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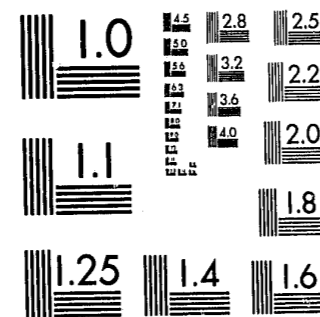
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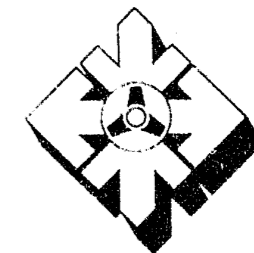United States Department of Justice
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Human Services

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Developing A Client Based Feedback System:

For Improving Human Service Programs

Mock County Experience

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Developing A Client Based Feedback System: The Mock County Experience

DAVID RICHARDSON, JR.

A. HARVEY BLOCK

PROJECT SHARE

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INTRODUCTION

In this monograph we have attempted to exemplify the principles and approach for developing a client-based information system by describing in detail a hypothetical system development project in the "Mock County" Department of Social Services.

Initially, we had planned to identify an existing information system which was both client based and supportive of program improvement, but which presumably suffered from specific limitations in design and/or implementation. A critique of the development process and final design of such a system would have formed the basis for illuminating the problems and pitfalls in information system design and procedures from which these difficulties arise.

With this intent in mind, the authors reviewed some 300 abstracts available from Project Share which described "client-based" information systems. The vast majority of these systems, however, did not encompass the design or operating features necessary to exemplify the basic design concepts described in the first chapter of this report or in the companion manuscript *(Developing a Client Oriented Feedback System for Improving Human Service Programs)*. Examples of the ways in which these systems failed to meet our criteria include the following:

- Client-based systems which were not client based, such as data systems designed to automate partially or fully authorizations for and payments to

clients and providers which provided no definition either of client need or the effect of service efforts on it.

- Client-based systems which provided some indication of client and service delivery status, but only in relation to one categorical program of many operated by an agency or in terms of one function of the service delivery process.

For example:

—systems limited to foster care or child abuse designed for use in a department of social services responsible for many other populations and service.

—information and referral, intake, and similar systems which did not provide a basis for tracking client status from initial agency contract through termination (case closing).

- Systems which were intended to meet basic client-based concerns, but which had not yet been implemented or which were obviously not producing information related to reported objectives for the system.

The review did result in our identification of approximately 20 systems with the apparent potential for exemplifying the client-based approach we felt to be important. Subsequently, we obtained and reviewed documentation available on each system (e.g., initial proposals, general designs, and examples of input and output reports) and contacted personnel involved in developing and operating these systems.

Once again, the results were disheartening. Since portions of the documentation were as much as 10 years outdated, we found that a number of the systems were no longer in operation or suffered from one or more of the serious limitations which caused us to reject other designs initially.

We did, however, identify a handful of systems which met our criteria. These systems were then reviewed onsite by the authors. Our evaluation indicated that while each of the systems contained segments that reflected our approach, not one was designed or implemented in a fashion which would permit us to use it as a comprehensive exemplary model. Accordingly, we discarded our concept of describing an actual system, and decided that the reader would gain more from a description of a mock system which was based upon the consolidated experience of the systems about which we were best informed.

Our next problem was to choose a human service program which would be relevant to the largest audience possible. After considering a number of alternative programs for our example, we concluded that a local (county) department of social services would provide the most appropriate example.

Our reason for this selection was that such departments most often provide a broad array of programs for a heterogeneous population. They typically administer income maintenance, health and social service programs under Social Security Act Titles IV-A, XIX, and XX, and are frequently involved in related programs such as

Title IV-C (work incentive programs), IV-D (child support enforcement), supplemental security income (administration of supplemental grants), and Food Stamps (outreach and eligibility determination). These programs service such diverse groups as the aged, blind, disabled, and dependent families, as well as categorically defined populations such as abused or neglected children and persons who require long term care.

Secondarily, departments of social services have been responsible in recent years for developing and implementing Title XX planning processes. While in many areas such planning is restricted to review and comment, in others the planning process has involved many voluntary agencies and other public programs, in addition to the local department. As a result, many professionals who have not actually held positions within departments of social services could, nevertheless, benefit from an example based upon such agency efforts.

Finally, we choose to depict a local department since this example would enable us to address the programmatic and systems implications of compliance, including increasingly frequent external demands for reporting to external agencies. The example of a county-administered program also permits us to address the problems of an agency responsible to both State and Federal requirements. This example is also applicable to a State-administered local program, that is, one in which issues, procedures, and systems designs in a county agency are most often required of each local State office in the program.

Readers involved with publicly funded programs will immediately recognize the complications which arise from such compliance and reporting requirements. Moreover, readers with programmatic experience in the voluntary sector probably have found themselves to be increasingly burdened by similar accountability mandates.

The implications of our findings to the administrator of human service programs should not be lost. There are a plethora of systems which contain data on clients or which employ automation to address certain information flows within human service agencies. The literature, however, contains few descriptions of systems which provide a comprehensive picture of client and program status information relevant to the major issues of program improvement at the line, supervisory, or administrative level. This situation increases the need for administrators to carefully scrutinize existing and proposed systems to determine what they will and will not accomplish. We hope that the example of such a process developed in the remainder of this text will assist the administrator in this difficult task.

AN APPROACH FOR DEVELOPING A CLIENT-ORIENTED FEEDBACK SYSTEM FOR IMPROVING HUMAN SERVICE PROGRAMS: SUMMARY OF KEY PRINCIPLES

In recent years there has been a proliferation of information systems which address accountability and discrete operational needs of human service programs, but which do not provide support for a systematic approach to program improvement. Despite the preponderance of such systems, however, alternative systems are available to the manager by which he or she can obtain information supporting increased program performance. We have called them "client-based information/feedback systems" and described them in detail in a companion report entitled *Developing a Client-Oriented Feedback System For Improving Human Service Programs*.

In this chapter we will introduce a set of principles upon which we have developed a client-based approach in a hypothetical program—the Mock County Department

of Social Services. The first of these principles are embodied in the concepts of feedback and the systems approach. These concepts in turn suggest a process by which the human service program manager can initiate and control the development of an information system so that it meets program improvement requirements.

FEEDBACK AND THE SYSTEMS APPROACH

No matter how a human service program is defined or structured, it must have basic goals and strategies to enable the staff to make program improvements. This involves a process by which they ascertain if strategy is being followed and goals are obtained and take corrective actions to increase program performance. This process, defined as feedback, must provide information in a manner which assists agency personnel to take appropriate corrective actions. The model is the *systems approach*, which can be used to structure a human service program and its feedback, hence information requirements.

In a systems model, an organization is defined in terms of input, processes, and output. Input/output definitions establish the goals or objectives of the organization, while processes articulate the organization's strategy for converting inputs to outputs. A variety of problem-solving methods may be used to improve specific processes, as well as to reach the stated objectives.

Initial efforts to apply the system's approach to human services programs were based on the assumption that clients and delivery systems could be quantified to the degree that industrial production problems already had been. This led to a flurry of planning program and budgeting systems (PPBS) and cost/benefit projects, most of which failed dismally when they proved to be of no practical assistance in efforts to improve program performance. It is now understood that the systems approach can aid in defining and improving human service programs if it is used differently than initially envisioned. Specifically, its value is in developing a focus by which to study what is clearly a dynamic process. In other words, the systems approach can be utilized by the human service agency to structure and define its goals and strategies, identify feedback requirements for workers, supervisors, and managers, and thereby outline information needs which a client-based data system can address.

A PROCESS FOR DEVELOPING CLIENT-BASED INFORMATION SYSTEMS

As indicated earlier, the systems approach is one in which the agency is defined in terms of input, process, and output so that its goals and approach can be clearly

articulated. With these definitions, the program manager has a basis for ascertaining feedback needs, which in turn determine information system requirements.

As shown in Figure 1, the first phase in developing a client-based information system is program articulation defining agency input, process, and output. Its components are described as follows.

POLICY: Policy is a broad statement which defines the overall intent of a program or organization. For example, Federal health policy may be "to improve health status of the population." This broad statement may be further articulated through implied or explicitly stated objectives which articulate policy.

Although policy statements may appear in regulations and guidelines, the regulations and guidelines are not policy. Instead, the latter typically present procedures with which a program must comply. Frequently the procedures which appear in regulations, while not contradictory to the intent of program policy, may be irrelevant to it.

POLICY OBJECTIVES: Objectives are aims or goals which define or articulate policy. Objectives must be stated in terms which are both measurable and action oriented since they set the stage for plans, strategies, and feedback that will lead to attainment of policy. For example, one of the objectives in the Federal health policy of "improving health status" may be "to obtain full immunization profiles for all children." Defining objectives aids project managers to articulate their programs in a systematic fashion in that objectives imply or define the state of the incoming client (input) and the expected status of clients if the program is successful (output).

STRATEGIES: Strategies are techniques and procedures for obtaining objectives. They are what the program manager decides will have the best positive impact on the client. They are not administrative duties or activities necessary for reporting.

Strategies may be broad and cover a wide variety of alternatives or be limited to a single event. For example, a work incentive (WIN) program may have as policy "increased participation of mothers of children over six years of age in the labor force," and then define as strategy the following activities:

Identify client population
Test clients for level of skill
Assess needs
Offer supplementary services

Education and training
Day care
Transportation
Health care
Job placement
Counseling

RULES FOR DEVELOPING A CLIENT-ORIENTED FEEDBACK SYSTEM: PROGRAM ARTICULATION

Figure 1

A. POLICY ARTICULATION

TASKS	ACTIVITIES
1. Identify Policy Sources	Search for Documentation Formal Informal
2. Identify Policy Statements	Determine Client/Agency Relevency
3. Distinguish Compliance from Policy	Determine Client versus Administrative Requirements
4. Select Basic Policy	Define Agency Organization Select Client-Oriented Statements Relevant to Organization Structure
5. Specify Policy Objectives	Define Policy in Client-Referenced and Measurable Goals
POLICY ARTICULATION RESULTANT	DEFINITIONS OF SUCCESS IN RESOLVING CLIENT PROBLEMS

APPROACHES FOR DEVELOPING CLIENT ORIENTED FEEDBACK SYSTEM

Figure 1—continued

B. STRATEGY ARTICULATION

TASKS	ACTIVITIES
1. Define Basic Organizational Strategy	Determine If Agency's Organizational Structure is Suitable for Policy Objectives "Can we do what we say we want?"
2. Identify Basic Strategy Functions	
Identify Strategy Requirements	Review Regulations and Guidelines Review Formal and Informal Documentation Determine Required Procedures
Distinguish Between Client and Non-client Services	Check Procedures for Client Nonclient Requirements Sort into Two Groups Clients and Nonclients
Define Functional Strategies	Define Client Procedures into Process Activities Related to Objectives Define Level of Measurement Appropriate to Activities
STRATEGY ARTICULATION RESULT	MEASURABLE DEFINITIONS OF CLIENT-ORIENTED AGENCY ACTIVITIES
PROGRAM ARTICULATION RESULT	OPERATIONAL DEFINITIONS OF PROGRAM OBJECTIVES AND STRATEGIES

DETERMINING INFORMATION REQUIREMENTS

Figure 1

LEVEL OF EVALUATION	ORGANIZATION LEVEL	REPORT TYPE	DATA NEEDS	CORRECTIVE ACTION
EFFECTIVENESS Measuring the extent to which the agency is obtaining completion of planned activities.	Staff	Plan/Actual Exceptions by Client Reports	Service Plan/ Schedule	Problem Identification Scheduling
	Supervisor	Plan/Actual Exceptions by Staff Planned Activities/ Staff	Client Service Plan Activities

Client Use of Services | Work Scheduling Problem Investigation Training Resource Development |
	Management	Summary Data of Total Population Status of Service Planned		Program Identification Resource Development Management
IMPACT Measuring the extent to which objectives have been met.	Staff	Activity/Client Attainment Status Exceptions	Change in Client Status	Identify Problem Assess Activities Develop New Plan
	Supervisor	Activity/Client Attainment by Staff		Problem Identification Assessment Develop New Resources Develop New Plan
	Management	Summary Data of Total Population Status Re Client Objective Status	Activity/Client Status	Program Assessment Reconsider Strategies Develop New Strategies
EFFICIENCY Measuring Program-Related Costs	Management	Summary Activity/ Client Status Cost Unit Cost	Costs by Service Unit	Resource Allocation

Having applied the systems approach to program articulation, the agency manager now has a clear basis for identifying feedback and information requirements, which for human service agencies fall into three categories related to policy and strategy—impact, effectiveness, and efficiency. Although this phase of the development effort addresses "information requirements," it is the responsibility of the management and program staff, not the computer specialist, because they are in the best position to identify such needs.

IMPACT: Information needs for impact are those which allow for evaluating the extent to which the policy objectives have been obtained. To continue the previous example, information needs would be the percentage of children for whom full profiles were obtained. It should be noted here that in many human service efforts impact will not occur for a considerable time. In the interim the agency will require effectiveness information.

EFFECTIVENESS: Effectiveness is a measure of the extent to which strategy has been implemented. Since stragegy may be either a general or detailed description of agency activities, effectiveness evaluation also may be either.

EFFICIENCY: A major concern of the program manager is to accomplish strategy (and presumably obtain policy objectives) at the least cost. Efficiency information needs are measures which relate levels of effectiveness and efficiency to cost.

One further point should be noted with respect to impact, effectiveness, and efficiency requirements: development of the information system should be based upon an identification of the specific information relevant to line staff, supervisors, and managers. This task must be based on a recognition that although they share a common interest in the work of the agency, their daily responsibilities vary. Accordingly, their feedback and information requirements differ.

A TYPICAL HUMAN SERVICE AGENCY: THE MOCK COUNTY DEPARTMENT OF SOCIAL SERVICES

Mock County, U.S.A., is located in a large Midwestern State. Encompassing 700 square miles, the county is primarily urban and industrialized, although a few towns abut agricultural areas. Approximately half of the 800,000 residents live in a central urban area which contains pockets of urban blight common to the older cities of the region.

Approximately 30 percent of the population are nonwhites, and a substantial number of Hispanics have recently migrated into areas of concentrated poverty in the county.

Economically, Mock County is dependent upon a handful of major industrial companies, and when these firms suffer economic setbacks, the economy of the county suffers markedly. This effect was indicated dramatically when the

nationwide recession of 1971-74 resulted in 100 percent increase in the public assistance caseload. Furthermore, these industries exert a distinctively conservative political influence, which of course affects expenditures in areas such as public assistance and social services.

The same forces which tend to limit public program expansion have, conversely, favored the development of a strong system of voluntary human services. The County historically has had strong sectarian family service agencies, an active community chest, child care institutions, and so on. Modern and sophisticated health care facilities are in abundant supply, although the distribution of these resources tends to follow the national trend of oversupply in suburban areas contrasted with unmet needs in central cities.

Programs and Organizations of the Mock County Department of Social Services

The Mock County Department of Social Services (DSS) is the single largest provider of human services in Mock County. At any one time, the DSS has an active caseload of families and individuals comprising as much as 25 percent of the County's general population. It has a reputation of both following traditional approaches for services delivery and supporting management initiatives before they are fashionable elsewhere.

The DSS is organized in a traditional categorical fashion with three basic divisions (Income Maintenance, Social Services, and Medicaid), each of which has several program units. The rationale for these separate divisions and units is a mixture of State and Federal mandates for categorical programs and professional biases toward specialization. Hence, each unit addresses a specific target population, such as child abusers, adults who require protective care, and the financially dependent via a categorical service, such as child care, foster care, and income maintenance. The specific categorical programs for which the DSS is responsible are as follows:

Medicaid (Title XIX)

- Eligibility
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Claims Payment

Welfare (Title IV A,C,D)
- AFDC (AFDC/U)[1]
- State General Relief
- Child Support Enforcement (IV-D)
- WIN
- State Work Experience Program for Employable Home Relief Clients

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[1]AFDC/U is a category of eligibility for aid for families with dependent children (AFDC) in which unemployment of the parent is the basis of eligibility. Election of this eligibility provision is a State option under Federal regulations.

MOCK COUNTY PROGRAM UNITS AND FUNCTIONS

Figure 2

COMMISSIONER

DEPUTY COMMISSIONER INCOME MAINTENANCE

DEPUTY COMMISSIONER SOCIAL SERVICES

DEPUTY COMMISSIONER MEDICAID

ELIGIBILITY UNITS

- Initial determination for AFDC/HR
- Referral

FOSTER CARE INTAKE

- Emergency placements
- Assessments
- Planning
- Case maintenance to 30 day review
- Court liaison
- Nondependent grantee evaluation

FOSTER CARE

"Undercare" responsibility after 30-day review

- Ongoing casework
- Court liaison
- Reporting
- Discharge plans

CHILD PROTECTIVE SERVICE INTAKE

- Receive complaints
- Initiate reporting
- Emergency action
- After hour service

CHILD PROTECTIVE SERVICE UNITS

- Investigations
- Reporting
- Treatment for founded cases
- Court liaison

MEDICAID FOOD STAMP UNIT

- Initial determination for MA/FS only clients
- Recertification

INCOME MAINTENANCE UNITS

- Case maintenance
- Recertification
- Referral
- Closings

ADOPTION

- Evaluation
- Recruitment
- State listing reporting
- Post legalization service
- International project
- Preventive work with select foster care cases
- Unwed parent consultant to DSS
- Court liaison

INITIAL SERVICES

- Out of town inquiries
- Financial determination for adoption and foster care
- Unmarried parent evaluations
- Evaluation of minor applicants for basic assistance
- Institutional placements
- Court liaison

HOME FINDING

- Foster care recruitment
- Certified family day care recruitment
- Training
- Liaison with Foster Parent Council

CHILD CARE

- Eligibility
- Provider liaison for uncertified case
- Counseling
- Provider monitoring (financial)

EPSDT UNIT

- Assessment of sufficiency of client care
- Referral to provider
- Provider EPSDT reporting
- Client/provider followups

EMPLOYMENT UNIT

- OVR Liaison (including WIN related)
- WEP client evaluation, placement, monitoring
- Development/liaison job sponsors and DES
- Special counseling projects for HR clients

WIN/SAU

- Mandated responsibilities
- Child care arrangements (for first 60 days)

HOME ECONOMICS

- Donated goods program
- Furniture evaluations for AFDC/HR
- Estimates for vendor payments/vouchers
- Teaching homemaker program

INFORMATION REFERRAL

- County I & R
- Policy

CENTRAL INTAKE FOR GROUP DAY CARE

- Assessment
- Eligibility
- Placement

OTHER PROGRAM FUNCTION

- Claims
- Prior authorization
- Long term case

Social Services (Title XX)

- Child Protective
- Adoption
- Foster Care
- Day Care
- Homemaker
- Adult Protective

In addition, DSS provides a number of services on a more informal basis, including liaison with the Social Security Administration's offices for supplemental security income (SSI) eligibles and applicants, family planning, and referrals. A more detailed definition of the Mock County DSS is provided in Figure 2. Note that although the agency's organizational form is categorical, two or more units frequently are involved in functions related to a single program.

DSS Data Processing Programs

Prior to the systems development effort, Mock County operated a number of automated and manual data processing programs. These systems, developed on the basis of local initiative and in response to State and Federal mandates, clearly exemplified the extent to which information technology can proliferate within a human service agency without ever addressing the needs for comprehensive client-based information. Descriptions of these preexisting systems follow.

Welfare Authorization/Payment System

This system was designed primarily for compliance and accountability purposes namely to reduce eligibility and payment errors. The system requires that workers enter an application document to a computer which in turn conducts a limited number of edits on application data to verify the determination of eligibility, calculates the amount to be paid the client, and prints checks and prepares payment envelopes for mailing to clients. Any change in the payment amount (including cancellation of payment) requires that the worker enter a turnaround document specifying the action.

The data contained in this system also are used for accounting purposes, to produce a limited number of status reports, and to provide statistical summary data demanded by the State.

Medicaid Payment

This processor accomplishes three functions. First, based upon data obtained by computer from the welfare system, it verifies that a client is eligible for Medicaid

benefits. Second, it inputs bills sent to the agency by providers, edits them against fee schedules and other criteria within the computer, and authorizes payment. Third, each month it prints checks and prepares them for mailing.

Service Authorization System

This local system was developed as an additional module of the welfare authorization system. The services authorization functions are limited to identifying client's eligibility for foster care and day care. The processor accepts as input the turnaround document used for welfare and Medicaid eligibility. Unlike the welfare/Medicaid processors, however, this input is restricted to a dollar amount (calculated by a worker) which the agency is authorized to spend on behalf of a client for each of the two services.

Accounting System

The automated accounting system is comprised of a number of modules which support information flows for traditional accounting requirements. The information processing functions performed by these modules include:

- Payroll—accepts as input hours or work vs. leave time, processes this input against pay scale, and prepares checks for employees.

- Ledgers—accepts as input manually and computer generated data identifying payments to employees, providers, and clients and accumulates this data in a manner preserving an audit trial.

- Financial status—accumulates, stores, and outputs in various reports summary data on accounts payable/receivable.

Master Control

Since the DSS is organized around categorical programs, the need frequently arises for referral of a client from one unit to another. Master control is a manual process in which referral information is routed from one unit to another. Specifically, workers initiating a referral complete one of a number of alternative referral forms, and this form is routed to master control, logged in, and sent to the designated office for action. The master control processor does not, however, accumulate and process this data in a manner which indicates the status or outcome of the referral.

Child Abuse/Neglect Reporting

This is a State mandated system for accumulating a statewide roster of identified child abusers. The processor accepts as input an identification document which local DSS workers must complete for every report of abuse. Subsequently, the

mandated report on investigation and service report (a monthly report indicating a plan of service for the child and/or parent and the status of such efforts) are used as input.

The State processor develops from this input a computerized registry of founded cases of abuse, but does not routinely utilize the service report nor provide feedback to the locality.

Social Service Reporting (SSRR)

This is an automated State processor developed to meet Federal requirements for reporting under Title XX. Two documents are completed locally as input to this processor: the service eligibility/authorization form indicating a worker's determination that a client is eligible (this form is not used locally as the basis for authorization) and the service report form defining the intended goal for the client and service deliveries made directed by or arranged for by the DSS. The service report form is prepared monthly for each primary client until the appropriate reasons for termination of service (including client achievement of intended goal) can be recorded.

The State utilizes this data primarily to meet Federal reporting demands and to provide reports to the locality. These reports, not available on a timely basis, are limited to gross aggregate statistics, and generally are insufficient to support local information needs.

Foster Care System

This State mandated system was developed to provide the State and local departments with information defining the utilization of foster care services.

It requires as input a locally completed document which identifies the child in care, goals (short term placement, placement awaiting adoption, etc.), and services to be provided to obtain goals. In this sense it is duplicative of the SSRR processor described above.

Presumably, this system then uses these data (and monthly update reports) to provide feedback on the status of service delivery efforts vs. goals. Such data have not, however, been made available to the locality in sufficient time to support corrective actions.

In summary, it should be recognized that Mock County's existing data systems are typical of those found in most human service agencies. Such systems result from internal desires to automate repetitive tasks or to control payments and maintain accounting standards, as well as external mandates for statistical reporting.

At first glance the volume of data collected and the extent of automation evident in Mock County seems impressive. Eligibility and payments are an important element of sound management, and EDP systems can increase such control. Sound

management of a human service program, however, also requires a continual effort to examine program effectiveness and ultimately program impact on client status with corrective actions following should programs in effectiveness and impact be identified. Unfortunately, the data systems found in most agencies do not meet this basic need.

PROGRAM ARTICULATION: THE FIRST PHASE OF INFORMATION SYSTEMS DEVELOPMENT

Development of an information system begins with the need to determine if an agency's existing systems will support a client-based feedback approach to program improvement or if it is necessary to create such a capability. The administrator with this concern need only ask a basic question to determine the need for systems development. Namely, do I, agency supervisor, and line staff have available on a routine basis information which identifies the impact, effectiveness, and efficiency of the agency, and is this information utilized for necessary corrective actions?

To address this question, the following set of subsidiary inquiries may be made:

1. Is there a clear consensus within the agency on definitions of impact, effectiveness, and effficiency?

2. Are reports available to line staff which identify impact, effectiveness, and efficiency with respect to their clients?
3. Do supervisors have similar reports available to them which identify workers' impact, effectiveness, and efficiency?
4. Does management have reports available to it which identify the status of the agency overall and of each major program unit?
5. Are these reports utilized in a manner which yield necessary corrective actions?

The authors' experience is that most managers cannot answer question 1, indicating that a program articulation effort is in order. Furthermore, most managers addressing questions 2 through 5 indicate that existing data systems have not been designed with a client-oriented feedback approach as their basis, but instead focus on problems of compliance and accountability (see the companion manuscript). This determination would also indicate a need for systems development. Accordingly, such a project, beginning with program articulation, was initiated in Mock County.

Phase I: Identification of Agency Policy

The first phase of program articulation is the identification of agency policy. This involves the completion of the following five tasks to insure that a proper identification of policy is obtained.

1. Identification of sources of policy
2. Identification of policy options
3. Determination that all policy options are valid statements of program intent
4. Agency selection of basic policy statement(s)
5. Clarification of policy by articulation of specific policy objectives

Task 1: Identification of Sources of Policy

The first task involves identifying where the authority for defining and executing policy lies. Authority for policy typically is discovered to be distributed among legislatures, governing boards and the like; intermediaries such as State legislatures, which develop enabling legislation or regulation permitting local levels to operate programs; and the agency itself. These authorities promulgate policy through formal documentation such as legislation, planning documents (typically generated at the local level), and informal methods (memos, verbal directives).

In Mock County it was determined that the sources of policy for the DSS included the U.S. Congress (via objectives for programs stated in the Social Security Act Title IV, XIX, and XX), DHEW (via regulations interpreting legislative objectives), the

State (via State statute and regulation implementing Federal requirements), and Mock County DSS (via informal interpretation of Federal and State mandates).

The existence of these several levels indicates that at each level there has been a need to clarify vague policy statements or interpret policy in a manner favorable to it. This array of authorities for policy and means of policy promulgation dictated that the identification of policy options in Mock County would be an expansive effort.

Task 2: Identification of Policy Options

Policy options are definitions which have the potential to articulate an agency's intent or basic goals for impact on its clients. Identifying policy options is a straightforward task involving reviewing policy documentation and/or interviewing policymakers.

One common complication of this task is the need to distinguish between program policy and agency policy or mission. Specifically, an agency which operates more than one program must decide if there does or should exist a broad policy which provides a common rationale for the efforts of each program, or if the intended impact of each program is (and should remain) distinct. This difficulty was encountered by Mock County as it attempted to identify categorical program objectives and integrative agency mission.

The commissioner of the Mock County DSS was deeply concerned that existing categorical program units tended to function independently to the detriment of client impact and agency effectiveness and efficiency. Accordingly, while recognizing the value of services provided by each categorical unit, the commissioner wished to identify a means for improved coordination of agency activities. This concern required that the agency first identify policy options for each or its categorical programs.

The commissioner also wished to identify an overall policy or agency mission which would be consistent with, yet integrate, these categorical policy options. The approach to this task consisted of reviewing documents which might contain policy statements and interviewing program managers of each major categorical unit. The intent of these interviews was to determine the extent to which formal policies had been interpreted by such units and to which managers had formulated or perceived an agency mission.

The findings or policy options are detailed in the following two sections and Figure 3.

Categorical Policy Options. Review of documentation and interviews identified many statements which had potential for articulating policy for the Income Maintenance, Medicaid, and Service programs. The options which were identified follow.

Income Maintenance Division. To assist and maintain individuals financially in an accountable manner.
To dispense public funds within the framework of regulations.

SUMMARY OF MOCK COUNTY DSS POLICY IDENTIFICATION EFFORTS

Figure 3

TASK 1: IDENTIFICATION OF SOURCES OF POLICY

AUTHORITY FOR POLICY	METHOD OF PROMULGATION	LEVEL OF POLICY
U.S. Congress	Social Security Act (SSA)	Formal
HEW	Code of Federal Regulation	Formal
State Enabling Legislation	Statute and Regulation	Formal (interpretation)
Mock County DSS	Plans, Documents, Memorandums, Verbal Directives	Informal (interpretation)

TASK 2: IDENTIFICATION OF POLICY OPTIONS

PROGRAM AREA	SOURCES OF POLICY-EXAMPLES	
	INFORMAL	FORMAL
Categorical Programs		
Income Maintenance	SSA: Self-support	To help client find job
Medicaid	SSA: To provide financial assistance for medical care	To insure payments are made on behalf of eligibles
Social Services	SSA: Title XX Goal Structure	To protect the child, usually by stabilizing the home
Agency Mission	SSA: Title XX Goal Structure	To insure that program units work smoothly together

To deal with clients in a humane and sensitive manner.

To meet basic client financial needs temporarily and to help client achieve independence.

To help human resources employable clients to find jobs.

To determine eligibility accurately and reduce payment errors to a minimum.

To promote client capability for self-support.

Medicaid (Title XIX). To assist those who need help to pay for necessary medical care.

To insure that medical payments are made on behalf of eligible clients in accordance with fee schedules established by the department and are for medical services which are appropriate.

The objective of EPSDT is to assure that every child is under ongoing medical care with one provider.

The basic objective of EPSDT is to assure that children are under appropriate medical supervision to promote health.

Social Services (Title XX). To achieve or maintain self-support to prevent, reduce of eliminate dependency.

To achieve or maintain self-sufficiency, including reduction or prevention of dependency.

To prevent or remedy neglect, abuse or exploitation of children and adults unable to protect their own interests; to preserve, rehabilitate or reunite families.

To prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

To secure referral or admission for institutional care when other forms of care are not appropriate and provide services to individuals in institutions.

Foster Care. To find and establish a suitable physical and emotional climate for children in which they will receive continued nurturing.

To continue bonding between parents and child.

To deal with the anxiety and trauma of separation for the child and the family.

To establish the child's needs for foster care and provide a setting meeting these needs.

Adoption. To find a permanent home for children whose (natural) parents cannot meet their needs.

To place older children legally freed by other DSS units, evaluate child needs in the family, help children deal with relinquishment, and prepare the adopting family for a change in family balance.

Home Management. To enhance the quality of daily living through demonstration/encouragement and support in whatever areas of family or individual functioning this help is needed. The teaching homemaker service is designed to shore up strengths—it is a preventive service.

Protective Services. To provide protective services to prevent further abuses or maltreatment to children; to provide or arrange to coordinate and monitor the

provision of those services necessary to safeguard and insure the child's well-being and development; and to preserve and stabilize family life wherever possible.

To help parents change behavior and attitudes that impair their parental functioning and make use of appropriate resources and services available in the community.

To protect the child, which usually is best accomplished by stabilizing the home.

To protect children. In the past we have sometimes erred by concentrating too much on infeasible goals for strengthening families at the risk of further abuse to the child.

To receive and investigate complaints of child abuse or neglect, determine whether such complaints are founded, develop a protective services plan, and execute it.

Day Care. To assess the clients' need and eligibility for care and locate a suitable day care situation for them.

To enhance family strength through care and service. However, this objective has been diluted by pressures to focus day care on working families or in relation to goals of self-sufficience.

To provide care that allows the child to grow and develop in normal fashion.

Unmarried Parent Services. To assure protection of the well-being and rights of the children born out of wedlock and of their parents.

To make sure current needs are met.

To help the parents achieve a more satisfying and socially acceptable way of life.

To promote normal growth and development of the child.

To prevent the occurence of consequent problems for the parent, child, and community.

Adult Protective Services. To provide support to dependent adults who are unable to insure their own safety and well-being.

To identify adults, typically the elderly and disabled, who require protective services, assess their needs, and provide services required to address these needs.

Agency Mission. A review of planning and policy documents of the Mock County DSS indicated that the only objectives were those reported as categorical policy options. Accordingly, the commissioner decided to investigate the extent to which key agency administrators and staff had informally developed statements or philosophies of an integrated agency mission.

Responses which were obtained fell into three categories. First, the majority indicated that the agency's mission focused on objectives for coordinating categorical program activity and cost control. Examples of such statements included the following:

I think the mission of this agency is to insure that each of the program units works together effectively.

The agency concentrates on insuring that referrals (of clients) from one unit to another are accomplished quickly and smoothly.

The agency's primary concern is to insure that the program units follow State and local policies, particularly as they relate to eligibility and authorization.

The commissioners focus on cost control and accountability and leave service delivery issues to key program unit supervisors.

The second category of responses referenced the Title XX goal structure as a potential agency mission statement. However, when pressed to define such Title XX goals as "self-support" and "self-sufficiency," respondents most often reverted to categorical orientations. For example, service division staff tended to describe these goals as implying resolution of client problems in areas such as parenting and family dynamics. Unprompted, service staff frequently failed to include concerns for health status, fiscal support, housing, and other needs met outside of their division. Conversely, staff in the income maintenance division focused their definitions of mission on concerns related to employment.

The third category were statements which provided no definition of agency mission, but did elaborate on the need for such a mission and the difficulties of maintaining a sense of agency purpose in the current categorical structure. Essentially, those persons responding stated that it would be appropriate for there to be a clear sense of agency mission presented in the form of an overview of these client needs for which the DSS was responsible. However, they saw the categorical structure as fragmented staff sensibility to such an overview. The practical consequence of the lack of agency mission was described as a failure on the part of categorical program staff to feel responsibility for client needs outside their area of specialization.

Task 3: Determination that Policy Options are Valid Statements of Program Intent

In most agencies, particularly those which offer multiple services, the process of identifying policy options yields an ambulance of potential statements of objective. Prior to selecting basic agency policy (Task 4), each option should be assessed in terms of its appropriateness for policy by determining if it suffers from any of the following limitations:

- *Nonrelation to client impact:* Policy must be stated in terms which identify the intended impact of a program on clients.

- *Inability to meet compliance/feasibility requirements:* Options must fall within the framework of the formal policies established by legislation, charter, etc. The policies proposed must be potentially achievable.

- *Lack of clarity:* Policy statements, even though general, must clarify agency intent. Policy statements should therefore, allow for the development of specific policy objectives (Task 5). These objectives in turn will form the basis for development of "impact measures."

Options which do suffer these limitations should be accordingly corrected or discarded.

Assessment of potential policy options identified in Mock County indicated that many of them suffered from one or more of the limitations (see Figure 4). Options which were not related to client impact described the process of service delivery or objectives for efficiency (cost control) rather than goals related to client impact. Noncompliant and infeasible options and those which were unclear were all found to be of a categorical nature.

Task 4: Agency Selection of Basic Policy Statements

The nature of the activities required by this task is dependent upon the results of Task 3. If the policy options which are determined to be valid are viewed as sufficient to represent agency goals, the activity required is formal selection by management of policy options for programs and/or agency mission.

STATEMENTS FAILING TO MEET CRITERIA FOR POLICY OPTIONS

Figure 4

STATEMENTS WHICH ARE NOT RELATED TO CLIENT IMPACT

Categorical Program Statements:

Income Maintenance — To dispense public funds within the framework of regulations.
To determine eligibility in an accurate manner and to reduce payment errors to the minimum.

Medicaid — To insure that medical payments are made on behalf of eligible clients. To assure that every child is under ongoing medical care.

Social Service — To prevent or reduce inappropriate insitutional care.
To secure referral or admission for institutional care.
To establish child's needs for foster care.
To place older children.
To receive and investigate complaints of child abuse.
To assess client's needs and eligibility for care.

Agency Mission Statements: The mission is to insure that program units work together effectively.

The agency concentrates on insuring that referrals from one unit to another are accomplished.

The agency's primary concern is to insure that program units follow State and local policies.

The commissioners focus on cost control and accountability.

STATEMENTS WHICH ARE NONCOMPLIANT OR INFEASIBLE

Categorical Program Statements:

The goal of the teaching homemaker service is to enhance the quality of daily living through support—in whatever areas of family of individual functioning this support is needed.

The objective of Early and Periodic Screening, Diagnosis and Treatment is to insure that clients select and utilize medical services so that comprehensive care results.

(This statement is both infeasible, since the agency cannot insure what decisions clients may make, and noncompliant in that Title XIX clients (and providers) may exercise free choice in selecting providers.)

STATEMENTS WHICH WERE ASSESSED TO BE UNCLEAR

Categorical Program Statements:

Income Maintenance — To deal with clients in a humane and sensitive manner.

Foster Care — To continue bonding between parents and child. To deal with the anxiety and trauma of separation for child and family.

Protective Services — Our mission is best accomplished by stabilizing the home.

Homemaker — The goal is to enhance the quality of daily living—to shore up strengths.

Unmarried Parent Service — Our goal is to help the parents achieve a more satisfying life.

More often, however, the results of the policy option assessment indicate a need for further development and refinement of policy options. For example, although categorical program options may appear sufficient, an appropriate integrating

agency mission statement might not exist. If the need arises, the selection process will involve development by agency policymakers of final policy statements.

The policy options assessment led the Mock County DSS commissioner to two basic conclusions:

- Categorical policy options which had not been rejected in assessment were consistent with Federal and State requirements and provided a reasonable statement of goals for each program.

- There did not exist an agency policy statement sufficient to serve as a basis for integrating the disparate categorical goals.

These findings were viewed as paradoxical. On one hand, the categorical policy options provided a rationale for program unit intervention to address specific client needs; while on the other, lack of an agency mission obfuscated agency responsibility for assessing and addressing client needs on a comprehensive basis.

Accordingly, the commissioner worked with key agency staff to develop the following overall agency mission statement: "The Mission of the Mock County DSS is to promote client self-support and self-sufficiency."

The term "client" was defined to include individuals, adults, and family units. For families, the goal of self-sufficiency addresses parental and adult capabilities, as well as child development (as a necessary means of enabling children to become self-sufficient adults). "Self-support" was defined as the ability to "maintain one's self financially" without assistance from the DSS. "Self-sufficiency" was defined as the ability to meet one's needs and responsibilities (other than self-support) without DSS assistance.

It should be noted that each categorical program objective is compatible with the final agency mission statement, since such objectives call for resolving specific client problems which limit self-support/self-sufficiency. However, as will be seen in the discussion of Task 5, the efforts of the categorical units are better viewed as comprising the strategy by which the Mock County DSS seeks to obtain its overall mission.

Task 5: Clarification of Policy by Articulation of Policy Objectives

In the first chapter it was noted that defining policy also establishes the information requirements for a system which supports feedback for improvement in agency performance. Specifically, feedback demands a statement of program objectives, which once attained, can be measured continually via impact evaluation. Policy objectives articulate policy and take the form of statements which are operationally defined and subject to measurement.

Two basic policies were established by the Mock County DSS—promotion of client self-support and self-sufficiency. The policy objectives selected to articulate the former is "to increase earned vs. assistance income of DSS clients."

Two approaches to defining the latter were considered in Mock County. The first was to define such objectives in terms of reducing specific client problems or of the categorical program objectives. For example, one might articulate policy objectives for reducing mental or physical morbidity for health program efforts, reducing "parenting" limitations for child protection, counseling, and related efforts, and so on.

This approach was rejected for two reasons. First, indicating the presence of such deficits does not define the extent of client dependence. For example, a client who usually functions in a self-sufficient manner might require DSS services in the form of specific and limited counseling to alleviate a particular defect with respect to parenting (e.g., to overcome a lack of knowledge about caring for a retarded child). On the other hand, the same problem (limitation in parenting) might be identified for a client who is much less capable of managing a home in a manner supportive of child welfare (e.g., a retarded mother who requires ongoing support for parenting responsibilities). Obviously, the existence of dependency is present in both cases, but these two people are not equally dependent.

The approach also was rejected because it did not reinforce program support for the agency mission. In other words, if the staff for each categorical program focuses on its own objective for reducing specific client defects, they might lose sight of their responsibility to support comprehensive improvement in client self-sufficiency status. Hence, categorical program accomplishment of specific objectives was judged to be part of a strategy for obtaining agency policy, not an indication that agency policy objectives had been achieved.

The second approach developed by the county concerned level of dependency for policy objective statements. Specifically, the county established as its self-sufficiency objective the following statement: "The policy objective of Mock County DSS is to enable clients to function at the highest possible level of self-sufficiency."

To further articulate this policy objective, the County established definitions of 10 levels of dependency ranging from nondependency to total dependence as evidenced by client incapacity to function in the absence of full time/developmental or maintenance care provided by an institution (see Figure 5).

Hence the County's self-sufficiency policy objective is a continuum in so far as clients might enter the DSS system at any one of nine dependency levels with the DSS's objective being to enable clients to move to higher levels of independence.

Phase II: Identification of Agency Strategy

The second phase of program articulation is the specification of agency strategy, or that activity which the agency intends to undertake to obtain its policy objectives.

PROPOSED MOCK COUNTY DEPENDENCY SCHEME

Figure 5:

Level of Dependency

1. NONDEPENDENCY

2. CLIENT ABLE TO RECOGNIZE NEED AND TAKE ACTION TO OBTAIN NECESSARY SERVICE (of practical or short term nature)

3. CLIENT REQUIRES INTERMITTENT OR SHORT TERM GUIDANCE TO IDENTIFY NEEDS AND SOLUTIONS

4. CLIENT REQUIRES SHORT TERM (3 months) ASSISTANCE TO ADDRESS PERSONAL OR SOCIAL DEVELOPMENT DEFICIENCY

5. CLIENT REQUIRES LONG TERM ASSISTANCE TO ADDRESS PERSONAL OR SOCIAL DEVELOPMENT DEFICIENCY

6. CLIENT OR SOCIAL WELFARE DEPENDENT UPON SUBSTITUTE FOR ADL OR BASIC RESPONSIBILITY (short term)

7. CLIENT OR SOCIAL WELFARE DEPENDENT UPON SUBSTITUTE FOR ADL OR BASIC RESPONSIBILITY (long term)

8. CLIENT SITUATION DEMANDS ONGOING PUBLIC PROTECTION

9. CLIENT/SOCIAL WELFARE DEPENDENT UPON FULL TIME SUBSTITUTE AND DEVELOPMENTAL ASSISTANCE TO ADDRESS MULTIPLE DEFICIENCIES (day assistance only)

10. CLIENT/SOCIAL WELFARE DEPENDENT UPON SUBSTITUTE/DEVELOPMENTAL INSTITUTIONAL CARE

A clear definition of strategy is a prerequisite to development of an information system based upon the feedback concept. Agency activities must be articulated so that the extent of completion of these activities can be determined. This measurement of effectiveness is the degee of strategy implementation and provides explanations for failures, thus leading to corrective actions.

Since the purpose of articulating agency strategy is to identify agency information/feedback needs, strategy definitions must take a form which permits one to determine whether or not strategy has been initiated and completed. The tasks which should be accomplished to obtain such definitions are basic strategy definitions and identification of basic strategy functions.

Task 1: Basic Strategy Definition

Since strategy consists of actions taken to achieve policy, all activities of an agency can be defined under this rubric. The concern of this task, however, is to develop basic strategy definitions outlining the general plan by which an agency pursues its policy. The principle issue is the determination of whether the agency's plan and approach implies a categorical vs. integrated model of organization and service delivery.

Under the categorical approach, each program is based upon its own policy objectives and implemented via strategies unique to it. Under the integrated approach, the agency establishes policy and a strategy for client service which focuses upon coordinating specialty services to address client needs on a comprehensive basis.

If the agency uses the categorical approach, the manager must recognize that each program unit has its own policy concerns and unique strategy which must be identified. Subsequently, the manager is faced with the problem of developing multiple feedback systems which support each unit and provide him with status and corrective action information.

If the integrated approach is followed, the agency program must be defined as the basis for information/feedback system design. At the same time, however, specialty service programs may exist within the integrated agency, which in turn may have specific strategy information needs. Accordingly, while an agency information/feedback system would be required, service specific information might be needed, too.

In light of the Mock County DSS history of operating a number of programs on a categorical basis, the commissioner required that an agency mission statement be developed which called for a comprehensive, coordinated approach to meeting client needs. This statement, while compatible with preexisting categorical program objectives, called for an overall agency policy for obtaining client self-sufficiency and self-support.

This agency policy and the concerns that gave rise to it dictated that the DSS identify its basic strategy in terms of an integrated as opposed to categorical program approach. Mock County officials conceptualized the basic strategy in the following manner. First, the County established that its basic plan for obtaining improvement in client self-support/self-sufficiency status consisted of reducing existing client deficits in economic, health, and social status through the delivery of appropriate services. This plan related policy to strategy (and categorical programs) in so far as the objectives of each program could be viewed as reducing client deficits of a particular type within areas of economic, health, or social functions.

Second, the agency outlined a general approach by which it would utilize categorical programs to reduce client deficits limiting self-support/self-sufficiency. The approach, termed "case management," was defined as follows:

Case management is an approach which entails a comprehensive identification of client deficits in economic, social, and health status and a

coordination of service efforts provided directly (or brokered) by the DSS to address identified clients. The vehicle for coordination is an individual case manager who is responsible for insuring the completion of all arrangements for identifying client service needs and for service efforts to address such needs.

This approach dictated the establishment of DSS case management units with the general responsibilities of identifying client needs and delivering service. These units would obtain services from the existing DSS categorical program units, as well as from community providers (Figure 6).

It should be noted that this decison by the agency results in an approach to identifying strategy and feedback requirements on an agency rather than categorical program basis. This does not mean that the activities of individual service units within the DSS do not generate additional information requirements, or that an analysis of such potential requirements would not be in order ultimately. For purposes of clarity, however, the remaining examples drawn from Mock County will be based upon an agency perspective.

Task 2: Identification of Basic Strategy Functions

The basic strategy definition which is obtained via Task 1 provides a general description of the overall plan and approach by which an agency obtains its policy. Obviously, such statements require further articulation if they are to be of any use in identifying agency activities and related information/feedback needs.

Basic strategy functions are the major steps which an agency routinely completes to implement its approach for service delivery. Identification of these functions by means of identifying potential strategy definitions, separating client from nonclient service functions, and developing basic functional definitions, provides an articulation of strategy.

The process by which strategy functions are identified is similar to that discussed in policy identification. Such sources as legislation and Federal and State regulations typically define requisite approaches to service delivery. In the absence of such statements, the local agency usually develops its own approach, frequently using training manuals, work flow statements, and the like for documentation.

Separation of client from nonclient service functions begins with identifying which activities are directly related to providing service needs to clients and which are not. Subsequently, information relevant to client service (hence, a client-based information system) addresses concerns for impact, effectiveness, and efficiency such as:

- What are client needs?
- What services are required to address needs?
- Are services delivered?
- Do services have the impact defined by policy?

RELATIONSHIP OF CASE MANAGEMENT STRATEGY (FUNCTIONS) TO CATEGORICAL PROGRAM UNITS

Figure 6

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┌─────────────────────────┐
│    TARGET POPULATION     │
└─────────────────────────┘

┌─────────────────────────┐        ┌──────────────────────────────┐
│    CASE MANAGEMENT       │        │  CATEGORICAL PROGRAM UNITS     │
│        UNIT              │        │                                │
└─────────────────────────┘        │    Cash Assistance             │
                                    │                                │
                                    │    Employment Services         │
                                    │                                │
┌─────────────────────────┐        │    Medical Payments            │
│    IDENTIFICATION        │        │                                │
│    OF CLIENT NEEDS       │        │    Early/Periodic Screening,   │
└─────────────────────────┘        │    Diagnosis and Treatment     │
                                    │                                │
                                    │    Child Protective Service    │
┌─────────────────────────┐        │                                │
│    COORDINATION          │        │    Foster Care                 │
│    OF SERVICES           │        │                                │
└─────────────────────────┘        │    Adoption                    │
                                    │                                │
                                    │    Day Care                    │
                                    │                                │
                                    │    Home Economics              │
                                    │                                │
                                    │    Home Finding                │
                                    └────────────────────────────────┘

                                    ┌──────────────────────────────┐
                                    │    COMMUNITY PROVIDERS         │
                                    └──────────────────────────────┘

┌─────────────────────────┐
│    TERMINATION           │
│    OF SERVICES           │
└─────────────────────────┘
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Information needs relevant to nonclient service activities, on the other hand, either take the form of accountability requirements (cost compliance) or program operations, and often are addressed by automated systems which are not client based. For example:

Accountability Requirements

- Identification of costs for budgeting and reimbursement purposes.
- Identification of cost related errors (e.g., inappropriate payments, errors in client eligibility determination).
- Identification of status of compliance actions (e.g., completion of provider surveys and licensing activities).

Resultant Data Systems

- Automation of eligibility edits for review of eligibility determination.
- Automation of claims review and check payment.
- Automation of purchase of service authorizations and payment.
- Mandated statistical reporting.

Parenthetically, many human service agencies have not attempted to make this distinction, but rather have gone ahead to develop comprehensive client information systems. The inevitable result is that the information system turns out to accomplish little more than automation of nonclient service activities. Consequently, managers in these agencies are left with reams of data related to accounting, accountability, and compliance, but without information resources for improving program impact on clients or the effectiveness of service delivery.

The task developing basic function definitions consist of synthesizing potential stragegy function definitions which have been determined to relate directly to client service activities.

The basic definition of strategy which was established for Mock County called for a comprehensive identification of client needs and coordination of those categorical services required to address client needs utilizing a case management approach. Mock County accomplished the three steps required of Task 2 in the following manner.

Identification of Potential Strategy Definitions. Mock County's basic strategy consisted of identifying client needs and coordinating categorical services to address a case manager approach. Hence, the potential functions the County sought to identify were those which would articulate case management.

Although the case management approach required agency modifications to increase coordination of DSS programs, the basic elements of this approach had been the responsibility of each categorical program. Accordingly, county planners determined that an identification of potential strategy functions for case management could be based upon a review of activities of existing categorical units.

This task was accomplished by reviewing State regulations which dictated many of the activities of each categorical unit, as well as agency work flow documents

POTENTIAL STRATEGY FUNCTIONS OF MOCK COUNTY DSS BY PROGRAM DIVISION AND MAJOR PROGRAM UNIT

Figure 7

	INCOME MAINTENANCE DIVISION			SOCIAL SERVICES DIVISION					MEDICAID DIVISION	
	Cash Assistance	Employment Services	Protective Services	Foster Care	Adoption Service	Day Care	Home Economics	Home Finding	Medical Payments	EPSDT
Interviewing Client	X	X	X	X	X	X	X		X	X
Observing Client			X	X			X			
Making Collateral Contacts			X	X	X					
Investigating client	X		X		X					
Making Diagnostic Evaluations		X	X	X						X
Developing Goals for Services		X	X	X	X	X	X			
Locating Providers Conferencing		X	X	X						X
Counseling		X	X	X	X	X				
Teaching/ Training		X					X			
Advocacy/ Brokering		X	X	X			X			X
Providing Clinical Therapy			X							
Making Eligibility Determination	X		X						X	
Authorizing Payment	X		X	X	X	X	X		X	X
Monitoring Client		X	X	X	X	X				
Monitoring Provider/Services		X	X	X			X		X	X
Recruiting Providers		X					X	X		X
Licensing Providers								X		
Making Court Appearances			X	X	X					
Providing Court Documentation			X	X	X					
Compliance Reporting	X	X	X	X	X				X	X
Other Reporting	X		X	X	X		X	X	X	X

which described specific local activities. Although these reviews required analysis of detailed activity descriptions, it is sufficient for this purpose to summarize categorical activities under common major headings (see Figure 7).

Separation of Client Service vs. Nonclient Service Activities. The Mock County DSS categorized client vs. nonclient activities according to the scheme depicted in Figure 8.

This categorization suggested activities undertaken by program units which might form the basis of the agency case management approach.

Identification of Basic Strategy Functions for Case Management. With potential client-oriented strategy definitions in hand, the Mock County DSS was in a position to establish detailed descriptions for case management. This began with identifying the four basic functions which are related to current program activities—intake/assessment, service planning/arrangements, monitoring/followup, and termination.

The relationship between the four functions and agency unit activities is detailed in Figure 9. It should be recognized that the Mock County functions reflect the basic service delivery process found in most human service programs. The definitions for each of these basic strategy functions for case management follow.

- *Assessment* is a structured process of examining the status of a family across areas of concern dictated by the agency's policy. The product of the assessment is a comprehensive identification of deficits in family functioning, which in turn indicates needs for services provided, purchased, or brokered by the Mock DSS. Under the Mock County approach, the case manager is responsible for the basic assessment.

- *Service Plan/Arrangements for Service* is a process based upon the case manager's assessment. It is in this capacity that categorical program units become involved as participants in planning for specific services which they will subsequently be responsible for delivering.

The case manager service plan is distinguished by the emphasis placed upon prior identification and resolution of issues of coordination and responsibility across all service providers involved in the case. In addition to the schedule and responsibility for actual service delivery, these issues may include the following:

1. Sharing information on changes in client status.

2. Determining authority and requirements for conference cases.

3. Assigning responsibilities for completing or obtaining service supports (financial authorizations, court orders, etc.).

- *Service Delivery/Monitoring* is part of the case manager's responsibility to ascertain the extent of delivery of service, quality and impact of services provided, and changes in client status, including evidence of deficits not identified in initial assessments.

**POTENTIAL STRATEGY FUNCTIONS OF THE MOCK COUNTY
DSS CLIENT SERVICES VERSUS NONCLIENT SERVICE**

Figure 8

CATEGORICAL PROGRAM
ACTIVITIES

CLIENT SERVICE
ACTIVITIES

NONCLIENT SERVICE
ACTIVITIES

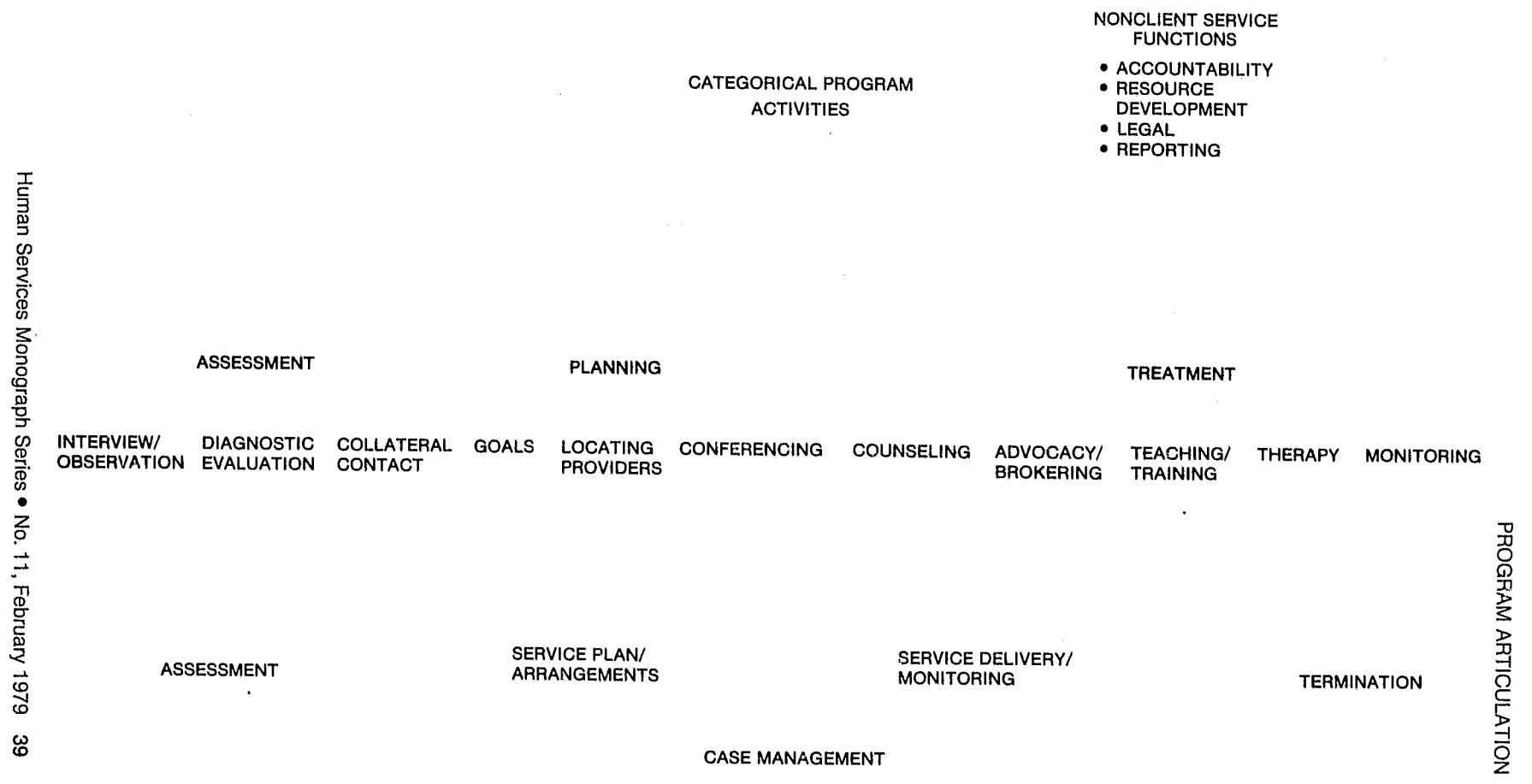| ASSESSMENT	PLANNING	TREATMENT	ACCOUNTABILITY	RESOURCE DEVELOPMENT	LEGAL	REPORTING
● interviewing ● observation ● collateral contact ● investigation ● diagnostic evaluations	● developing goals for service ● locating providers ● conferencing	● counseling ● teaching training ● advocacy brokering ● clinical therapy ● monitoring	● eligibility determination ● payment authorization ● monitoring client ● monitoring provider	● provider recruitment ● provider licensing ● provider monitoring	● court appearances ● court documentation	● compliance reporting ● other reporting

MOCK COUNTY DSS: ANALYSIS AND ALLOCATION OF CURRENT PROGRAM CLIENT SERVICE ACTIVITIES TO YIELD A DEFINITION OF THE AGENCY'S "CASE MANAGEMENT" FUNCTIONS

Figure 9

CATEGORICAL PROGRAM ACTIVITIES

NONCLIENT SERVICE FUNCTIONS

● ACCOUNTABILITY
● RESOURCE DEVELOPMENT
● LEGAL
● REPORTING

ASSESSMENT   PLANNING   TREATMENT

| INTERVIEW/ OBSERVATION | DIAGNOSTIC EVALUATION | COLLATERAL CONTACT | GOALS | LOCATING PROVIDERS | CONFERENCING | COUNSELING | ADVOCACY/ BROKERING | TEACHING/ TRAINING | THERAPY | MONITORING |

ASSESSMENT   SERVICE PLAN/ ARRANGEMENTS   SERVICE DELIVERY/ MONITORING   TERMINATION

CASE MANAGEMENT

PROGRAM ARTICULATION

This strategy function is completed as a feedback process. More specifically, the case manager is responsible for utilizing and monitoring findings for development and implementation of corrective actions regarding service delivery or changes in client status.

- *Termination* is the final case management function. It involves a formal decision or set of circumstances by which services to the client are ended. The termination of a categorical service indicates that a specific client status deficit has been overcome or that a more appropriate service has been substituted. Termination of all services signifies that a client has obtained self-sufficiency/self-support or that programmatic factors have intervened.

IDENTIFYING FEEDBACK AND INFORMATION NEEDS: DEVELOPING REQUIREMENTS FOR THE INFORMATION SYSTEM

At this point, a set of procedures which allows for articulation of a human service agency or program have been laid out. It is now, therefore, time to address the critical step—the development of feedback loops and information requirements.

In the first chapter we noted that a client-based information system should obtain feedback via information which defines program status and illuminates the necessity for corrective actions in terms of program impact, effectiveness, and efficiency. The resulting feedback loops denote a classification system for an agency's information requirements.

Feedback and information requirements are identified by selecting measures for impact, effectiveness, and efficiency evaluation, and specifying reports for line staff, supervisors and managers. Completion of these tasks allows the program manager

to develop specifications for the information system which identify input (data to be collected), output (reports of agency and client status), and feedback activities (the corrective actions required for program improvement). Subsequently, the computer specialist will develop a data system design which accommodates these specifications. The contracting responsibilities of the manager and the computer specialist are shown in Figure 10. Although the systems analyst and program manager or specialist can and should work together, the program manager has the lead responsibility for designating specifications, and the computer or systems analyst has the same role regarding design.

Task 1: Selecting Measures for Impact, Effectiveness, and Efficiency Evaluation

The first task in developing specifications for an information system is to select measures or quantitative expressions that define the extent to which impact or effectiveness have been obtained and the basis on which costs for program efforts will be defined and estimated (efficiency).

The utility of these indicators is that they establish elementary data requirements and may also imply a strategy for data collection. For example, in a comprehensive health care program for children with a policy objective of reducing pediatric morbidity, impact might be ascertained by periodic assessment in the incidence and prevalence of different specific diseases among children. Presuming the program employed a strategy of screening, diagnosis, and treatment, effectiveness indicators would be a measurement of the proportion of children screened, appropriately diagnosed and successfully treated. These program status measures also are defined via time intervals since the manager is concerned with the dynamics of client and program changes in status.

Impact and effectiveness indicators typically follow in straightforward fashion from policy and strategy. In many programs, however, the development of measures will be complicated by the need to determine level of specificity or detail by which to assess impact and effectiveness. Often as agency managers work with staff to develop indicators, they are confronted with pressures for extensive specification.

In terms of impact, staff will press for exacting measures of client or general target population characteristics and needs in order to "know as much as possible" about clients—an interest based on the misconception that the more client-related data available, the greater the staff's ability to interpret the impact of the program. In truth, however, most sociodemographic data is irrelevant since social service populations are heterogeneous and the extensive data collected fail to illuminate their inherent differences. In general, then, the manager should guard against specifications of impact indicators beyond those which will indicate change.

In terms of effectiveness, pressure for specificity results from the desire to determine the extent and flow of completion of detailed activities within basic

RESPONSIBILITIES OF PROGRAM MANAGERS AND INFORMATION SPECIALISTS IN SYSTEM DESIGN

Figure 10

Program Manager Provides Specifications for the Information System:

A set of clear but nontechnical statements which define:

- information to be collected

- basic content of reports for workers, supervisors, and top management which summarize or interpret data collected

- feedback—the use to which reports will be put.

Computer Specialists Design the Information System:

A detailed plan for the computer system which indicated technical methods for meeting managers specifications for:

- design of forms

- design of hardware/software for

—coding and input of data to computer

—storage, retrieval, and analysis of data within computer registers

—layout/printing and distribution of reports.

strategy functions. For example, most programs begin with an assessment, which may simply consist of a notation by staff or supervisors that a client has been assessed. Pressures for specificity, however, may demand the answers to such questions as:

- Has the client been assessed by home visit or office interview?
- Have diagnostic tests been utilized?
- What obstacles have clients or diagnostic providers mounted to complete the assessment?

The thoughtful manager will recognize that while such questions may appear interesting, they often reflect untested assumptions concerning how human services can and should operate. To the extent that agency personnel believe that their programs do or should operate uniformly, specific measures may be in order. On the other hand, the manager must guard against pressures for data collection which are based on questionable concepts.

Finally, with respect to efficiency, pressure for specificity often results from preconceived needs to identify precise activities according to the amount of worker time they require—activities which often bear no direct relation to program strategy.

DEVELOPING A CLIENT ORIENTED FEEDBACK SYSTEM

For example, human service reporting requirements commonly define use of staff time under such categories as client home visits, provider contacts, and travel. It is the manager's responsibility to determine why such information requests are being made before he allows them to become routine.

The process and results of Mock County's Task 2 activities follow in the next three sections.

Impact Measures in Mock County

The policy objectives established by the Mock County DSS under the headings of self-support and self-sufficiency were to increase the percentage of earned assistance income of DSS clients and to increase client's level of independence. The impact measures developed by the DSS took the form of indicators of changes in client status over time with respect to these objectives.

For the self-support, the County decided that its basic measure should be an assessment of client status at periodic intervals in terms of the client's eligibility for its basic programs. These eligibility levels indicate a self-support in the following manner:

- *Level 1 (Total Self-Support)*—Client income at a level above eligibility for all forms of financial assistance.

- *Level 2 (Basic Self-Support)*—Client income at a level above eligibility for medical assistance.

- *Level 3 (Partial Self-Support I)*—50 percent or more of client income is from earned versus cash assistance sources.

- *Level 4 (Partial Self-Support II)*—Up to 50 percent of client income is from earned versus cash assistance sources.

- *Level 5 (No Self-Support)*—Clients total income is from cash assistance.

Since these indicators were routinely obtained at 6-month intervals for initial disability determination and redetermination, the necessary data are available routinely.

The DSS considered, but discarded, more specific indicators related to client self-support status. These included "recidivism" as a measure of the extent to which self-support gains were permanent rather than short term or cyclical. A related indicator was various measures of county economic status, based on the rationale that the DSS's self-support impact might be a function of local economic conditions as much as the effectiveness of DSS programs. Both measures were rejected, however, on the theory that they might complicate data collection requirements and that there were many other factors which could confound the self-support impact.

Regarding self-sufficiency, the County proposed basic measures similar to those adopted for self-support. Hence, the measures selected by the DSS were those that

IDENTIFYING AGENCY FEEDBACK AND INFORMATION NEEDS

portrayed client status over time across a 10-point level of dependency scale which was established in the process of articulating policy objectives. Data would be collected twice a year to conform with collection of self-support measures.

More specific impact indicators related to self-sufficiency were also considered and discarded by the DSS. These indicators would have taken the form of measurement of client level of function or assessment to identify client disability. The argument to include such a measure was based on the belief that the DSS's ability to increase client self-sufficiency was a function of irremovable barriers created by limitations in client function or by disability. Hence, if the level of disability of the client population changed over time, DSS's impact might accordingly be over- or underassessed. This measurement was rejected by the DSS for two reasons: One, it could not identify a feasible, reliable method for a functional assessment of clients; and two, many agency workers believed that a determination of "client disability" might be used as an excuse for lack of agency impact on client self-sufficiency.

Effectiveness Measures in Mock County

The Mock County DSS had defined its strategy as consisting of a plan for obtaining client self-sufficiency/self-support and a basic approach for implementing this plan, as follows:

PLAN: To reduce or remove specific economic, health, and social/behavioral client problems limiting self-sufficiency or self-support by effective assessment and delivery of (categorical) services.

APPROACH: To coordinate the assessment of client needs and delivery of categorical services via a case management strategy consisting of basic strategy functions of assessment, service planning, service delivery/monitoring, and termination.

Given this strategy, the basic measure of agency effectiveness was established as a periodic determination of the proportion of DSS clients for whom the basic service functions of case management had been completed.

Two minor complications related to measurement of completion of strategy functions were identified and addressed. The first concerns identification of the time over which workers are expected to complete strategy functions. It should be recognized that this is an issue of appropriate feedback leading to program improvement, not a technical issue of how often to collect or report data. That is, the concern here is to determine the time needed for completion of activities so that corrective action could be taken where staff was lagging. The complication is that since client needs are variable, no time standards were employed by the agency for these functions. Instead, workers and supervisors established a schedule for completion of strategy on a case-by-case basis. Accordingly, the agency decided to base its effectiveness indicator upon this scheduling process. As far as a data collection strategy is concerned, workers will input their predicted schedule to the system at intervals established by the agency.

The second complication concerns clients having multiple problems, hence, multiple service needs. The service delivery process might be completed for one problem, yet pending for another. It was decided that the specifications for the system should include a requirement that program effectiveness tracking be problem specific for each DSS case.

As agency deliberations on effectiveness measures continued, staff and supervisors made additional requests for more specific indicators. The workers' requests were based upon concerns that there were many barriers to accomplishment of strategy, and that the information system should portray these barriers as justification or explanation of failures to complete strategy functions. Concomitantly, supervisors felt that there were detailed activities by which each strategy function should be completed, and that tracking the completion of these activities by workers would suggest additional reasons for program status and the quality of worker efforts. The specific recommendations made by staff and supervisors are shown in Figure 11.

To address these requests the Mock County commissioner convened meetings in which each proposed measure was evaluated in terms of the extent to which measures of barriers and quality were defensible in terms of social service research and/or agency experience, relation of availability of measure to corrective action, and practical implications of data collection demands for each measure and set of measures.

Many of the proposed measures, most notably those regarding quality, were discarded on the basis of these evaluations. In fact, the underlying rationale for many was discovered to be personal interpretation of how services should be planned and delivered on the part of the staff member who suggested it. The work group did find, however, that certain barriers were common indicators of program status, and it was determined that certain of them were also indicators of needs for corrective action.

Efficiency Measures in Mock County

Regarding efficiency, the County recognized that its resources fell within two major categories—financial payments to recipients and providers of service and staff time expended by DSS workers in direct service delivery. Accordingly, it was determined that the basis for measuring efficiency would be estimates of payment expenses and staff time utilization.

With respect to impact, the agency proposed to adopt as an indicator of efficiency the costs and time spent for increases in self-sufficiency or self-support levels of clients. With respect to effectiveness, the proposed indicators were the time spent for accomplishing strategy functions and resolving different client problems (successful termination of a service due to removal of a client problem).

Recommendations for greater specificity in effectiveness measurement took the form of proposed indicators of the distribution of staff time in various activities not defined in terms of strategy. For example, supervisors wished to identify staff time spent in home visits or community work as opposed to time in office settings. These

EFFECTIVENESS MEASURES PROPOSED IN MOCK COUNTY DSS

Figure 11

BASIC STRATEGY FUNCTIONS

TYPES OF MEASURES	ASSESSMENT	SERVICE PLANNING/ARRANGEMENTS	SERVICE DELIVERY/MONITORING	TERMINATION
Basic indicators	• Completion of assessment on schedule	Completion of service plan on schedule per client problem	• Initiation of service delivery and monitoring on schedule per client problem	• Cessation of service, on schedule due to resolution of client problem • Closing of case due to resolution of all client problems
Specific indicators of activity completion and quality	• Supervisor approval of completed assessment document • Use of specific diagnostic tests/procedures • Number of collateral contracts • Number of home vs. office visits	• Extent of specification of goals for service • Extent and methods of involvement of providers in service planning • Extent of client involvement in/acceptance of service plan • Identification of monitoring approach and provider roles	• Adherence to specifics of monitoring approach • Actions taken to address breakdown in service delivery • Actions taken to revise assessment/service plan based upon indications of additional/different client needs • Number/schedule of provider monitoring contacts • Number/location of client monitoring contacts	• Specific preparation of client for termination of services • Transfer of information/planning with providers to remain active in case • Adherence to specific rules for nonpositive client termination • Completion of final case record documentation
Specific indicators of barriers to completion of strategy functions	• Inability to locate client • Refusal/resistance of client to agency contact • Client denial of problems • Inability to obtain diagnostic information • Lack of availability of diagnostic providers • Client eligibility or ability to pay for diagnostic services	• Change in client eligibility status • Client moved • Client refuses to take necessary action • Client breaks appointments • Requisite providers not available • Provider refuses to serve client • Provider unwilling to cooperate in planning • Client ability to pay for diagnostic services	• Client breaks service appointments • Client doesn't follow service or treatment plan • Loss of eligibility for service • Loss of transportation to service • Provider failure to provide planned service • Poor quality services • Provider unwilling/resistant to cooperate in monitoring • Provider unwilling/resistent to change service plan/approach	• Client refuses/unable to act on own • Client doesn't follow termination plan • Provider unwilling to terminate service • Provider unwilling to accept additional responsibility per terminated services • Client failure to participate in service plan • Loss of eligibility • Client moved

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recommendations, however, were not accepted since supervisors could not indicate corrective actions which they might take given that such measures were available.

Task 2: Specification of Reports for Line Staff, Supervisors, and Managers

Upon completing Task 1, an agency will have established a set of evaluation measures for program impact, effectiveness, and efficiency, which reflect information needs common to each level of the organization. They do not, however, provide the specific and varied requirements for each level of the organization.

For example, line staff need to ascertain the extent to which they have completed scheduled activities for each of their clients and whether completion of strategy has positive impact on client status. Supervisors, who are ultimately concerned with individual client's status, first require data which identify workers who are experiencing difficulties in following strategy. The manager's concern is not for detailed information in individual clients, but rather for an overview of trends in client status and performance across major program units.

The manager's responsibility in Task 2 is to identify the distinct informational needs of workers, supervisors, and management, while concomitantly developing specifications for reports which are to be generated by the information system to meet the agency's feedback requirements. A synopsis of typical information needs and report requirements which the manager will identify in Task 2 is provided in Figure 1, and the principles underlying it are discussed in detail in the companion manuscript to this document. These principles will be reviewed in the following sections. We wish to emphasize that these principles insure that the reports provided by the agency's information system lead directly to a feedback approach— a process of evaluation and corrective action at all levels of the organization culminating in improved program performance.

Sequence for Identifying Information Needs

As shown in Figure 1, the manager should first identify information needs for effectiveness and then address impact and efficiency. As each of these levels of evaluation is considered, the manager should identify information requirements in the order of worker, supervisor, and management level needs, respectively.

The rationale for considering effectiveness requirements prior to addressing impact and efficiency is straightforward. Namely, before a program can expect to obtain changes in client status, it must first be implemented. Hence, the agency's first concern for feedback is to identify its effectiveness and take such action as is required to insure that program strategy is being followed. Note that if program impact is assessed prior to determining effectiveness, corrective actions may be ill

advised. For example, impact assessment prior to effectiveness evaluation might indicate that the program is not improving client status, leading to a conclusion that strategy is inappropriate and should be modified. In fact, what may be happening is simply that the agency is not following its strategy, which if fully implemented, would be determined to be sound.

There are two reasons for initiating identification of information needs at the worker level. First, the daily efforts of line staff ultimately dictate whether a program will be a success of failure. Accordingly, their information requirements should be the paramount concern of the manager developing an information system. Second, this approach reduces technical problems of data collection and reporting. Specifically, if workers' needs form the underlying rationale for the system, data which line staff must collect will be relevant to them. In this way, staff resistance to reporting will be reduced. Also, since worker responsibilities (hence, information needs) are based upon agency policy objectives and strategy, the data they collect will provide a base from which reports relevant to supervisors and managers can be prepared.

Report Design

If the manager has followed the steps just outlined and has a list of the information requirements of workers, supervisors, and management personnel, he is prepared to begin specifying the design of reports which he wishes to have routinely generated by the information system.

The level of specificity which he addresses now is not the technical detail of how data will be arrayed on a particular report, but rather the need to identify the basic content and periodicity of reports concerning identified information needs. The technical issues will be resolved by the computer specialist who designs the actual system.

It is at this point that many potential useful systems are made unusable. This occurs when systems designers, apparently in awe of the volume of data inherent in the system, fashion reports which provide so much data that the user cannot locate the critical information which would suggest success or failure and indicate needs for corrective action. For example, the authors have reviewed many systems which routinely generate supervisory reports containing a listing of all cases, per worker, and the exact status of each client and service delivery process. This report design forces the supervisor to read through hundreds of cases to determine which workers require corrective supervision.

We therefore strongly recommend reports which focus on illuminating problems or exceptions to strategy and policy requirements, since problems and exceptions indicate the need for corrective action. Such reports should be utilized routinely by staff at each level of the organization. We also suggest that the manager who has developed such reports, specify more comprehensive ones which could be used by the agency to further investigate evidence in exception notices. For example, in one system the basic reports are primarily a listing of cases and workers which are in difficulty and a general notice of the problem which exists. Workers or supervisors can then access a set of more detailed reports in which the status of the case (or worker caseload) is presented in detail.

Another feature of reporting which can support corrective actions is the presentation of trends against which workers, supervisors, and managers can assess their success in program improvement efforts. For example, a particular periodic report on effectiveness for workers might indicate the proportion of clients for whom a strategy function was completed that month. If the worker is also provided with a secondary report which shows the trend in that proportion over prior months, she/he has some basis for ascertaining whether current efforts are in order, or if they indicate a problem in rate of completion of the assessment function which should be further investigated. Another way in which such trend data are useful is as a basis for determining whether or not corrective actions initiated in prior periods have led to an increase in effectiveness.

Report Requirments for Mock County DSS

Utilizing the measures selected in Task 1, Mock County established requirements for reports which would meet information feedback needs at the line, supervisor, and management level.

Line Staff Reports. The most significant need of line staff was determined to be for exception-oriented effectiveness information which identified cases for which corrective actions were required. (The basis for defining exceptions was failure of the case to progress through the basic milestones of the case management approach in accordance with schedules established by the workers.) A related need is for data which show the staff's ability to increase effectiveness as measured by reducing exception from month to month.

The resulting effectiveness report is shown as Figure 12. Under the heading "EXCEPTIONS," a listing of cases for which corrective actions are required, appears. Details include milestone past due, problem affected, and barriers to effectiveness. The trends section provides the worker with a basis for ascertaining improvements in effectiveness, which imply the appropriateness of corrective actions over time.

Impact report needs identified included a display of the degree of increase in client self-support/self-sufficiency over time compared to worker goals for impact. The worker's goal consisted of a commitment to raise self-support and/or self-sufficiency levels by a predicted month in the future. Hence, an exception-oriented report was developed to display cases in which goals were not obtained (see Figure 13).

Supervisors' Reports. The report requirements for supervisors paralleled those identified for workers. However, since supervisory data corrective actions concern workers rather than clients, these reports identify exceptions on a worker basis (Figures 14 and 15).

They also identify client-based information as contained in the worker reports in order to permit supervisors to take the corrective action of further investigation or exceptions.

Program Management Reports. With respect to effectiveness, program managers requested exception reports which contrasted performance of the units.

MOCK COUNTY WORKER EFFECTIVENESS REPORT

Figure 12

IDENTIFYING AGENCY FEEDBACK AND INFORMATION NEEDS

Worker
Unit

Month Ending
Year

EXCEPTIONS

CASE NAME	DSS CASE #	MILESTONE(S) PAST DUE	WEEKS OF SLIPPAGE	PROBLEM	AFFECTED	BARRIERS

.TRENDS

PERCENTAGE OF CASES WITH EFFECTIVENESS EXCEPTIONS BY MONTH

M

J F M A M J J A S O N D

CASES ACTIVE

ASSESSMENT

PLANNING

MONITORING

TERMINATING

DEVELOPING A CLIENT ORIENTED FEEDBACK SYSTEM

MOCK COUNTY WORKER IMPACT REPORT

Figure 13

Worker
Unit

Month Ending
Year

IMPACT EXCEPTIONS

CASE NAME	CASE #	INITIAL SELF-SUPPORT LEVEL VS. PLANNED	ACTUAL	INITIAL SELF-SUFFICIENCY LEVEL VS. PLANNED	ACTUAL	MONTHS OF SLIPPAGE SUPPORT	SUFFICIENCY

TRENDS IN CLIENT STATUS/IMPACT
MONTHS

J	F	M	A	M	J	J	A	S	O	N	D

SELF-SUPPORT*
% of Cases with Exceptions
% of Active Clients by Level

I
II
III
IV
V
# of Cases Open

*same table shell used for self-sufficiency with provision for 10 levels

MUCK COUNTY WORKER EFFECTIVENESS REPORT

Figure 14

Worker
Unit

Month Ending
Year

EXCEPTIONS

CASE NAME	DSS CASE #	MILESTONE(S) PAST DUE	WEEKS OF SLIPPAGE	PROBLEM	AFFECTED	BARRIERS

TRENDS FOR UNIT CASES

PERCENTAGE OF CASES WITH EFFECTIVENESS EXCEPTIONS BY MONTH

J   F   M   A   M   J   J   A   S   O   N   D

CASES ACTIVE

ASSESSMENT

PLANNING

MONITORING

TERMINATING

IDENTIFYING AGENCY FEEDBACK AND INFORMATION NEEDS

MOCK COUNTY WORKER IMPACT REPORT

Figure 15

Worker
Unit

Month Ending
Year

IMPACT EXCEPTIONS

WORKER NAME	CASE #	INITIAL SELF-SUPPORT LEVEL VS. PLANNED	ACTUAL	INITIAL SELF-SUFFICIENCY LEVEL VS. PLANNED	ACTUAL	MONTHS OF SLIPPAGE SUPPORT	SUFFICIENCY

TRENDS IN CLIENT STATUS/IMPACT
MONTHS

J	F	M	A	M	J	J	A	S	O	N	D

SELF-SUPPORT*
% of Cases with Exceptions
% of Active Clients by Level

I
II
III
IV
V
# of Cases Open

*same table shell used for self-sufficiency with provision for 10 levels

IDENTIFYING AGENCY FEEDBACK AND INFORMATION NEEDS

Since managers did not wish to review a voluminous data base initially, specific data on individual clients are not called for in the management reports. Trend data were, however, felt to be a valuable indicator of management's ability to take appropriate corrective actions over time. The basic management effectiveness reports which met these needs are shown in Figure 16.

Managers identified their impact information needs as including a routine notice of the program units' performance in obtaining client impact, goals, and trends in exceptions, by unit over time (see Figure 17).

For the routine investigation of efficiency, the basic reports requested by management would permit costs to be examined by level of impact obtained and completion of strategy functions (see Figure 18).

Management requested that the efficiency reports prompt a comparison of costs across program units, as well as over time.

MOCK COUNTY DSS PROGRAM MANAGERS EFFECTIVENESS
REPORT

Figure 16

MONTH
YEAR

EXCEPTIONS BY PROGRAM UNITS

PROGRAM UNIT	# of Month Cases Start	OPENINGS	CLOSINGS	# of Cases Active During Month	% OF CASES WITH MILESTONE(S) PAST DUE				
					ANY MILESTONE	ASSESSMENT	PLANNING	MONITORING	TERMINATING

TRENDS IN PERFORMANCE BY PROGRAM UNIT
% OF CASES WITH EXCEPTIONS BY MONTH

PROGRAM UNITS   J   F   M   A   M   J   J   A   S   O   N   D

AVERAGE PERCENT

IDENTIFYING AGENCY FEEDBACK AND INFORMATION NEEDS

DEVELOPING A CLIENT ORIENTED FEEDBACK SYSTEM

MOCK COUNTY DSS PROGRAM MANAGERS IMPACT REPORT

Figure 17

MONTH
YEAR

IMPACT EXCEPTIONS BY PROGRAM UNIT

PROGRAM UNIT   CASES ACTIVE   PERCENTAGE OF CASES FAILING TO OBTAIN GOALS DUE THIS MONTH

SELF-SUPPORT GOALS   SELF-SUFFICIENCY GOALS

AGENCY TOTAL

TRENDS IN EXCEPTIONS BY PROGRAM UNITS

PERCENTAGE (PER MONTH) OF CASES FAILING TO OBTAIN GOALS

PROGRAM UNIT	J		F		M		A		M		J		J		A		S		O	
	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU	S.SP	S.SU

AGENCY TOTAL

*S.SP=Self-Support

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MOCK COUNTY DSS MANAGEMENT EFFICIENCY REPORTS

Figure 18

MONTH   YEAR

	COSTS INCURRED FOR	# OF	AVERAGE	COSTS INCURRED PER CLIENTS OBTAINING MILESTONES							
				ASSESSMENT		PLANNING		MONITORING		TERMINATING	
PROGRAM UNIT	CLIENTS OBTAINING GOAL	CLIENTS		TOTAL	AVG.	TOTAL	AVG.	TOTAL	AVG.	TOTAL	AVG.

AGENCY COSTS

TRENDS BY PROGRAM UNIT

		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
PROGRAM UNIT	AVG. # PER GOAL OBTAINED	AVERAGE PER MILESTONE											

AGENCY COSTS

IDENTIFYING AGENCY FEEDBACK AND INFORMATION NEEDS

END