



USING DATA EFFECTIVELY: A Toolkit of Practical Strategies



About IEL

For more than thirty-five years, the Institute for Educational Leadership (IEL)—a non-profit, nonpartisan organization based in Washington, DC—has worked to achieve better results for children and youth. At the heart of our effectiveness is our unique ability to bring people together to identify and resolve issues across policy, program and sector boundaries. As a natural outgrowth of our work, we have created and continue to nurture diverse networks across the country.

Today, IEL is working to help individuals and institutions increase their capacity to work *together*. We are building and supporting a cadre of diverse leaders, strengthening the capacity of education and related systems, and informing the development and implementation of policies. Our efforts are focused through five programs of work: *Developing Leaders*; *Strengthening School-Family-Community Connections*; *Governing*; *Connecting and Improving Systems that Serve Children and Youth*; and *Improving Preparation for Work*.

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Background on SITTAP and the Toolkits

Background on SITTAP

In an era of devolving federal authority, there is growing recognition that federal agencies must do more than merely provide services or administer programs; they must find better ways of working with states and communities to improve the well-being of children, youth and families.

The Systems Improvement Training and Technical Assistance Project (SITTAP) reflects that shift and the on-going commitment of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to developing community-based collaborative solutions to prevent and control juvenile crime and victimization by reorganizing and reforming service delivery systems. These comprehensive community initiatives are collaborative efforts in which representatives from a broad cross-section of the community identify their most pressing problems, make decisions about how to tackle them, set goals, and hold themselves accountable for achieving results.

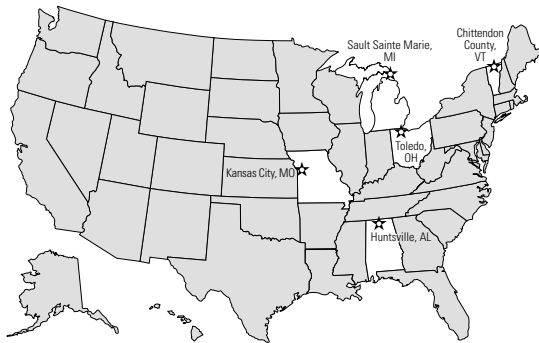
Funded by OJJDP, the project is operated by the Institute for Educational Leadership in partnership with the National Civic League. The SITTAP initiative is designed to develop, expand, and enhance the skills and capacities of juvenile justice/child welfare systems and communities to make systemic changes leading to an integrated system of care for youth at-risk, delinquent youth, and their respective families. While the project serves a number of OJJDP grantees, the primary target for services is 11 grantees under two initiatives: Safe Kids/Safe Streets and SafeFutures.

About this Toolkit

This toolkit is designed to provide ideas and linkages to other resources that will increase the capacity of demonstration projects engaged in systemic reform efforts to use data in a manner that allows them to accurately assess their needs, design and implement appropriate interventions, and monitor their progress and outcomes. It offers case study examples and a variety of tools communities may want to use as part of their strategic planning process and, ultimately, to improve outcomes by enhancing the quality of critical decisions about programs and services.

This toolkit is one of several resources developed to strengthen and sustain the capacity of OJJDP sites served by SITTAP to achieve and sustain their systems reform goals and effectively address the related

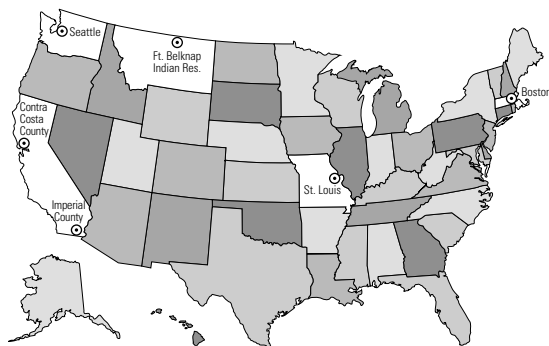
challenges. Other toolkits will address topics such as: Building Community Partnerships; Building Sustainability; and Family-Centered, Culturally Competent Partnerships. These resources are also designed to educate and inform other communities and the field about how they can more effectively pursue community-based systems reform.



Safe Kids/Safe Streets

The Safe Kids/Safe Streets initiative applies comprehensive, community-wide strategies to the reduction of child abuse and neglect. Building on a multifaceted strategy grounded in research about the causes and correlates of juvenile delinquency as well as effective prevention and intervention techniques, the program explores the

linkages between child maltreatment, domestic violence and juvenile delinquency. Safe Kids/Safe Streets challenges communities to improve community response to the abuse and neglect of children and adolescents in order to break the cycle of childhood victimization and later delinquent and criminal behavior. Safe Kids/Safe Streets is being implemented in Chittenden County, Vermont; Kansas City, Missouri; Huntsville/Madison County, Alabama; Toledo, Ohio; and by the Sault Sainte Marie Tribe of Chippewa Indians in Michigan.



SafeFutures

The SafeFutures Program to Reduce Juvenile Delinquency and Youth Violence (SafeFutures) is a 5-year demonstration project that seeks to prevent and control youth crime and victimization through the creation of a system of care in communities. This system of care will enable communities to respond to the needs of youth

at critical stages in their development by providing them with appropriate prevention, intervention, and treatment services and imposing graduated sanctions. Grantees were selected to represent urban, rural, and American Indian communities that demonstrated some prior experience with and a continuing commitment to reducing crime and victimization through comprehensive community assessments, strategic planning, and inter-agency collaboration. SafeFutures is being implemented in six communities: St. Louis, Missouri; Boston, Massachusetts; Contra Costa County, California; Imperial County, California; Seattle, Washington; and Fort Belknap Indian Community, Montana.

INTRODUCTION

Overview

Strategic use of data can dramatically improve outcomes for children, families and communities. Data improve outcomes by improving the quality of critical decisions about programs and services. Data can support decisions about client care, program planning, program implementation, quality improvement and sustainability.

To achieve this data can be collected about characteristics of the children and families served, characteristics of the services provided, and intended accomplishments. These three types of data when analyzed in a variety of ways can be used by or presented to one or more of these stakeholders as a means to inform and influence their actions.¹

In the first chapter, the decision-making process will be reviewed, followed by a discussion of each of the three types of data. Additional chapters discuss data collection and analysis, data reporting, and data relevant to different audiences. Assessment and planning tools, a case study, and other resources are also provided in the appendices.

¹ Stakeholders include consumers, community members, direct service staff, agency managers/administrators, and policy makers.

1

DECISION MAKING

Data-driven decision making is an appraisal process in which the relative merits of multiple options for achieving a specified goal are considered. The appraisal process involves a review of the target of intervention, consideration of possible actions, and evaluation of the costs and likely success of each possible option. However, options being considered will likely be limited to those that have been learned or experienced by the decision maker. Similarly the cost-benefit analysis for each option will be based on what the decision maker has found to be successful in their personal or professional experience. Therefore, the quality of the decision is limited by the subjective and personal nature of the appraisal process. Data that are systematically and objectively collected expand the appraisal process, inform the decision maker, and can result in improved decisions and better outcomes.

Data tells you where you have been, where you are, and can guide you to where you want to go. Data about the past, present, and future plans can be collected to tell us about (1) the children and families we serve, (2) the services and supports we provide, and (3) the achievement of intended outcomes. Each type of data will be discussed in turn.

Characteristics of Children and Families Served

Children and families are the target of intervention. Data about children and families are critical in completing needs assessments, planning new programs, and improving the effectiveness of existing programs. Data would include child and family demographics, strengths, and needs (protective and risks factors). Demographics involve descriptive characteristics including age, gender, ethnicity, primary language, socio-economic status, and education level.

Strengths would include resources and personal attributes of the child and family that can support the attainment of goals. For example, data about resources might include strong friendships, longstanding employ-

ment, participation in a faith or civic organization, or a stable home. Attributes could include areas of competence and skill, good humor, hopeful attitude, or persistence.

Needs include areas of deficient resources and adversity or trauma. Deficient resources might include homelessness, no health insurance or access to health care, failure to attend or benefit from school, unemployment, or lack of transportation. Areas of adversity or trauma would include a history of child abuse, domestic violence, conflict with others, or law violations.

Characteristics of the Services Provided

The services and supports provided are intended to promote the achievement of child and family goals. Data about services and supports provided are critical in identifying gaps in the continuum of care, completing feasibility studies, documenting efficiency of service delivery, and quality improvement activities. Data would include the types of services and supports provided, the level of service provided, and characteristics of service quality.

It is increasingly evident that children and families benefit from a comprehensive continuum of community-based services and supports. Data about the type of services would include the *number* of different services and supports in the local community such as case management, counseling, substance abuse treatment, respite care, after school activities, and tutoring. Service level information would involve data about the *amount* of services and supports provided. This data may be based on cost of care in dollars per child and family, total hours of services provided, number of days of attendance in a particular program, or accessibility of services to the target population.

Characteristics of the quality of care looks at the *way* in which services and supports are provided. Increasingly programs are being premised on principles of operation that include collaboration with other agencies, partnership with the youth and their family, and community involvement. Data in this area would be based on interviews of direct service staff, youth and families or a review of records. Data would include evidence that the services and supports were being provided in a manner consistent with the values and philosophy of the program and appropriate to the culture of the families served.

Achievement of Intended Outcomes

Services and supports are intended to build on family strengths to assist youth and their families to overcome adversity/trauma and meet their needs in order to achieve agreed upon goals. Data about the achievement of intended outcomes is critical in demonstrating program effectiveness, promoting systems reform, and program sustainability. Data would include child and family functioning, change in expenditures and funding sources, and community-wide indicators.

Generally, the overarching desired outcome is improvement in child and family functioning as measured in such areas as stable and safe home, attending and benefiting from school, accessing necessary health care, abiding the law, developing pro-social friendships and support systems, employment and self-sufficiency. Data would include indicators of improvement in these areas. In some cases, programs are expected to achieve the same or better outcome at a lower cost. In these cases data about the cost savings or the avoidance of costs would be the typical data.

Depending upon the scope of intervention, there are also expected outcomes at the individual, agency, system and community levels. For example, indicators for programs that are community-wide or result in broad systems reform might include arrest rates, days of incarceration, number of out-of-home placements, child abuse report rates, or number of youth using drugs.

Attainment of community-wide goals requires collaboration and coordination across numerous public and private-child serving agencies. Evidence of agency and system level changes include implementation of collaborative governance structures, broadening of “target populations” resulting in increased access to prevention and early intervention services, training of line staff on key service delivery principles including strength-based, family-focused practices, and interagency policies, procedures and team-based decision-making structures. Data about these agency and system level changes would be evident through staff interviews and review of policies, procedures and work products. In addition, broad-based collaboration is supported by corresponding coordination of interagency program financing. Often funds are integrated or “pooled” across agencies. Evidence of these critical fiscal changes would be evident in a review of cross system budgets, interviews with staff, and cross agency memorandums of understanding.

2

DATA COLLECTION AND ANALYSIS

There are a variety of procedures to make the collection of the data more rigorous and to limit subjective influences. In addition, there are sophisticated procedures for analyzing data to control for the effects of intervening variables. These experimental designs and statistical procedures are used to clarify the impact of your services and supports independent of other factors. The use of rigorous research is ideal, but often not practical or affordable. However, it is important to use data even if your agency is not part of a formal research project.

Decisions are routinely being made every day involving program administration and client care with the benefit of little or no data. The addition of any data is of assistance in improving the quality of decisions and, in turn, the effectiveness of programs. As long as the audience for the data being reported understands the context in which the data were collected, and they can judge for themselves the degree to which the data are objective, the data can be appropriately factored into the decision-making process.

Data Collection

Critical to making effective use of data is establishing a process for collection, analysis, and reporting of data that can be easily and consistently executed. For programs where the current use of data is extensive, more sophisticated analysis and reporting can be used; for those just beginning to use data, keeping the process simple, easy to follow, and relevant to decision makers is most important.

Begin by conducting a planning process that includes all decision makers and stakeholders around the selection of data. It is rarely necessary to create a process of collecting entirely new data. Agencies often collect considerable amounts of data as part of intake procedures or as required by funding or regulatory bodies. Make certain to gather and review all the information that is regularly collected through intake, investigation, assessment, and service planning activities as part of the planning process and select data from the pool of information that is already being collected.

It is advisable to choose data that are easily collected and understood. It is often possible to make use of existing data before requiring the collection of new data. Data can take many forms and be collected from varied informants. Data can be based on records of actual behavior (e.g., arrest records, school grades, group home payments) or on reports of behavior. Reported behavior can be gathered through an interview or completion of a questionnaire or survey. Reported data can be gathered from the youth, family member, significant adult (e.g., teacher, counselor), or line staff involved in providing services. Data, whether recorded or reported, may be based on behavior in different settings (e.g., school, home, job, streets). Different informants (e.g., staff, parent, teacher, youth) have unique perspectives.

Common methods of collecting data include review of charts, interviews, and completion of questionnaires or surveys. Take the time to explore all methods and choose one or more methods that offer the most accurate and useful data for the least effort. Ultimately the data will need to be coded and entered into a database. The collection method can be eased by creating forms that require circling from among choices or filling in bubbles. There are many forms that can be scanned for easy data entry. In addition, it may be that some if not all of the data currently exists in an automated management information system, and by identifying children and youth in your program in already existing data bases, the relevant data can be accessed through an electronic transfer.

Data may be collected by line staff as part of their regular duties or independently by dedicated evaluation staff. When data are collected by line staff, it reinforces a culture of evaluation for both the line staff and the youth and family. Much, if not all, of the desired evaluation data may be collected by line staff when they complete assessments and service plans. Recognize that while it can be efficient, line staff may not view the collection of data as a priority. In addition, a bias may exist as a result of their service delivery responsibilities. Collection of the data by dedicated evaluation staff has less bias, is more likely to be comprehensive and timely, but is also more costly and can create distance between the evaluation process and the decision-making process.

Data may be collected on all youth and families served or only on a sample or subset. When data is collected on all service recipients a culture of evaluation is reinforced and data can be used to support client care decisions in addition to program decisions. Alternatively the sample approach is likely to be less expensive and intrusive. If the sample

approach is used, it is preferable for service recipients to be selected at random for the data collection. In this way bias is controlled.

The collection of data requires time and needs to be prioritized along with the delivery of services. A system of monitoring to insure that data are collected in a comprehensive and timely manner is helpful. Monitoring systems can be used to provide the responsible staff with reminder notices in advance of due dates and reports of any missing data after the due date. In addition, managers and administrators can receive compliance reports showing completed and missing data so that they may follow up as appropriate.

Data Analysis

Statistical procedures designed to isolate the effect of your services and supports independent of other factors are ideal. These procedures help the decision maker better understand the actual relationships between child and family characteristics, services provided, and outcomes achieved. However, it is not necessary for such procedures to be used for data to be helpful. Simple descriptive statistics that include percentages, averages, and changes in total scores can be very informative.

There are numerous ways to conduct analyses of data. In all cases it is most important that decision makers understand the context in which the data were collected and analyzed so that they are in a position to draw their own conclusions about the significance of the data. For example, if after a year, a program reports that there is a drop in juvenile crime by 90 percent, it is important to know if the result is based on ten youth or four hundred youth and if it is based on youth self-report data or police records. Results based on youth self report for only 10 individuals is less compelling than a result based on police records for 400 youth.

When trying to document the attainment of intended outcomes there are two types of evaluation designs that are commonly used. These designs are called between-group and within-group. In a between-group design, a common set of data are collected once across two or more groups. Each group is distinguished by the services they receive (e.g., new program and traditional services or new program and no services). The analysis involves a comparison of the achievement of goals between the groups. If those who receive the new program intervention achieve goals at a significantly higher rate than those who received the traditional intervention, it is reasonable to have more confidence in the benefits of the new program.

For a within-group design, a common set of data are collected on all members at two or more points in time. Typically the data are collected at fixed intervals (e.g., at enrollment into the program and every year thereafter). In this case the analysis involves a comparison of the achievement of goals across two or more points in time. For example, at enrollment into a truancy reduction program, 25 percent of the targeted youth were regularly attending school; one year after the program, 75 percent of the targeted youth were regularly attending school.

The within-group subject design involving repeated collection of data is generally easier to conduct because it does not require the assignment of group members into different “treatment” groups; however, this type of design does not control for “spontaneous” improvement. Spontaneous improvement refers to the attainment of outcomes that would have occurred over time even without any formal services.

It is not necessary to have a comparison study to use data. Particularly when there is little history of using data, it is useful to report data about the children and families served and the nature of services being provided even without any form of comparison. This type of information could be used as part of a needs assessment. However, in order to look at the attainment of intended outcomes, it is necessary to either collect data on the same group members over at least two periods of time (e.g., within-group design) or to collect data at one point in time across at least two groups who received different treatment (e.g., between groups).

3

DATA REPORTING

The reporting of data is the critical final step in the use of data. It is important to make sure that data reports are clear, easily understood, and include information about how the data were collected and analyzed so that the decision maker can use the data appropriately. Failure to explain how the data were collected and analyzed can mislead the audience. The misuse of data in this way has led to the popular belief that data can be used to “say whatever you want it to say,” diminishing the benefit of using data.

Types of Data Reporting

Reports do not need to be detailed and complicated to be beneficial. Particularly in the beginning, as you are creating a culture of evaluation, good reports can be very simple. A good report can consist of charts, graphs, and tables that each present one piece of data. For example, the report could be divided into two sections: who we serve and the services they receive. In the first section information on age, gender, ethnicity, and prior arrests could be presented. In the second section, hours of probation supervision, number of therapy sessions, and cost of treatment can be shown.

After data have been collected across two points in time or from two groups (e.g., treatment and comparison), a third section reporting on attainment of intended outcomes can be added. In the final section, the rate of arrest prior to and after enrollment into the program (or between the two groups) can be displayed. The report would consist of a handful of bar graphs and charts, but would almost immediately lead to constructive dialogue and improved decision making.

Among the numerous ways of reporting data are reports, fact sheets, and presentations. Depending on your audience (e.g., consumers, community members, line staff, agency manager, policy makers) different reporting formats are advisable. Regardless of method, it is critical to make the data available as early and as often as possible. A monthly

report started three months into the program will support adoption of your new program far more effectively than an annual report that is first disseminated eighteen months after the start of the program.

The Benefits of Data Reporting

The benefit of using data is almost immediate, both answering questions and leading to new questions. Decision makers will ask for more data in an effort to answer the new questions. As a result of this process, a culture of evaluation will develop characterized by the increasing use of data to make critical decisions about programs and services.

As consumers of data become more sophisticated they will want more detailed analysis. For example, by building on the reports described above, the program service data and goal achievement data could be sorted by the ethnicity of the youth or by those who have a history of child abuse. Sorting the data in this manner allows you to get answers to more complex questions, such as: Is the program equally effective for youth across ethnic groups? Or whether a history of child abuse impacts the success of your program.

The use of data is self-driving. The more you report about the youth in your program, the services provided, and the outcomes achieved, the more you will be asked to report. You do not need to make final decisions on data, analysis, and reporting in advance. As the data are used and a culture of evaluation develops, more uses for data will naturally develop.

The Relevance of Data

Data can be used to improve decisions about programs and services. However, the type of data being reported will vary depending on the audience and the nature of the decisions being made. In all cases the decision maker is interested in better understanding the relationships between the characteristics of the youth and their families, characteristics of the services provided, and the attainment of intended outcomes. In order to use data most effectively it is important to be able to answer questions about (1) the strengths and needs of the youth and families served, (2) the types and levels of services provided, (3) the degree to which the provision of services adhered to the programs philosophy of care, and (4) the attainment of intended outcomes.

The relationship between client, service, and outcome is characterized by a “logic model” or “theory of change.” A theory of change or logic model describes the logical linkages between characteristics of the youth and family receiving services, characteristics of the services and supports provided, and the achievement of goals. Logic models or theories of change underlie decision making. Data are more readily used when the logic model or theory of change that underlies critical decision making is made explicit.

4

THEORY OF CHANGE

It is often program failure that leads to exploration and the use of data. There are several possible explanations for why a youth and their family may fail to achieve the intended outcomes despite receiving services. The explanations can be divided into those centered on the youth and their family, those centered on the services and supports, and those that involve an interaction between the two. In the first case, failed outcomes could be explained by higher levels of need or lower levels of participation on the part of the youth and their families. In the second case, a failed outcome could be explained by lack of access to the necessary services or lower quality of services. In the final case the explanation would involve an inadequate fit between the strengths and needs of the youth and their families and the type, level, and quality of services provided.

Data are used to help us understand why outcomes are or are not achieved. When the theory of change is explicit we can look at each explanation in a straightforward and step-wise manner. In the absence of a theory of change there is a tendency to attribute attainment of outcomes to “good” services and failure to attain outcomes to “difficult clients.” The relevance of the data is often dependent on the logic model. For example, if the program assumes that substance abuse issues need to be addressed prior to improving school attendance, then it would be important to collect data on these two topics. Alternatively, if the program emphasizes the use of strength-based services, then data about the degree to which services were truly strength-based are highly relevant. Data about the accessibility and use of services are also important.

The relevance of data will vary depending on the audience for the report and the decision(s) being made. Data can be used to improve client care decisions, identify unmet needs, highlight service gaps, promote systems reform, support continuous quality improvement, and guide program design and funding. The decisions being made, the audience(s) involved, and the way data can be used will be briefly discussed for each of these areas.

Client Care Decisions

The question of interest is “What services, supports, and consequences are most likely to promote attainment of intended goals for this particular child?” The audience is the direct-service staff, the youth, and his or her family. The decision being influenced is the recommended level of care. Direct-service staff routinely make recommendations about what services a youth or family need to achieve an outcome. Data about actual levels of care that lead to attainment of similar goals for youth with similar characteristics are most relevant in this case.

Unmet Needs

The question of interest is “To what extent are the youth in need accessing services?” The audience may be policy makers and agency administrators. The decision being influenced is the appropriation of additional resources in the case of policy makers, and the distribution of existing resources in the case of agency administrators. The lack of sufficient resources to serve all youth and families in need is one of the reasons for establishing “target” populations, to prioritize the use of limited resources. Data about the characteristics of youth and families in the community with an emphasis on needs, adversities, and trauma show the total community-wide need. Data about the number of youth receiving services show the current service capacity. A comparison of these numbers shows the unmet need.

Service Gaps

The question of interest is “To what extent are the necessary services and supports available?” The audience is agency administrators/managers and community members. The decision being influenced is the distribution of resources and the nature of community development activities. Service characteristic data include the type and level of services available. The needs assessment described above shows how many youth need services.

Data about the average level of care being provided to youth who receive services can be used as a standard. The product of average level of care and the unmet need results in one indicator of service gap. However, this approach assumes that those youth who access services are receiving the correct level of care. A more sophisticated approach would take into account the degree to which services are successful. In this case data on youth who have achieved a high level of success will be selected out for

special focus. Data about the level of care provided to these youth can be used as the standard.

It is important to note that youth who experience high levels of success may have characteristics that separate them from youth who fail to achieve expected outcomes. For example, the former may have experienced less adversity or alternatively may have more resiliency factors. It is also possible that the quality not quantity of the service is most important. If this is the case, agencies will need to emphasize “how” not “what” services are provided. The answers to some of these questions are not straightforward. The use of a little data can quickly lead to other questions. The complexities are not new, but the use of data brings them to the forefront and offers an opportunity to make better decisions.

Systems Reform

The question of interest is “Why is a new program needed? Why should I participate in a new program? What is wrong with the current program?” The audience is policy makers who require new programs and direct-service staff who are expected to be part of a new program or to adopt new ways of providing services. The decision being influenced is the steps needed to promote full implementation of a new program.

The child serving systems, including juvenile justice, child welfare, schools, mental health, and public health, are promoting innovative service delivery approaches and programs. Many of these innovations include partnerships with parents and families, collaboration with other agencies, strength-based individualized service plans, wraparound programs, home- and school-based services, victim-offender conferencing, and others. Direct-service staff may question the need to adopt these new programs. Data can be used to support full use of innovative programs during the difficult start-up phase.

Although existing programs have demonstrated levels of success, there are also significant numbers of youth who fail to achieve the intended goals despite being recipients of services. Data showing rates of success (e.g., recidivism rates) will highlight the subset of youth who are not achieving the intended outcome and therefore the need for a new approach targeting these youth.

Staff can be motivated to participate in the new program by highlighting data comparing rates of improvement for youth served under the new program versus the previous system. Evidence of improved outcomes

reinforces the use of the new approach. In large systems where implementation may be staggered, evidence of higher rates of success for teams implementing the new approaches will be motivating to those next in line to start.

Data may also be sorted in ways that reinforce key characteristics of the innovative program. For example, the level of outcomes achieved by youth sorted by different ethnic groups can be used to show the benefits of a program that targets the use of more culturally relevant interventions. Or outcomes for youth can be sorted by the collaborative partner agency (e.g., probation, child welfare, schools, mental health) showing that being part of the collaborative results in improved outcomes for youth of each partner agency.

Continuous Quality Improvement

The question of interest is “To what extent does the provision of services adhere to established standards or to the highest standard?” The audiences are agency administrators/managers, direct-service staff, and consumers. The decision being influenced is the steps needed to enhance compliance with service delivery standards.

The success of a program is, to a large extent, based on the degree to which program standards are met. It is not possible to evaluate the merit of a program if the program has not been fully and thoroughly implemented. For example, data based on a random review of records or interviews with consumers can be used to measure the degree to which service standards are met. This information can be used in making decisions about future areas of training, the need for detailed work instructions, and so forth.

Program Design

The question of interest is “What program characteristics are needed to provide the most effective and efficient services?” The audiences are policy makers, agency administrators/managers, direct-service staff, consumers, and community members. The decision being influenced is the characteristics of new programs including the type of service and the way in which services should be provided.

It is most likely the case that the achievement of intended outcomes results from a good fit between the characteristics of the targeted youth

and families and the characteristics of the services provided. Data about youth who achieve outcomes and the services they received can be compared with data about youth who fail to achieve outcomes and the services they received.

Data can be shared about the youth and their family including resiliency factors (e.g., adult support, participation in after-school programs, and success in school) and risk factors (e.g., child abuse, substance abuse, emotional disturbance, school failure, and so forth). Data can also be shared about service delivery characteristics such as caseload size, type of services offered or accepted, or the degree to which the youth/family participated in the development of the plan of care. A comparison between youth who attained the intended goals and those who did not can help in planning new approaches.

Sustainability

The question of interest is “Should funding be continued to sustain a pilot or demonstration project?” The audience is policy makers. The decision being influenced is the appropriation of funding. Substantial funding is currently appropriated to support services to children and families through a large number of agencies. The challenge for an innovative program, particularly a program initiated with time-limited grant funds, is to influence future funding decisions. Data can be used to show that a new program is effective and efficient. In the first case, data showing relatively higher levels of attaining intended outcomes will demonstrate the effectiveness. In the second case data showing that expenditures are the same or lower than would otherwise be required will demonstrate the efficiency.



APPENDIX A

Tools and Instruments

Using Data Self-Assessment Guide

The following self-assessment guide will help you evaluate your own use of data. It can be used at the outset to identify and build upon current readiness to use data and it can be used to evaluate your ongoing efforts. Review and answer the following items. The items are ordered. Areas in which there is no current activity is most likely the place to take next steps. The “Planning Guide” and the “Resource List” that follow will assist you in taking next steps.

1. Does your program currently collect any data?

List the specific data elements collected by category.

- Characteristics of the youth and their family
- Characteristics of the services provided
- Achievement of intended outcomes

2. Have you met with your partner agencies and fully investigated the extent to which data are collected and available?

If yes, list other data elements that are routinely collected by any of the partner agencies independent of the data listed in question 1. List the data elements by category.

- Characteristics of the youth and their family
- Characteristics of the services provided
- Achievement of intended outcomes

3. Is data being systematically, thoroughly and accurately collected?

Describe the data collection process. Note measures taken to insure accuracy, timeliness, and completeness.

4. Is data being analyzed and reported?

List the data that is being analyzed and the type of analysis that is performed, for example descriptive or inferential statistics. List or describe the reports that are prepared. Note the type of decisions that are being influenced. Include the audiences for each report and the frequency of the reporting.

5. Does your program have a clearly articulated theory of change or logic model?

Describe the theory of change or logic model. Specifically how does your program expect to achieve intended outcomes? Describe the way in which reported data is relevant to the theory of change?

6. Are there forums in which consumers of data are trained in how to make use of the data reports and in which dialogue about the data is promoted?

Describe the forums. Note the focus of the forums and the stakeholders who attend.

7. Do stakeholders at all levels routinely use data to promote high quality decisions?

Describe each of the ways in which data influences and improves decision-making. Note the decisions being made, the data used, the reports provided and the decision-makers involved.

Using Data Planning Guide

The following is a step-by-step guide to using data. Each step is listed in order with a brief description of key points.

Step 1. Clarify why you want to use data

Data is used to improve the quality of critical decisions. As a first step, meet with relevant stakeholders from across the various audiences (policy makers, administrators/managers, direct service staff, consumers, and community members) and clarify how the data will be used. Specifically what decisions will be influenced by the data. Data is commonly used to improve client care decisions, identify unmet need, highlight service gaps, promote systems reform, promote continuous quality improvement, and guide program design and funding.

Step 2. Articulate a theory of change or logic model

A theory of change or logic model describes the expected relationship between characteristics of the child and family, characteristics of the services provided, and attainment of outcomes. A theory of change will explain why the proposed program is expected to achieve improved outcomes. Articulating the theory of change provides the context for the use of data and helps in selecting relevant data.

Step 3. List the data to be used

Based on the decisions being influenced and the theory of change being proposed, prepare a list of the type of data that would be most useful to collect. Data can include characteristics of the child and family, characteristics of the services provided, and achievement of intended outcomes.

Step 4. List the available data

Although the type of data that is most relevant to promote the decisions under consideration have been identified in Step 3, it is advisable to select data that is easily accessible, accurate, and clearly understood. To this end, meet with the relevant stakeholders and list all the data that is currently being collected. This matrix of data is a valuable resource in selecting the data to be collected.

Step 5. Select data to be collected

Based on the work completed in Steps 3 and 4, select the data for collection. Ideally the data is easy to access, is currently being collected or can be collected with relative ease, is accurate and straightforward to understand. However, in some cases the data that is most relevant is not currently collected and requires some sustained effort to systematically and accurately collect. In these circumstances it may be well worth the expense to develop an independent data tracking system. For example, when the area of interest is the adherence to service delivery standards, the best data may be from interviewing consumers. This type of data is unlikely to be part of any current data collection process and gathering this type of data can be labor intensive, but may be critical to insuring effective services.

It is not necessary to collect a lot of data for it to be of benefit. It is more important that the data be relevant, easy to understand, and regularly reported. It is preferable to select less data that is systematically and accurately collected, than to collect more data that is less systematically collected and not regularly reported.

Step 6. Establish a data collection procedure

Once the data has been selected, a process for collection needs to be established. The procedure should result in data that is systematically, accurately and fully collected. It is often possible to gather data from existing databases or to blend the collection of data with the gathering of other information as part of intake assessment or service-planning. Again, it is sometimes necessary and desirable to develop independent collection procedures.

Paperwork is often viewed as burdensome. Making the data collection process easy to complete and developing a tickler system to remind staff about when to collect the data is helpful. In addition, management reports showing late and missing data are helpful in promoting the thorough collection of data.

Step 7. Choose method(s) of data analysis

Data improves decision making by providing more systematically collected and objective information about the consumers, services and outcomes. For programs that are just beginning to use data it is important that the data be simply and clearly presented. Sophisticated analyses are not necessary. Descriptive information using averages and percentages can be very informative.

For programs interested in strongly demonstrating the direct effects of their programs more sophisticated statistical procedures and experimental designs will need to be used. In these cases, consultation from researchers and statisticians around how to design the experiment and analyze the data to substantiate the main effects and control for unanticipated factors is advisable.

Step 8. Prepare data reports

Reporting the data is of course the critical final step; however, it is not uncommon for programs to collect data that is rarely if ever reported. Ideally reports are prepared to highlight data that is relevant to the decision(s) being considered and easy to understand. Additionally, it is important that the report contains sufficient detail about how the data was collected so that the reader can give the report the appropriate weight.

Reports need not be lengthy or filled with narrative to be useful. A reader can get lost in the narrative and miss the key points. A brief report, focusing on important and relevant data through use of charts and graphs can be very helpful. In addition, frequent data reports are important in promoting the ongoing use of data.

Step 9. Disseminate data reports

Data reports are of interest to a broad cross section of stakeholders, but at a minimum reports need to be disseminated to the targeted decision-makers. Depending on the decision(s) being influenced with the data different audiences will need to receive the reports including community-members, consumers, policy makers, administrators/managers, and direct service staff.

Step 10. Promote forums for discussing the data

The reporting of data is intrinsically rewarding. Data reports will promote dialogue and accountability. It is helpful to establish forums in which the data can be discussed. In addition, it may be necessary to offer training to each of the audiences about how to understand and make use of the data being reported.

B

APPENDIX B: Case Study

Data reports that have been published by a demonstration project, the Multiagency Integrated System of Care, in Santa Barbara County, California will be used to illustrate many of the key concepts discussed. The Multiagency Integrated System of Care (MISC) is collaborative service delivery system initiated six years ago with the support of a grant from the federal Center for Mental Health Services. The reports were developed and published by an evaluation team from the University of California at Santa Barbara (UCSB) Graduate School of Psychology led by Drs. Michael Furlong, Manuel Casas, and Michelle Woodbridge. See also The UCSB Graduate School of Psychology web site, at <http://www.education.ucsb.edu/~schpsych/research.html>, and the Center for Mental Health Services, Knowledge Exchange Network web page at <http://www.mentalhealth.org/cmhs/>.

There are also several other excellent examples of the use of data illustrated in two of the Resource List items, (#1) *Using Evaluation Data to Manage, Improve, Market, and Sustain Children's Services* authored by Michelle Woodbridge and Larke Huang and (#2) *Vermont Communities Count: Using Results to Strengthen Services for Families and Children* authored by Cornelius D. Hogan.

Multiagency Integrated System of Care (MISC)

The following is a brief description of the Multiagency Integrated System of Care (MISC) to provide the context for the examples that follow. The MISC is a large collaborative consisting of a partnership involving over two hundred staff from eleven private and public agencies including county probation, child welfare, schools, public health, and mental health. MISC staff are co-located in one of three regional sites throughout the county. The MISC services are premised on family partnership, collaboration, strength-based individualized service planning, and outcome evaluation. MISC line staff work as an integrated collaborative team, in partnership with youth and their families, to

promote achievement of common goals. The MISC targeted youth with severe and complicated needs.

Efforts to use data was led by a team of faculty and graduate students from the University of California, at Santa Barbara, Graduate School of Psychology. Data were used to support implementation of the program, improve quality of care, improve client care decisions, and promote sustainability.

The MISC is guided by a theory of change or logic model that is called “precision of fit.” This model assumes that the best outcomes are achieved when services build upon the strengths of the youth and his or her family to assist the youth and his or her family in developing skills, competencies, and social support networks to overcome past adversities and achieve agreed upon goals. A service delivery system that achieves this type of fit between the child’s and family’s strengths and services is expected to achieve improved child and family functioning and to be cost effective.

The university evaluators facilitated a process of data selection that was completed in the first six months of the program. The participants included consumers and intake staff from all provider agencies. Each agency brought their standard “intake” forms. All discrete pieces of data were catalogued. The data for the outcome evaluation were selected from amongst the pieces of information already collected by one or more agencies, and in most cases the information was being routinely collected by multiple agencies.

Then feasible data were collected from existing automated systems, including the collection of mental health service data and arrests records. Data were selected based on their relevance to the theory of change. Data were primarily collected by the line staff. The collection was integrated with routine assessment and service planning. Data collection was greatly facilitated by pre-made assessment and outcome data collection packets, a tickler system to remind staff of due dates, a compliance manager report showing missing data, and user friendly forms.

The university evaluation team prepared all the support material and completed the data entry. All staff received 12 hours of training on the evaluation process and collection of data. A within-subjects comparison was used to show achievement of outcomes. Data were collected on the same group of youth and families at multiple points over time. The data were collected at the time of enrollment, at six months, one year, and annually thereafter.

The MISC data analysis started very simply and grew in sophistication over time. Data were presented in a straightforward and easy to understand manner. The charts, graphs, and tables were clearly labeled, the number of youth involved was noted. Initially, only descriptive statistics, mostly the averages or percentages, were reported. Later increasingly sophisticated analyses were conducted.

Reports were broadly disseminated, initially to line staff, managers, and administrators and then to consumers and other interested parties. The reports were initially monthly, and later quarterly. The data were easy to read and easy to understand. Early reports were very simple. Only intake data had been collected. The reports featured characteristics of youth and families and characteristics of services provided.

Second generation reports highlighted the first change scores, showing child functioning at intake and six months later. Third generation reports sorted change scores by regional clinic, agency of primary responsibility, and ethnicity to promote discussion about the consistency of improvement across communities, agencies, and ethnicities. Examples of pages from these reports follow.

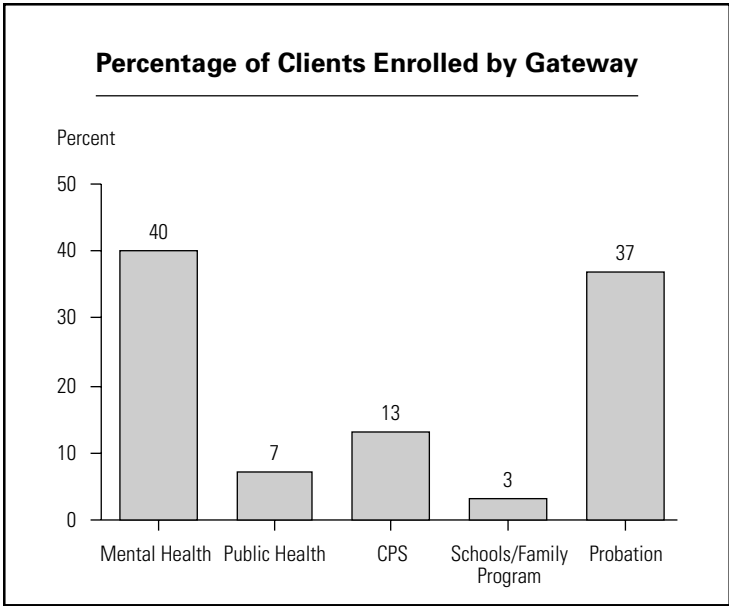
First Generation Reports: Basic Descriptive Child and Family Information

Winter 1999: Introduction to Quarterly Report

This report represents a summary of information about the youths served by the assessment teams affiliated with the Santa Barbara Multiagency Integrated System of Care (MISC). A total of 1,048 youths have been enrolled in the MISC as of April 1, 1999, and approximately 597 of these clients have completed the full intake

assessment process. One-year, follow-up data have been collected on 398 children and their families.

The following pages present summary descriptive information as well as information about the type and severity of issues addressed by these youths and their families.



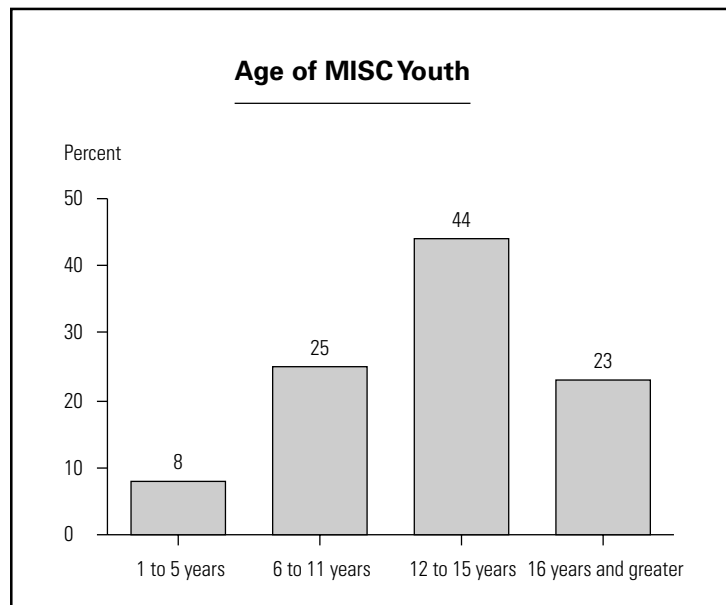
Note: **ALL MISC clients are enrolled to Mental Health.** The Mental Health enrollment number indicates the number of youths who have independently enrolled in the system of care via mental health clinics.

Children and families referred to MISC from Mental Health (40 percent) and Probation (37 percent) comprise a majority of the MISC population.

Winter 1999: Age and Gender of MISC Youths

The average age of youths referred thus far for MISC services is about 12 years (total number reporting = 840). Forty-four percent of the MISC youths who have completed the intake assessment are between the ages of 12 and 15 years; only 8 percent

are below age 6, and 25 percent are between the ages of 6 and 11 years. About one quarter (23 percent) of the MISC youths at intake are over 16 years of age. This represents 66 percent males and 34 percent females.

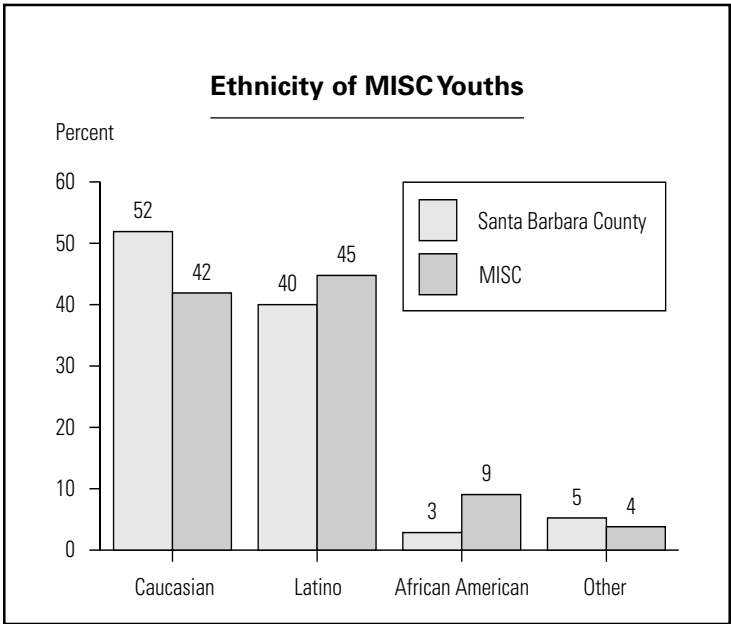


At entry 44 percent of MISC youths are ages 12 to 15 years.

Winter 1999: Ethnicity of MISC Youths

The population of children living in Santa Barbara County is approximately composed of 52 percent Caucasian, 40 percent Latino, 3 percent African American, and 5 percent Asian/Pacific Islander youth. The present

population of MISC clients (total number reporting = 797) is composed of 42 percent Caucasian, 45 percent Latino, 9 percent African American, and 4 percent other ethnicities (i.e., Asian, Pacific Islander, Native American).

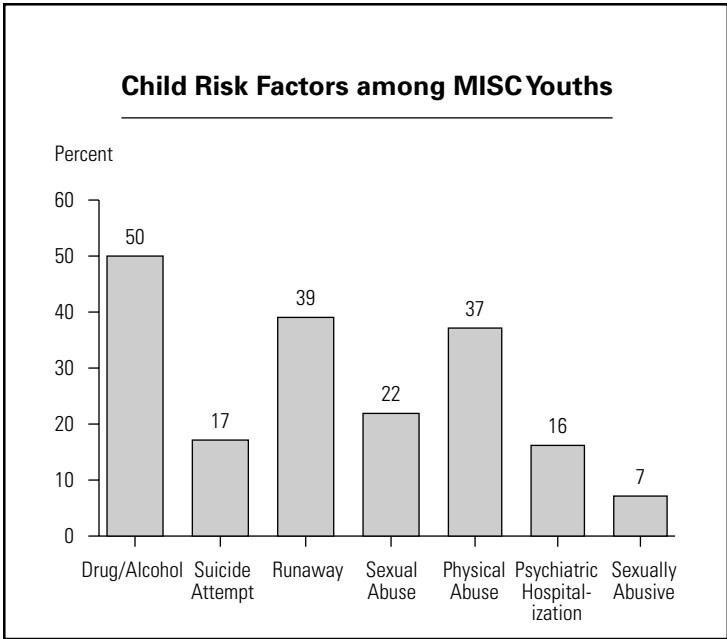


In general, African-American [and Latino] youths represent a larger proportion of MISC clientele than in the county at large.

Winter 1999: Child Risk Factors

Case files indicate that MISC youths have a history of numerous risk factors in their lives (total number reporting = 778). Half of the children (50 percent) have a history of substance abuse, and their average age of first use is 11 years.

In addition, about two fifths (39 percent) of the youths have run away from home, and almost two fifths of families (for which abuse information is known) indicated that the children have been physically abused.

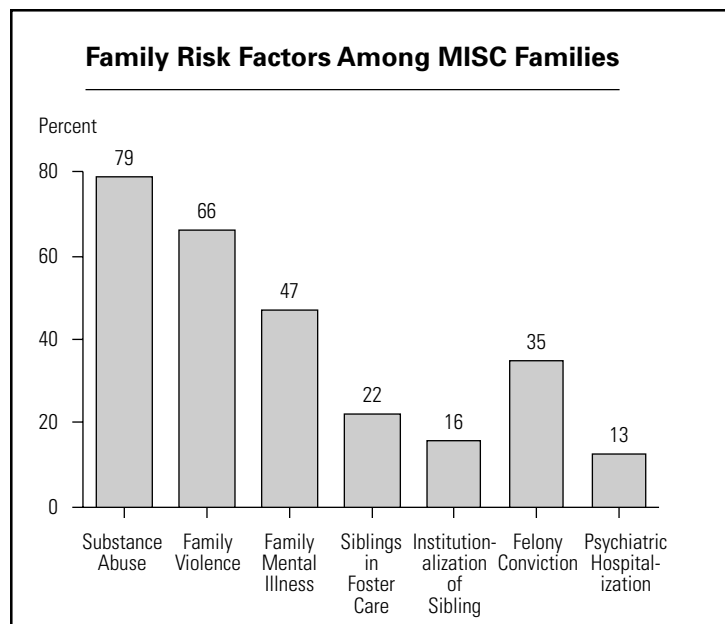


Drugs and alcohol have affected the lives of half of MISC youths (50 percent), and physical/sexual abuse rates are high.

Winter 1999: Family Risk Factors

Families [of MISC youths] have histories of numerous risk factors in their lives prior to [their children's] participation in MISC (total number reporting = 763). Almost 80 percent of families have histories of substance abuse,

and 66 percent have experienced domestic violence. In addition, more than one third of the caregivers (35 percent) have been convicted of felonies, and almost half (47 percent) have a history of mental illness.



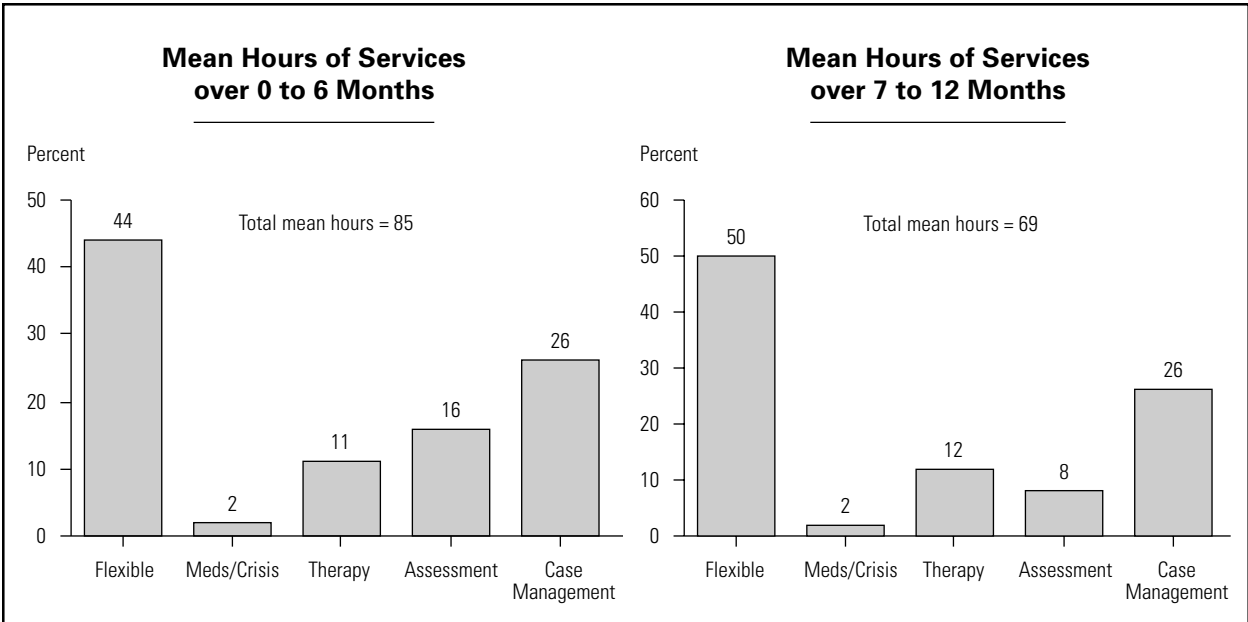
Histories of substance abuse and violence in a majority of MISC families illustrate the urgency of preventative and wraparound services.

Winter 1999: One-Year Service Utilization

Data have been collected and analyzed from the Mental Health billing and service records of 627 children enrolled in MISC for one year. The graphs below indicate the mean number of hours of services for the one-year period (0 to 6 months and 7 to 12 months) between the youth's

intake and the annual follow-up. On average, the clients and families participating in MISC received 134 hours of services over the course of these 12 months. The majority of the services for both time periods fell under the Flexible Service category (e.g., Family Mentor,

Therapeutic Aide, Intensive In-Home/In-School, Alcohol and Drug Counseling, Transition, Recreational Services, Emergent Concern). During the first 12 months in MISC over one fourth (26 percent) of services were provided in Case Management.



The majority of services provided in the first 12 months were flexible services (family mentor, therapeutic aide, intensive in-home/in-school, and emergent concern).

Note: Services offered by redirected staff are not reflected in the service hours in this report.

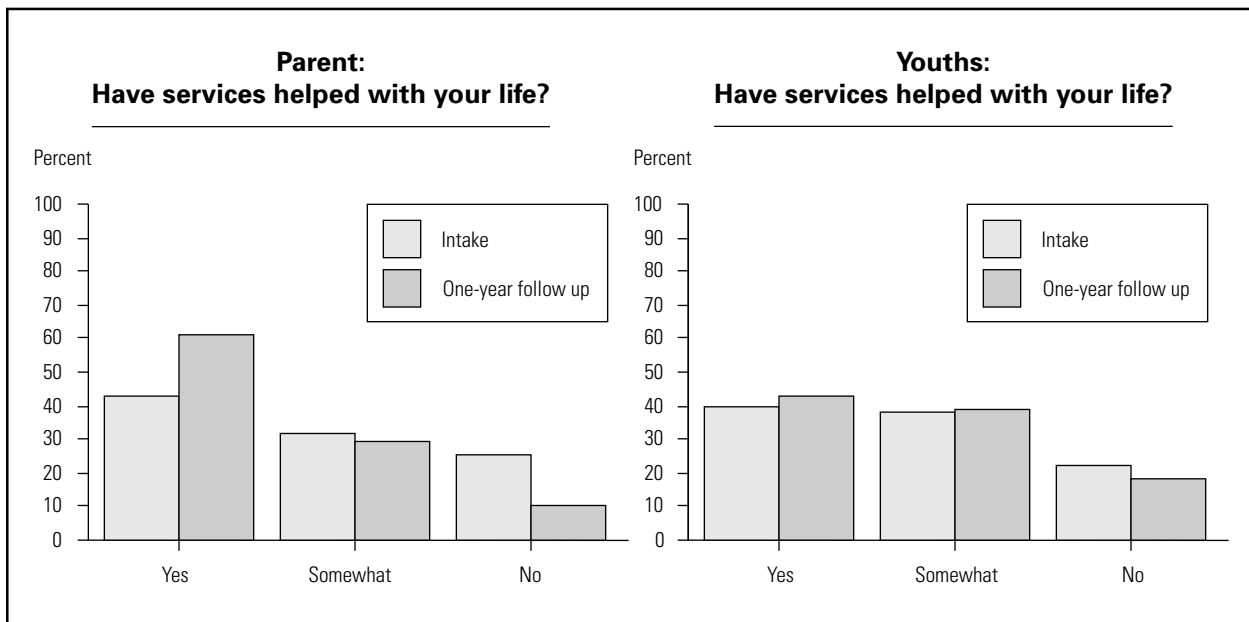
Second Generation Reports: Changes in Child Functioning

Winter 1999:

Parent/Caregiver and Youth Satisfaction

Both youth and parental/caregiver satisfaction were assessed at intake and one year. As the charts below indicate, for 141 parents and 97 children reporting satisfaction at both intake and one year, satisfac-

tion increases over time. After receiving services for one year, 61 percent of caregivers/parents and 43 percent of youths indicated that “Yes, the services have helped with my life.”

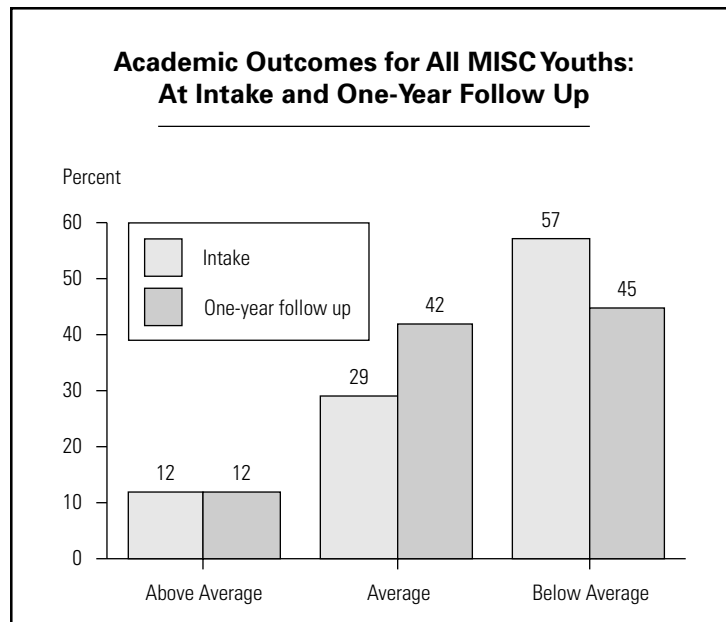


In general, MISC youths and families believe that the services they received have helped with their lives.

Winter 1999: Academic Performance: All Youths

Academic performance information was collected for 258 youths enrolled in MISC for approximately one year. These data indicate that a larger percentage of youths are performing average or above in school since they have

been receiving MISC services. The variety of opportunities available in Santa Barbara County through MISC services may be positively impacting the academic performance of these children.

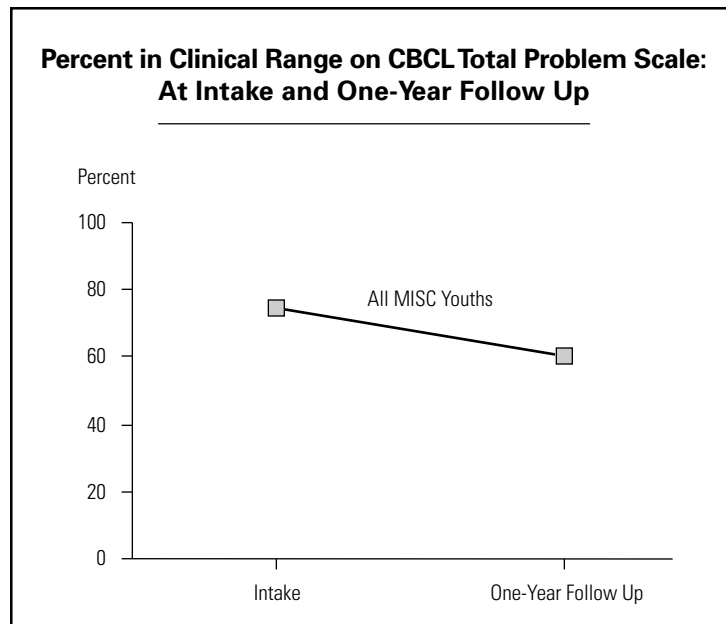


After a year of MISC enrollment school performance is improving for all MISC youths, especially for Latino youths.

Winter 1999: Clinically High Scores on the CBCL: All Youths

Data have been collected and analyzed from caregivers of youths enrolled for one year in MISC on the Child Behavior Check List (CBCL). For 154 children whose caregivers com-

pleted both intake and one-year assessments, there was a decline in the percentage of Total Problem scores in the clinical range from intake to one-year follow-up.

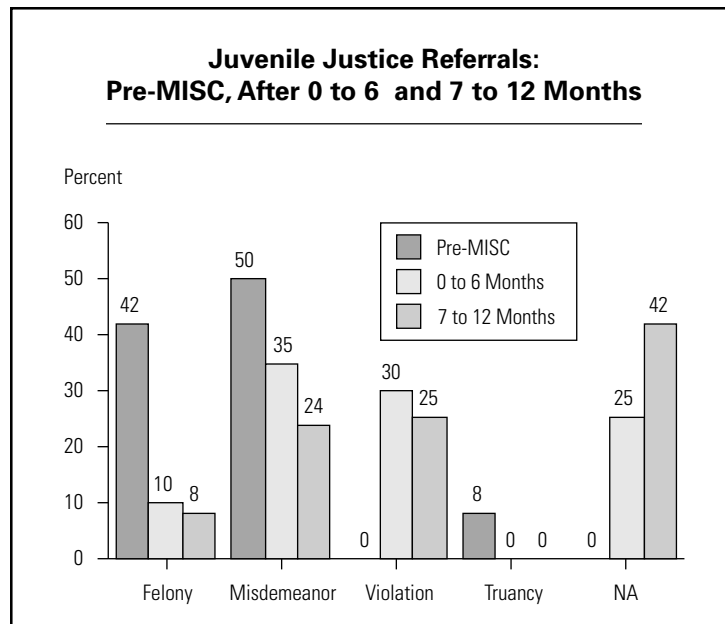


There was a decline in the percentage of CBCL clinical scores at one year follow up, indicating improvement for many of the MISC youths.

Winter 1999: Juvenile Justice Referral Patterns

These data represent criminal referral patterns over time, specifically changes of MISC clients' criminal records. All offenses decreased while clients received services from MISC. The

number of felonies, the most severe offense, decreased most significantly from 42 percent of all pre-MISC referrals to only 8 percent after a year of receiving MISC services.



All referrals decreased after just six months of receiving MISC services.

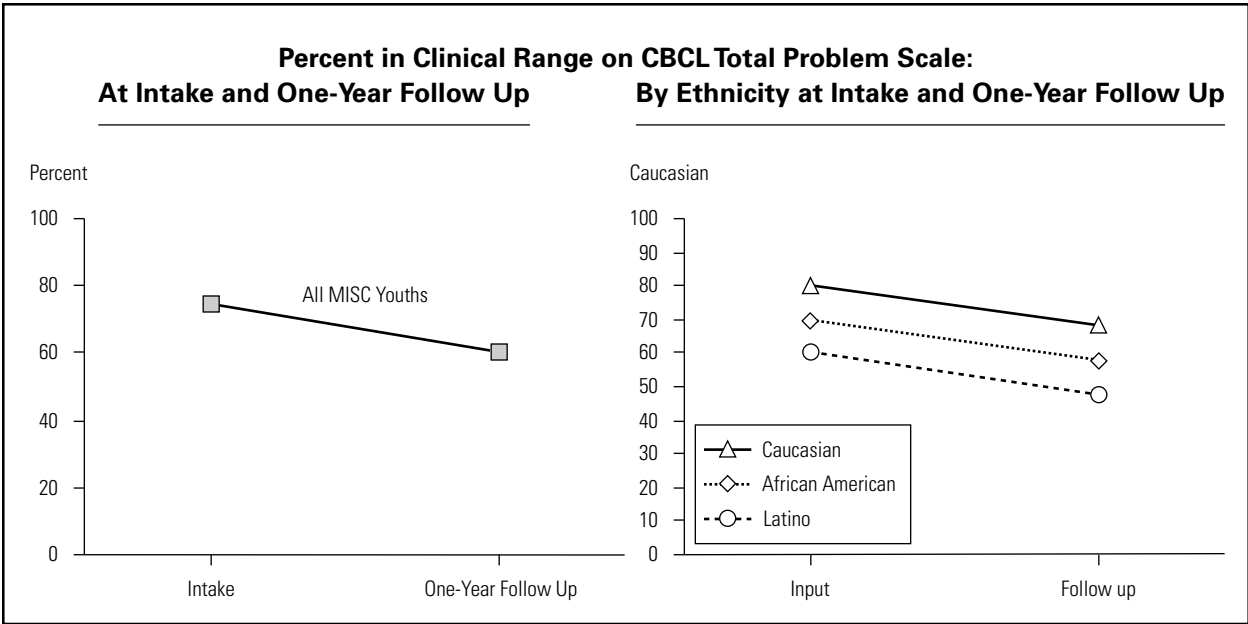
Third Generation Reports: Changes in Child Functioning Sorted by Ethnicity

Winter 1999 Clinically High Scores on the CBCL: All Youths and by Ethnicity

Data have been collected and analyzed from caregivers of youths enrolled for one year in MISC on the Child Behavior Check List (CBCL). For 154 children whose caregivers completed both intake and one-year assessments, there was a decline in the percentage of Total

Problem scores in the clinical range from intake to one-year follow up.

The CBCL Total problem data by ethnicity suggests that there was a decline in the percentage of Total Problem scores to the clinical range for all ethnicity groups represented.



There was a decline in the percentage of CBCL clinical scores at the one-year follow up, indicating improvement for many of the MISC youths.

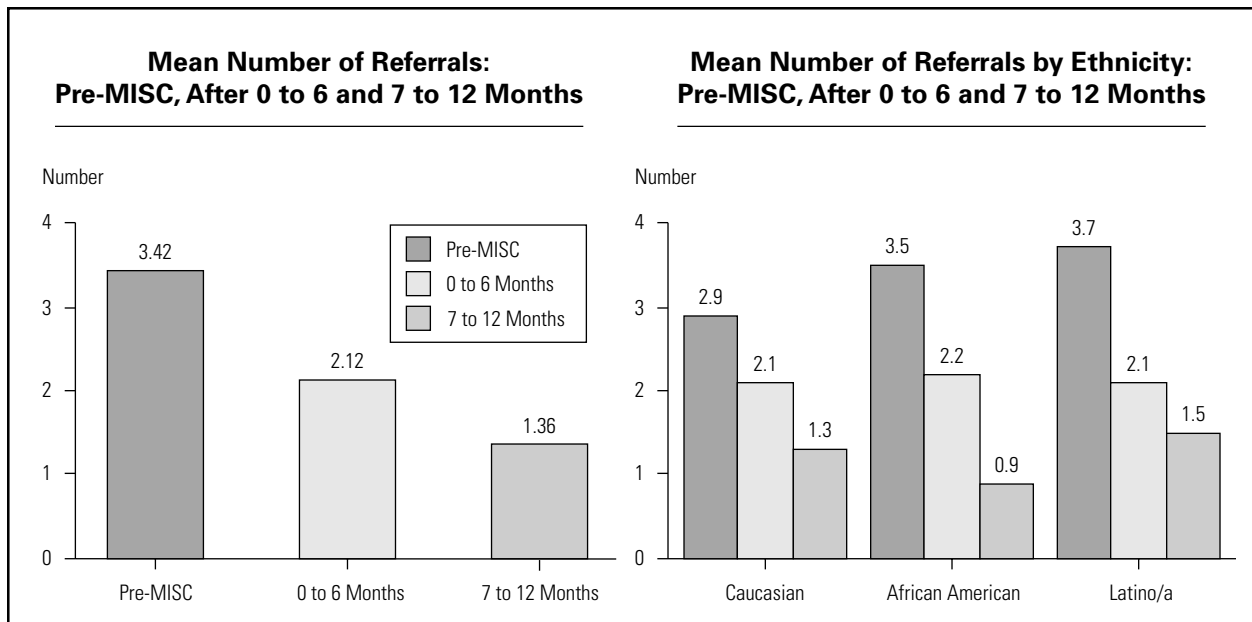
Note: Group sizes for other ethnic/racial groups were too small to present.

Winter 1999: Juvenile Justice Data: All Youths and by Ethnicity

By reviewing Santa Barbara county's probation data, we were able to track the number of probation referrals and sustained petitions during the first year of MISC participation, and the number of sustained petitions

before MISC enrollment. Data for 244 youths were available. The [first] graph below indicates that the mean number of new referrals to probation of MISC youths decreased from 3.42 (before entry to MISC) to 1.36

(after one year of receiving MISC services). Decreases by ethnic group were also noted with larger decreases represented by youths identified as African American and Latino/a.



Referrals to probation substantially decreased for all MISC youths.

Note: Pre-MISC only reflects sustained petitions; 0 to 6 Months and 7 to 12 Months include both sustained petitions and referrals.



APPENDIX C: Resource List

The use of data presented in this toolkit can be an exciting and dynamic part of your service delivery system. The use of data can improve effectiveness of your program. Hopefully by the time you have reached this resource list you are inspired to implement the use of data to support your program activities and have relinquished any apprehensions you may have had about cost or burden. The following list contains resources that will help you implement the use of data.

Resources on the Web

Alliance for Redesigning Government

<http://www.alliance.napawash.org/alliance/index.html>

The Alliance for Redesigning Government is the center of a national network and clearinghouse for state, local, and federal innovators; nonprofit and corporate leaders; and scholars who advocate performance-based, results-driven governance. The Alliance web site contains online learning resources including case studies, concept papers, resource listings, and discussion forums about the critical issues of performance-based, results-driven governance. (202) 347-3190

Center for Effective Collaboration and Practice

<http://www.air.org/cecp/cultural/default.htm>

The Center for Effective Collaboration and Practice works to support and promote a reoriented national preparedness to foster the development and the adjustment of children with or at risk of developing serious emotional disturbance. To achieve their mission, the Center is dedicated to a policy of collaboration at Federal, state, and local levels that contributes to and facilitates the production, exchange, and use of knowledge about effective practices.

Foundation Consortium

<http://www.foundationconsortium.org>

The Foundation Consortium is an alliance of corporate, private, community and family foundations that share a common vision for California's children, families and communities. The Consortium believes that focusing on prevention and strengthening families is more effective than waiting until crisis intervention is necessary. They encourage innovative thinking, partnership, and the development of new ideas, tools, and practices in their effort to bring about systems change. The Consortium brings key players to the table, including elected officials, community members, service providers, educators, businesspeople, law enforcement officers, religious leaders, and other private funders. Systems change requires the development, dissemination and implementation of new knowledge. The Foundation Consortium facilitates this "knowledge management" in a variety of ways including a bi-annual Pilots to Policy Conference, featuring best practices with the Community Approach Awards, a web based encyclopedia of what works, partnering with the California Department of Education to create a statewide infrastructure to support training and technical assistance for Community Approach and After School Programs, seminars, learning circles, publications and their web site. The foundation has an excellent web page related to the effective use of data. Various aspects of data collection and management are organized by category and definition.

Harvard Family Research Project

<http://www.gse.harvard.edu/~hfrp/>

Operating out of Cambridge, MA, HFRP develops and disseminates research related to programs and policies impacting families and their children. Evaluation strategies, training for community collaboration and family-center practice, school-linked services, results-based accountability are a few of the area of information available. (617) 495-9108

National Civic League

<http://www.csn.net/ncl>

Located in Denver, CO, NCL promotes a civic agenda to help communities help all citizens succeed. The League promotes inclusion, collaborative problem solving and consensus building through the delivery of technical assistance, publications, and research.

Urban Institute

<http://www.urban.org>

The Urban Institute is a nonprofit policy research organization established in Washington, D.C.. The Institute's goals are to sharpen thinking about society's problems and efforts to solve them, improve government decisions and their implementation, and increase citizens' awareness about important public choices. Much of the Institute's research spans several disciplines and blends quantitative and qualitative approaches to problem-solving. They are involved in research projects with partners in more than 45 states and 20 countries. (202) 833-7200

Welfare Information Network

<http://www.welfareinfo.org>

The Welfare Information Network (WIN) provides information on policy choices, promising practices, program and financial data, funding sources, federal and state legislation and plans, program and management tools, and technical assistance. WIN's web site provides one stop access to over 9,000 links on more than 400 web sites. WIN is a foundation funded project to help organizations and individuals obtain the information, policy analysis, and technical assistance they need to develop and implement welfare reforms that will reduce dependency and promote the well-being of children and families. (202) 628-5790

Western Interstate Commission for Higher Education

<http://www.wiche.edu>

The mission of the WICHE Mental Health Program is to assist states in the improvement of systems of care for consumers and their families; and to advance the preparation of a qualified workforce in the West. The program helps states respond to changing environments through collaborative approaches in research, policy analysis, networking, technical assistance and information sharing.

Written Resources

- ◆ **Michelle Woodbridge** and **Larke Huang** have authored an excellent monograph on using data to manage innovative programs. The monograph was published this year and titled *Using Evaluation Data to Manage, Improve, Market, and Sustain Children's Services*. This monograph focuses on how data can be used to manage, improve and sustain effective programs. The monograph has a very good chapter on establishing a culture of evaluation that is so critical to the successful use of data, and includes a rich set of examples from several national system of care initiatives that have successfully used data including:

- Community Wraparound Initiative, Illinois
- Families First/Access, Vermont
- KanFocus, Parsons, Kansas
- Multiagency Integrated System of Care (MISC), Santa Barbara, California
- Stark County Family Council, Ohio
- Texas Department of Mental Health and Mental Retardation Children's Services
- Wings for Children and Families, Maine.

The monograph is part of larger series of best practices titled *Systems of Care: Promising Practices in Children's Mental Health*, published by the Child, Adolescent, and Family Branch of the Division of Knowledge Development and Systems Change, of the Center for Mental Health Services, of the Substance Abuse and Mental Health Services Administration, of the U.S. Department of Health and Human Services.

This monograph can be obtained by contacting the Child, Adolescent, and Family Branch of the Center for Mental Health Services at (301) 443-1333 or the Center for Effective Collaboration and Practice at (888) 547-1551 or (202) 944-5400. In addition it is available at the Center for Effective Collaboration and Practice's web site at <http://www.air.org/cecp>.

- ◆ **Cornelius D. Hogan's** monograph title *Vermont Communities Count: Using Results to Strengthen Services for Families and Children* does a wonderful job of describing how data was used to improve the delivery of human services. The monograph was published September, 1999 by The Annie E. Casey Foundation. This monograph provides a detailed and compelling example of how data has improved planning and decision-making.

This monograph can be obtained from The Annie E. Casey Foundation (410) 547-6600. 701 St. Paul Street, Baltimore, MD 21202 or their web site at <http://www.aecf.org>.

- ◆ **Deborah Busch** has authored *By The Numbers: The Role of Data and Information in Detention Reform*. The monograph is the 7th in the *Pathways to Juvenile Justice Reform* published by the Annie E. Casey Foundation. This monograph focuses on the juvenile justice system and does a great job of illustrating how data can be used to improve decision-making. Concrete examples of how data can be used to plan and monitor service delivery reforms.

This monograph can be obtained from The Annie E. Casey Foundation (410) 547-6600. 701 St. Paul Street, Baltimore, MD 21202 or their web site at <http://www.aecf.org>.

- ◆ **Drs. Michael Furlong and Manuel Casas** led an evaluation team at the University of California, at Santa Barbara, Graduate School of Psychology, that has completed pioneering work in the use of data to support service delivery reforms. They have a web site highlighting several efforts including system of care (the Multiagency Integrated System of Care) and juvenile justice reform. The web site includes numerous reports illustrating a variety of ways of presenting data.

The web site is at <http://www.education.ucsb.edu/~sbmisc/>.

- ◆ **Mario Hernandez and Sharon Hodges**, from the Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, at the University of South Florida have published a manual titled *Turning Ideas Into Action Using Theory-Based Frameworks*. Published this year, this manual provides a clear and concise step-by-step process for developing and using a theory of change.

This manual can be obtained from the authors at (813) 974-4651.

- ◆ **John Mayne**, from the Office of the auditor General of Canada has published a discussion paper titled *Addressing Attribution Through Contribution Analysis: Using Performance Measures Sensibly*. Published June 1999, this paper provides an insightful discussion about the importance of context in making use of data and the relationship between agency outputs and outcomes.

This paper can be obtained from the Performance Management Network web site at <http://www.pmn.net/> and click on “Contributions.”

- ◆ **John A. McLaughlin and Gretchen B. Jordan** have authored an article titled *Logic Models: A Tool for Telling Your Program's Performance Story*. As the title implies, this is a very good description of how logic models can support the use of data. Published in July 1998, the article provides step-by-step instructions for developing a logic model.

The paper can be obtained from the Performance Management Network web site at <http://www.pmn.net/> and click on “Contributions.”

- ◆ **The Administration on Children, Youth and Families, of the Administration for Children and Families**, of the U.S. Department of Health and Human Services has published *The Program Manager's Guide to Evaluation: An Evaluation Handbook Series from the Administration on Children, Youth and Families*. This is a practical all purpose guide for implementing evaluation. The handbook includes good step-by-step instructions.

Ordering information can be found on the agency web site at <http://www/acf/dhhs/gov>.

- ◆ **Michael. Q. Patton** has authored an excellent practical all-purpose book on evaluation and reporting methods titled *Utilization-Focused Evaluation: The New Century Text (3rd edition)*. The book was published in, 1997 by Sage Publications. This book is a good comprehensive resource.

This book can be ordered from Sage Publications, Inc., (805) 499-0721, 2455 Teller Road, Thousand Oaks, CA 91320 or their web site at <http://www/sagepub.com>.

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