments, observations, administrative data, case data, etc.). They should ultimately align with your program model, specific intervention/activities, and content being delivered.

Outcome Indicator	Possible Measures
Clients achieve/maintain permanency (reunification, guardianship, adoption).	Client records
Clients are born of a healthy birth weight.	Birth weight
Clients are free from law enforcement/juvenile justice involvement.	Law enforcement involvement
Clients are free from substantiated incidents of child abuse and/or neglect.	Incidents
Clients are proficient in reading/math.	School records
Clients are promoted to the next grade level.	School records
Clients are ready to enter kindergarten.	Ages and Stages Questionnaire, Teaching Strategies GOLD, Enrollment
Clients are satisfied with services.	Intervention specific measure/survey
Clients are successfully able to manage physical health conditions.	Client records
Clients are successfully able to navigate the justice system.	Intervention specific measure
Clients are successfully linked with services.	Intervention specific measure
Clients avoid bullying behaviors.	Bullying Perpetration and Bullying Victimization Scales, Illinois Bully Scale
Clients avoid using illegal substances.	Screening, Youth Risk Behavior Survey
Clients develop coping, stress management skills.	Parenting Stress Index, Perceived Stress Scale
Clients develop healthy relationships with family members/caregivers.	Family Management Scale, Global Assessment of Relational Functioning, North Carolina Family Assessment Scale, Outcome Rating Scale
Clients develop positive friendships with peers.	Peer Friendships Scale for Parents/Teens
Clients develop positive self-concept/self-esteem/self-confidence.	Rosenberg Self-Esteem Inventory
Clients develop/maintain a physically active lifestyle.	California Healthy Kids Survey
Clients develop/maintain healthy eating habits.	Youth Risk Behavior Surveillance Systems
Clients do not become pregnant or father a child during teen years.	Pregnancy
Clients enhance their capacity and performance.	Intervention specific measure
Clients enroll in/complete job training, college, or vocational training.	Client records
Clients experience a sense of belonging.	The Belonging Scale

Clients experience fewer mental, emotional, and/or behavioral symptoms.	BASIS-32, Beck Depression Inventory, Behavioral and Emotional Rating Scale, Brief Mood Survey, Burns Anxiety Inventory, Pediatric Symptom Checklist, Short Mood and Feelings Questionnaire
Clients experience no out-of-home placements.	Placement
Clients feel less isolated.	Intervention specific measure
Clients feel more hopeful about the future.	Intervention specific measure
Clients gain critical thinking and decision-making skills.	Critical Thinking
Clients gain knowledge about advocacy/policy issues.	Intervention specific measure
Clients gain knowledge about available community resources.	Intervention specific measure
Clients gain knowledge about behavioral/mental health issues.	Intervention specific measure
Clients gain knowledge about healthy lifestyle habits.	Intervention specific measure
Clients gain knowledge about personal finance and money management.	Financial Knowledge Questions, Stages of Change in Financial Counseling
Clients gain knowledge about pertinent legal rights and obligations.	Intervention specific measure
Clients gain knowledge about physical health conditions.	Intervention specific measure
Clients gain knowledge about service delivery topic.	Intervention specific measure
Clients gain knowledge and skills to prevent and respond to emergencies.	Intervention specific measure
Clients gain knowledge/take action to increase disaster preparedness.	Intervention specific measure
Clients gain positive parenting/co-parenting skills.	Eyberg Child Behavior Inventory, Parenting Practices Inventory, Parenting Stress Index
Clients gain strategies for enhancing safety.	Intervention specific measure
Clients gain/maintain independent living/essential life skills.	Ansell Casey Life Skills Assessment, Daniel Memorial Independent Living Assessment
Clients graduate from high school, earn a GED, other high school equivalent.	School records
Clients have immediate basic needs met (food, clothing, shelter, etc.).	Client records
Clients identify, manage, and appropriately express emotions and behaviors.	Behavioral and Emotional Rating Scale, Self-control and Self-efficacy - Individual Protective Factors
Clients increase income, savings, assets.	Financial Behavior Scale, Financial Management Behavior Scale
Clients maintain/improve course grades.	School records
Clients maintain/improve school attendance.	School records
Clients maintain/improve their level of functioning.	Children's Global Assessment Scale, Global Assessment of Functioning Scale, World Health Organization Disability Assessment Schedule
Clients maintain/improve their quality of life.	World Health Quality of Life, McGill Quality of Life Questionnaire, RAND-36
Clients make changes based on knowledge gained.	Intervention specific measure
Clients meet or exceed age-appropriate developmental milestones.	Ages and Stages Questionnaire, Denver Developmental Screening Test, Developmental Indicators for Assessment of Learning, Devereux Early

	Childhood Assessment, Early Learning Observation Rating Scale, Hawaii Early Learning Profile, Learning Accomplishment Profile, Teaching Strategies GOLD
Clients obtain employment.	Client records
Clients obtain job readiness skills.	Intervention specific measure
Clients pass their classes.	School records
Clients receive routine medical care and age-appropriate immunizations.	Client records
Clients recover to their normal lifestyle after a disaster.	Intervention specific measure
Clients remain in/transition to an improved, stable living situation.	Client records
Clients retain employment for at least three months.	Client records