Module 5: Monitoring Coordination Efforts and Continuous Improvement

Coordinating to Improve Family Experiences Toolkit: Resources for State and Local Human Services Agencies

How will you know if you have successfully implemented your coordination effort as you intended? How will you know if the changes you made are improving family experiences?

This module provides information and support to help you answer these questions. This includes introducing continuous improvement frameworks and approaches, provides guidance and activities for selecting appropriate metrics to monitor your efforts, and provides example metrics that align with the guidance and coordination strategies included in this toolkit.

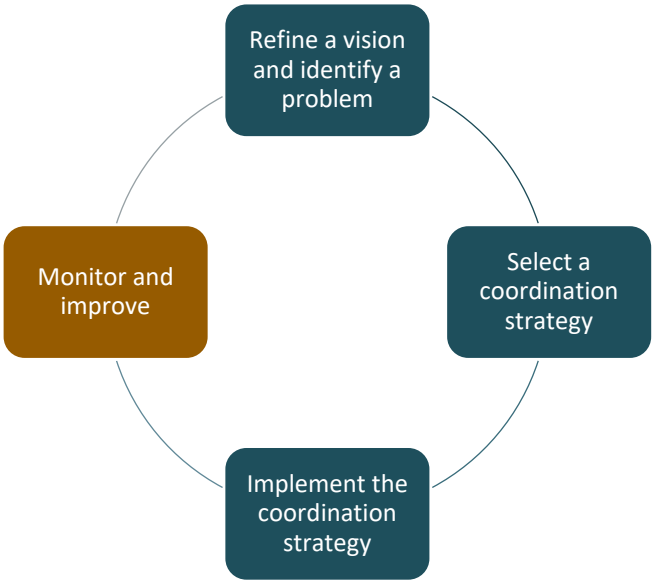
Navigating this Module

The content in this Module is organized into the following sections:

- Continuous Improvement Approaches. This includes an overview of continuous improvement and resources on common frameworks used by human services teams for this purpose.
- Aligning Goals with Measurable Outcomes. This includes guidance on how to develop appropriate metrics, including assessing family experiences specifically, and activities to help you identify measurable outputs and outcomes aligned with your coordination goals and activities.
- Coordination Strategy Metric Guidance and Examples. This includes examples and recommendations for selecting appropriate metrics related to coordination strategies in **Module 3**.

Continuous Improvement Approaches

A critical step for carrying out a coordination change effort is to identify whether your effort is working as intended and what might still need improvement. The most common continuous improvement frameworks used in the human services field typically include four key stages, mirroring the order of content in this Toolkit.



- A learning and planning phase for developing a vision for how families experience whole-family services and identifying a problem related to lack of coordination that challenges that vision
- A phase to choose a strategy for improving coordination across human services that will improve how families experience these services
- An acting or implementing phase where strategies are put to the test
- A monitoring and improvement phase to learn how well the chosen strategies worked in improving family experiences and find ways to strengthen those strategies to further improve family experiences

Your team should consider the monitoring and improvement phase early in your coordination, even though this module is at the end of the toolkit. This means thinking about how you will measure the success of your coordination effort.

It may be helpful to consider broader adoption of a continuous improvement framework to guide your ongoing work. Frameworks commonly used by human services agencies include:

- **Plan, Do, Study, Act (PDSA):** This framework is helpful for breaking your change effort into small components, implemented at a small scale and over a short period of time, to test and refine processes changes quickly and iteratively. This website provides worksheets, directions, and examples for using the PDSA method.
- **Learn, Innovate, Improve (LI^2):** This framework represents a comprehensive process for testing and improvement that is often implemented in collaboration with technical assistance partners to co-design changes. This website provides directions, training videos, examples, and templates for each phase.

Aligning Goals with Measurable Outcomes

Your team can prepare for the monitoring and improvement phase by clarifying the connection between your approach and the intended outcomes. If your team is new to developing metrics for program improvement, this step can be supported by developing and using a logic model.

Logic models are a visual representation of key inputs (staff, systems, resources, partners), activities (processes), outputs (tangible, direct results of program activities), and both short- and long-term outcomes (changes for families, staff, programs, and systems because of those activities). **A logic model helps tell the story of how you expect your coordination strategy to create change by connecting the dots across inputs, activities, outputs, and outcomes**. In this sense, developing a logic model will help your team build a narrative and identify potential gaps in your strategy. For example, you may find you've identified an intended outcome that does not relate to any of your planned activities, suggesting that either your approach or expected outcomes may need to be modified.

Outputs vs. Outcomes

Output or processes measures reflect **how** the work is done, and outcome measures reflect what the work **achieved**. For example, in measuring the consequences of co-location as a coordination strategy:

- ✓ an **output (process) measure** might be an increase in the frequency of program staff brought into a shared location, and
- ✓ an **outcome measure** might be an increase in client access to and uptake of services.

This web-based, self-guided course from the University of Wisconsin-Madison walks you through elements of a logic model and developing and testing your logic model. This resource provides periodic opportunities to test what you've learned. An example logic model for coordinated case management between TANF and child welfare is included in **Appendix A** at the end of this module.

Selecting appropriate metrics

Because coordination efforts are unique to a given program and its context, we do not suggest a one-size-fits-all set of measures. Instead, this section shares principles that administrators can use in their unique contexts.

Concrete information about how your program is working will allow you to gauge the success of your effort. This can involve both:

- quantitative data, which includes **standardized information (typically numeric) to assess the extent to which your coordination effort has produced a change**, and
- qualitative data, which includes **narrative or anecdotal insights regarding the experience of the change or coordination effort**.

Metrics can track coordination activities and outputs to reflect **whether changes happened as planned**, and outcomes to reflect **whether changes made a difference in the ways you expected**. If possible, we suggest capturing both kinds of information to help assess the effect of your efforts.

The table below provides an example for a coordination effort involving streamlining and coordinating eligibility determination through cross-program income eligibility data sharing.

	Output metrics	Outcome metrics
Quantitative data	Data on the *amount of time* between when eligibility determination staff begin working on a new case and when they receive income eligibility information from a coordinating program.	Families' receipt of multiple benefits within 20 days of applying
Qualitative data	*Themes from interviews or focus groups with staff* about how streamlined eligibility determination systems impact their workflow.	*Family sentiments* from focus groups about the responsiveness of staff and wait time for approval.

The information above provides general guidance on thinking about what you are measuring and the reason you are measuring it. However, it is also important to consider who you expect to experience changes. You can do this by considering the level change is happening at:

- **System**: Metrics that reflect outputs and outcomes across programs, such as interagency coordination or governance metrics.
- **Program**: Metrics that reflect outputs and outcomes within programs, such as program enrollment rates.
- **Staff**: Metrics that reflect outputs and outcomes for staff, such as staff self-assessed readiness to connect families with partner programs appropriately.
- **Family**: Metrics that reflect outputs and outcomes for families, such as family awareness of local programs that could support their goals for self-sufficiency.

As you identify metrics that reflect the goals and expected results of your coordination effort, we recommend aiming to always include changes related to staff and families, to ensure you are grounding your continuous improvement in the goal of improving the experience of families. Consider using **Worksheet 8: Metric Development Planning** to assist with brainstorming potential metrics as you review the guidance and examples that follow.

Sources of data for developing metrics

Your team may need to consider a variety of sources of information as the basis for your metrics.

- **Existing sources of data**: It is always best to **consider what information you already collect and how you collect it**. Using these existing data sources is convenient as it does not require design and development of a new data collection tool. It also may mean that you have previously collected data to compare new data to, giving your team an opportunity to measure changes over time.
- **New sources of data**: However, existing data sources alone may not capture the output and outcome data you wish to measure. In this case you may need to **use new sources of data.** The drawback to collecting new data is that it takes up staff time and resources and may require new skills, such as analysis of qualitative data. Using new data sources may also mean that you do not have previous data to make comparisons to.

Potential data sources for measuring outputs and outcomes from coordination

Source of quantitative data include…

- ✓ Administrative data sources, such as eligibility, enrollment, and service interaction/case management data
- ✓ Staff feedback surveys
- ✓ Customer feedback surveys
- ✓ Back-end user data from websites and social media monitoring

Sources of qualitative data include…

- ✓ Meeting agendas and minutes
- ✓ Family voice council or advisory board input
- ✓ Focus groups
- ✓ Observations from program interactions

It is important to note that different data sources serve specific purposes and have certain limitations. For example, while it is possible to convert qualitative data from interviews or focus groups into metrics, you risk losing meaning and important nuanced information. In contrast, quantitative data can be easily converted to a metric but can lack context. You will want to be thoughtful about choosing data sources that give your team the information needed to accurately assess elements of your coordination effort and combine qualitative and quantitative data when possible for a fuller picture.

How to measure family experience

Your team may want to consider using metrics that directly speak to the experiences of families as you monitor the outcomes from your coordination work. Many federal programs provide guidance on measuring family experience. For example, the USDA's Office of Customer Experience developed a Customer Experience Toolkit that provides guidance on defining goals, developing metrics, and gathering and analyzing data on family experiences. This guidance provides a helpful place for your team to start when considering what and how you will measure customer experience.

Family and customer experience includes multiple dimensions. Even if a decision is not what a family member might have hoped for (e.g., an ineligible applicant being denied benefits), they might still have a positive experience if the process was efficient and they felt respected along the way. Included below are different dimensions of customer experience that you may want to consider including in your plan for monitoring your coordination work. Example quantitative survey questions are provided for each

dimension, but your team may want to consider other sources of quantitative or qualitative data to fully assess and understand family experiences.

Dimensions of family experiences	Example survey question (rated on a scale of 1-5)
Overall satisfaction. Data assessing the extent to which families feel like they had a favorable experience when interacting with a program or agency.	"I am satisfied with the service I received from [service location/agency/program name]."
Quality. Data on whether a family's need was addressed for a particular interaction or process.	"My needs were addressed during my visit today."
Accessibility. Data assessing how easy or difficult it is for families of all abilities to interact with different elements of human services programs. This includes physical access to locations to receive services, language access for resources and services provided, and accessibility of information on program websites or through other remote service points.	"I was able to get to where I needed to go to get help" or "I was able to use the [website/application/call center] to get my needs met."
Ease. Data assessing whether it was easy or difficult to complete a task or find information.	"It was easy to complete my application for services" or "It was difficult to find what I needed on this website."
Awareness/Transparency. Data assessing the extent to which individuals or families know about human services programs that could help them meet their needs. This could include awareness about what programs exist or about more specific information like eligibility criteria.	"After completing the intake process, I know more about other programs and services that could help me achieve my goals" or "I understand what I need to do and provide to the program to complete the eligibility process."
Efficiency. Data on whether individuals or families were able to complete a task in a timely manner. This can be based on family perspectives of the amount of time it took to complete a task or administrative data on wait times for completing tasks.	"It took a reasonable amount of time to complete my [goal/task]."
Fairness. Data on whether individuals or families felt that they had been treated with fairness throughout interactions and processes, whether from one program interaction or multiple interactions to accomplish a task.	"I was treated fairly in my interactions with [Agency/Program/service location] staff today."
Trust. Data on whether families feel that they can trust processes, programs, and agencies to meet their needs and would recommend those services to others.	"I trust that [Agency/Program/service location] can help me meet my goals for my family" or "I would recommend that others engage in services provided by [Agency/Program/service location]."

Coordination Strategy Metric Guidance and Examples

At this stage, your team may be working toward implementing or may be currently implementing strategies from the solution areas offered in **Module 3**. To help you develop relevant metrics and identify corresponding data sources, this section offers examples of metrics and data sources for assessing the outputs and outcomes of each strategy described in **Module 3**.

While this section provides examples, not all metrics here will be relevant to your specific coordination effort. These examples can help your team brainstorm—as you develop metrics, it is essential that you tailor them to accurately reflect your coordination effort specifically.

Jump to metric examples by solution area using the links below:

Program-Level Coordination

This category includes program-level coordination strategies, with solution areas related to knowledge sharing, policy alignment readiness, coordinated outreach and public communication, and physical and virtual co-location.

Knowledge sharing

This solution area provides strategies for sharing information across staff from different programs or agencies to ensure they are prepared to serve families that may participate in or be eligible for multiple programs.

Who is impacted?	Example metric	Example data source(s)
System	**Establishment of formal structures for information sharing across programs**	Qualitative interviews with agency leaders or staff surveys on the frequency and effectiveness of cross-program meetings
Staff	**Number or frequency of cross-training sessions for staff**	Quantitative administrative data on staff schedules or staff surveys

Policy alignment readiness

These are strategies that focus on bringing policy information across multiple programs together in human or computer readable formats to prepare to better align policies and regulations across programs. This alignment can help simplify policies for staff and families.

Who is impacted?	Example metric	Example data source(s)
System	**Number of newly identified opportunities for policy clarification**	Quantitative data from analysis of combined policy manuals or policy databases
Staff	**Awareness of program eligibility differences across key human services programs**	Qualitative interviews with eligibility determination staff

Physical and virtual co-location

This solution area considers how agencies can co-locate physically or virtual (e.g., through call centers and web portals) to improve families' experiences when accessing and interacting with multiple services.

Who is impacted?	Example metric	Example data source(s)
System	**Number of programs that can be reached through a single access point**	Qualitative data on the average number of programs that families access through key service points (physical or virtual)
Staff	**Interactions among staff from different programs**	Qualitative data from surveys or interviews with staff on interactions among staff across co-located programs
Family	**Number of programs connected to in a single visit**	Quantitative administrative data on in-person interactions with programs (such as eligibility, intake, or ongoing case management meetings)

Coordinated outreach and public communication

This solution area is related to how families learn about services that can support them. Families may learn about programs through outreach efforts targeted at specific families or populations, or through broader public communication approaches.

Who is impacted?	Example metric	Example data source(s)
Program	**Share of potential program participants who respond to the outreach or public communication effort**	Quantitative data on clicks on links or other engagement on texts sent in outreach texts to potential program participants
Family	**Families' awareness of programs and services available**	Qualitative data from open-ended responses on surveys or interviews with families on their awareness and knowledge of programs and services

Application, Eligibility Determination, and Renewal Coordination

In this category, the solutions focus on the processes around how families complete applications, what information they are required to provide to determine initial eligibility and how they provide it, and the process for re-establishing eligibility as part of the renewal process. These approaches aim to improve the experiences of families looking to enroll in or maintain access to multiple benefits programs.

Who is impacted?	Example metric	Example data source(s)
System	**Number of programs on a single application**	Quantitative data from applications
Program	**Share of eligible families enrolled**	Quantitative administrative data on eligible families enrolled in a service
Staff	**Days to provide an eligibility determination**	Quantitative administrative data on days for staff to provide eligibility determination to applicants
Family	**Ease of renewal process**	Qualitative data from client focus groups or interviews on their experience with the renewal process for services

Monitoring Coordination Efforts Spotlight: Vermont's integrated enrollment and eligibility uploader tool

The effort: Vermont's Agency of Human Services partnered with Nava to integrate **enrollment and eligibility** processes for 37 health care and financial benefit programs including Medicaid, SNAP, TANF, and more. They aimed to 1) improve **Vermonters'** understanding of benefits programs, increase access to services, and create a central point of access for Vermonters to obtain benefits, and 2) create a more efficient process for **staff** to help Vermonters enroll in programs.

As part of this effort, Vermont and Nava created a new web application with a simple uploader tool and launched the tool as a pilot that served 50 Vermonters per month. They ensured that the new system could be easily updated in response to changes in policy and client needs.

The metric(s): During the pilot, Vermont and Nava monitored outcomes at two levels to reflect their vision of an improved benefits experience for both staff and clients:

- **Staff.** Change in amount time it takes for staff to reach an eligibility determination
- **Clients.** Percentage of users able to submit documents within 24 hours of the state requesting them; percentage of users who say they would use the uploader tool again

The results:

- The number of days to reach an eligibility determination decreased by 44%.
- 46% of users were able to submit documents within 24 hours of the state requesting them, compared to 6% using the old system.
- 98% of users said they would use the tool again.

Source: Fichera (2020) *Integrating eligibility and enrollment, one piece of software at a time.*

Service-Level Coordination

This category includes service-level coordination, with solution areas related to coordinated intake and referrals, and coordinated and integrated case management.

Coordinated intake and referrals

Strategies in this solution area involve how staff provide services to families—such as by connecting them with resources.

Who is impacted?	Example metric	Example data source(s)
System	**Comprehensiveness and integration of intake needs assessments**	Qualitative data from reviewing intake needs assessments or interviews with staff and families on intake processes
Program	**Share of referrals that lead to client engagement/enrollment**	Quantitative administrative data on referral follow-ups
Staff	**Activities completed during referral process**	Quantitative administrative data on activities during referral process Qualitative data from surveys or interviews with staff and families on the referral processes
Family	**Time from referral to enrollment**	Quantitative administrative data on time from referral to enrollment

Coordinated and integrated case management

This solution area focuses on how staff leverage case management to respond to families' needs that may extend beyond the scope of a single program.

Who is impacted?	Example metric	Example data source(s)
Staff	**Frequency of communication of case managers across programs**	Quantitative administrative data on case manager communications Quantitative data from case manager surveys on cross-program communication
Family	**Perception of case managers' knowledge of multiple programs**	Qualitative data from client focus groups and interviews on experience with case managers Quantitative data from surveys on experience with case managers

Monitoring Coordination Efforts Spotlight: The South Coast Early Learning Hub's Home Visiting Coordination

The effort: The South Coast Early Learning Hub (SCELH) coordinates early learning services in rural Oregon by coordinating outreach and eligibility for the state's preschool program. This effort included several components, including coordination of home-visiting programs to strengthen service provision and expand access.

The metric(s): As part of this effort, SCELH conducts a yearly survey of home visiting providers to track key performance indicators including different program staff members' perceptions of other programs they are meant to be coordinating with to better serve rural Oregonians:

- **System.** Percentage of participating program staff who report feeling a sense of competition with other programs over families and funding

The results: After five years of the program, the share of program staff who report a sense of competition with other programs decreased substantially, from 87% to 11%.

Source: Cavadel, Harding, and Baumgartner (2022) Coordinated Services for Families: An in-depth look at approaches that coordinate early care and education with other health and human services.

Appendix A. Logic Model Example

VISION STATEMENT

Craft a vision statement with the grantees based on vision board exercise.

Families involved in child welfare and TANF feel that they are being served as a whole person and do not have to repeat their story and activities across programs.

INPUTS

Inputs are the resources that go into standing up a program.

- Full-time child protective services (CPS) and TANF staff
- Full-time cross-program service coordinator
- Data system with access privileges for both CPS and TANF
- Shared referral protocol
- Policies and procedures for joint staffing
- Data sharing agreement between CPS and TANF

ACTIVITIES

Activities are the "what" of coordination effort. Include here the key components of the effort.

- Cross-agency training offered to all TANF and CPS staff on joint staffing goals and procedures in year 1
- Cross-agency training offered on data entry protocols for CPS and TANF staff and for new staff as needed in year 1
- Weekly case intake meetings facilitated by cross-program coordinator and attended by staff from CPS and TANF
- Jointly staffed case management for all enrolled clients
- Case plan reviews for all enrolled clients with input from TANF and CPS staff

OUTPUTS

Outputs are the way we measure that our activities are happening. Every activity should have an associated, measurable output.

- Number of cross trainings held on joint staffing and data entry procedures
- Number of staff attendees at each cross-training event
- Percentage of weekly case intake meetings with participation from both CPS and TANF
- Percentage of case plans reviewed and updated with joint input
- Percentage of enrolled clients receiving joint case management services

OUTCOMES

Outcomes are the changes we expect to see in participant behavior, well-being, perspectives, etc. as a result of the effort and should align with the vision of work.

- Percentage of TANF and CPS staff reporting increased collaboration from year 1 to end of year 3
- Increase in number of ties between CPS and TANF agencies as reported by agency directors (ties include information sharing, cross-training, MOUs, and shared budgets) from year 1 to end of year 3
- Decrease in caregiver report of barriers to accessing services from enrollment to case closure

EXTERNAL FACTORS

External factors are those things outside of the control of the program that might influence the success of the program.

- Current and future TANF and CPS regulations
- Budget allocated to case management and corresponding impact on case loads

ASSUMPTIONS

Assumptions are the theoretical foundation for the program model.

- Many of our families experience risk factors including limited economic self-sufficiency that increase the likelihood of a child's removal.
- Families often struggle to meet competing goals of TANF and child welfare services when navigating "the system."
- Coordination between TANF and child welfare services can help remove system-level barriers for our families.

Source: Based on examples from Ahonen, P., Geary, E., & Keene, K. (2019). Tribal TANF—Child Welfare Coordination: Theory of Change and Logic Models

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