Vision Forward Association

SUMMARY OF OUTCOMES INITIATIVE PROCESS, RECOMMENDATIONS, AND RESOURCES

Prepared by:
Erin Malcolm
Mary Beth Malm
# Contents

EXECUTIVE SUMMARY ........................................................................................................... i
  Overview of Process.................................................................................................................... i
  Accomplishments and Lessons Learned.................................................................................... i
  Recommendations..................................................................................................................... ii

PROCESS TIMELINE .............................................................................................................. iii

VISION FORWARD OUTCOMES INITIATIVE ................................................................. 1
  Background............................................................................................................................... 1
  Summary of Process and Accomplishments .............................................................................. 2
    Revision of Mission and Vision Statements ........................................................................... 2
    Organization-Wide Outcomes Approach .............................................................................. 3
    Outcomes and Logic Models for Key Programs .................................................................... 5
    Measurement Strategies for Key Programs .......................................................................... 6
    Piloting the Measurement Strategies ................................................................................... 10
  Recommendations.................................................................................................................. 11
  Resources............................................................................................................................... 11

Appendix A: Mission and Vision Revision Documents
Appendix B: Presentation Slides from All-Staff Launch Event
Appendix C: Organizational Outcomes Strategy
Appendix D: Materials for Adult Vision Rehabilitation Program
Appendix E: Materials for Youth and Children’s Services Program
Appendix F: Tools and Resources
EXECUTIVE SUMMARY

In April 2012, the Planning Council for Health and Human Services, Inc. partnered with Vision Forward Association to assist in developing and integrating an evaluation approach into the new organizational framework. The Planning Council led a multi-stage process to design an outcome-based approach to support program improvement and clearly define, document, and communicate success. This report provides a summary of the process and accomplishments, recommendations, and resources for carrying out next steps.

Overview of Process

From April 1, 2012 to August 30, 2013, the Planning Council worked closely with Vision Forward’s management, staff, and other stakeholders to revise the organization’s mission and vision, develop and launch an organizational outcomes approach, identify outcomes and measurement strategies for two program areas, and provide ongoing support for the overall initiative. The Planning Council team facilitated key stages in the process, including:

- **Revising Vision Forward’s mission and vision statements**: With input from Vision Forward leadership, developed a process to solicit stakeholder input through a survey, utilized survey findings to prepare draft statements, engaged the Executive Committee and management team in finalizing the statements, and facilitated Board approval.

- **Designing an organization-wide outcomes approach**: Facilitated an all-staff event to launch the initiative, provided guidance to form a staff Outcomes Team, and worked with the Outcomes Team to develop an Organizational Outcomes Strategy.

- **Developing outcomes and logic models for key programs**: Engaged the Outcomes Team in identifying relevant outcomes and developing logic models for the Adult Vision Rehabilitation and Youth and Children’s Services programs.

- **Developing measurement strategies for key programs**: Assisted the Outcomes Team and program staff in selecting outcomes for measurement, identifying indicators and data sources, and developing data collection procedures.

- **Piloting the Measurement Strategies**: Supported program staff in the preliminary implementation of their measurement strategies to identify areas for improvement.

Accomplishments and Lessons Learned

Throughout the process, the Planning Council and Outcomes teams experienced several major successes and opportunities for learning. Reflecting on their work together, the team members identified the following accomplishments and lessons learned:

- **Revision of the mission and vision provided clarity and focus**: The benefits of the revision process were multiple and ongoing. It provided opportunities for stakeholders to articulate, create ownership, and unify around broader organizational goals.
• **Staff developed a greater understanding and appreciation of outcomes:** Conversations among the Outcomes Team and program staff led to broader discussions about program strategies and the need to clearly articulate and document success. The participatory approach has also ensured the relevance and appropriateness of the selected outcomes.

• **Measurement systems were reviewed, defined, and piloted:** The process of reviewing existing data sources and piloting measurement strategies for one outcome in each program area provided a template to measure additional outcomes.

• **Cross-department cohesion and synergy was cultivated:** The process allowed staff to learn about each other’s work and develop a greater understanding of the ways in which each program contributes to Vision Forward’s mission.

• **Several factors helped maintain momentum during transitions:** Changes in staff presented opportunities and challenges. It was important to build a base of knowledge among different staff, orient new employees, and support individual “champions”.

**Recommendations**

To sustain progress and build on the above accomplishments, it is recommended that Vision Forward fully implement outcomes measurement with the Adult Vision Rehabilitation and Youth and Children’s Services programs, explore integrating outcomes into other appropriate programs, and further embed outcomes into operations. Specific recommendations include:

• **Support the continuation of the Outcomes Team:** Establish regular meetings to implement next steps, identify team co-chairs, and continue to cultivate internal capacity. Create intersections between the Outcomes Team and other task teams (e.g., Values Team).

• **Continue to refine and fully integrate outcomes measurement systems into the Adult Vision Rehabilitation and Youth and Children’s Services programs:** Build upon progress and learnings from the pilot, establish timelines to develop strategies and collect data for remaining outcomes, and establish processes for data reporting and use.

• **Identify outcomes and develop measurement systems for additional program areas:** Where appropriate, apply tools and processes to develop logic models, identify relevant outcomes and indicators, and establish tools and procedures for measurement. The Store and Information & Referral are two possible program areas to prioritize.

• **Create accountability mechanisms to ensure long-term sustainability:** Designate staff within each program to oversee processes, incorporate outcomes into job descriptions, and ensure regular analysis and reflection. Provide ongoing leadership support.

• **Further develop Vision Forward as an outcomes-focused organization:** Embed outcomes into organizational activities such as quarterly reporting, annual workplan development, data systems, external marketing, internal communications, and the Values initiative.

• **Connect the outcomes initiative to systems for monitoring organizational effectiveness:** Beyond program outcomes, identify an appropriate framework that also includes metrics for monitoring finance (e.g., days cash on hand), governance (e.g., functional diversity), and administration (e.g., staff retention).
### PROCESS TIMELINE

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>April – July 2012</strong></td>
<td>Revision of Mission and Vision Statements</td>
</tr>
<tr>
<td>April</td>
<td>Established priorities, scope, and timeline</td>
</tr>
<tr>
<td>May</td>
<td>Implemented stakeholder input survey</td>
</tr>
<tr>
<td>June</td>
<td>Developed revised statements</td>
</tr>
<tr>
<td>July</td>
<td>Presented revised statements to Board for approval</td>
</tr>
<tr>
<td><strong>June – September 2012</strong></td>
<td>Organization-Wide Outcomes Approach</td>
</tr>
<tr>
<td>June</td>
<td>Convened advisory group of managers for initial input</td>
</tr>
<tr>
<td>July</td>
<td>Facilitated all-staff launch of initiative</td>
</tr>
<tr>
<td>July</td>
<td>Identified and convened full staff Outcomes Team</td>
</tr>
<tr>
<td>August – September</td>
<td>Drafted Organizational Outcomes Strategy</td>
</tr>
<tr>
<td><strong>August – November 2012</strong></td>
<td>Outcomes and Logic Models for Key Programs</td>
</tr>
<tr>
<td>August – September</td>
<td>Generated lists of relevant outcomes</td>
</tr>
<tr>
<td>October – November</td>
<td>Developed program logic models</td>
</tr>
<tr>
<td><strong>November 2012 – May 2013</strong></td>
<td>Measurement Strategies for Key Programs</td>
</tr>
<tr>
<td>November</td>
<td>Selected outcomes for measurement</td>
</tr>
<tr>
<td>November – December</td>
<td>Reviewed current data sources</td>
</tr>
<tr>
<td>December – February</td>
<td>Developed indicators for selected outcomes</td>
</tr>
<tr>
<td>February – May</td>
<td>Designed strategies to measure one outcome per program</td>
</tr>
<tr>
<td><strong>March – September 2013</strong></td>
<td>Piloting the Measurement Strategies</td>
</tr>
<tr>
<td>March</td>
<td>Planned for pilot data collection</td>
</tr>
<tr>
<td>April - June</td>
<td>Data collected for Youth and Children’s Services</td>
</tr>
<tr>
<td>June – August</td>
<td>Data collected for Adult Vision Rehabilitation</td>
</tr>
</tbody>
</table>
This page is left intentionally blank.
VISION FORWARD OUTCOMES INITIATIVE

Background

Vision Forward Association is a nonprofit, membership-based organization providing vision loss services to individuals, families, and organizations across Southeastern Wisconsin. Formed through the 2010 merger of the Badger Association for the Blind and Visually Impaired and the Center for Blind and Visually Impaired Children, Vision Forward currently serves approximately 6,000 individuals annually. Programs and services are designed to assist people in all phases of life and those experiencing all stages of vision loss. Program areas include:

- Youth and Children’s Services
- Adult Vision Rehabilitation
- Vision Forward Store
- Information & Referral/Advocacy
- Hawley Ridge Apartments

In 2011, Vision Forward Association completed its first strategic plan as a consolidated agency. The plan provides a guide to the organization for the years 2012 to 2015. Four strategic goals emerged from the process:

1. Create a mission, vision, and program approach to clearly define success and community impact;

2. Identify how to measure success, and implement an outcome-based evaluation system covering programs, governance, finance, and administration;

3. Create one value-based culture for the Board of Directors and staff; and

4. Increase the number of individuals served and the awareness of the organization and mission in Southeastern Wisconsin by at least 20 percent.

In April of 2012, Vision Forward partnered with the Planning Council for Health and Human Services, Inc. for assistance in achieving their strategic goals related to creating a revised mission and vision and developing an outcome-based evaluation system covering their programs (i.e., strategic goals 1 and 2). Through this partnership, the Planning Council has led a multi-stage process to design an outcome-based approach to support Vision Forward in ongoing program improvement and to clearly define, document, and communicate their success.

This report provides a summary of the process and key accomplishments, recommendations for the future, and resources to assist Vision Forward in carrying out next steps.
Summary of Process and Accomplishments

The process outlined by the Planning Council was based on a participatory approach, involving the input and participation of key stakeholders. Opportunities to align the process with other strategic initiatives were integrated into each stage to ensure that the approach would be both appropriate and ultimately sustained. Stages in the process included: 1) revising Vision Forward’s mission and vision statements, 2) developing an organization-wide outcomes approach, 3) solidifying outcomes and logic models for key programs, 4) developing strategies to measure outcomes in key programs, and 5) piloting the strategies. In addition, the Planning Council team provided ongoing assistance and support for the overall initiative. A summary of goals, activities, and key accomplishments for each stage of the process follows.

Revision of Mission and Vision Statements

As indicated above, one of the four strategic goals that emerged from Vision Forward’s 2012-2015 strategic plan was to develop a mission and vision statement to define and articulate success. This was seen as an appropriate first step in the process, as it offered unique opportunities to articulate, create ownership, and unify around broader organizational goals. Both the process and the revised statements themselves would also set the stage for the overall outcomes initiative.

Early in April 2012, the Planning Council team began the revision process by establishing priorities, scope, and timelines with Vision Forward’s Executive Director, Associate Director, and Board. Together, it was determined that the revised mission and vision statements should involve the input of a diverse cross-section of stakeholders including Board, management, staff, membership, and clients. Relevant organizational materials, including the strategic plan document, program descriptions, reports to major funders, and organizational marketing material provided valuable information and context.

Stakeholder Input Process

The Planning Council team and Vision Forward leadership developed a brief survey, distribution list, and process to facilitate stakeholder input. The survey included three questions and was designed to identify specific words and phrases that would both resonate and communicate the purpose of the organization. In May 2012, the survey was distributed to approximately 400 Vision Forward stakeholders, including staff, Board, donors, members, volunteers, parents of children receiving services, and community partners. As appropriate, the survey was provided in web-based (Survey Monkey) and hard copy (print or braille) formats sent via email and mail.

A total of 64 completed surveys were received, representing the full range of stakeholder groups. Responses were summarized and presented to Vision Forward leadership to help inform and guide the revised mission and vision statements. Overall, when asked to identify words or brief phrases that capture the essence of Vision Forward, the words most commonly used by respondents included “educate”, “learn”, “independence”, “help”, “resource/s”, “support”, “services”, “community”, and “empower”.

Planning Council for Health and Human Services, Inc.
**Revised Statements**

Together, the Planning Council and Vision Forward leadership team reviewed survey results and identified key language to include in the revised statements. In addition, mission and vision statements from similar organizations across the nation were reviewed and discussed. Revised statement were drafted and reviewed by Vision Forward leadership and staff representatives. After integrating leadership and staff feedback, the following statements were submitted to the Board for their review and approval in July of 2012:

**Mission:** Empower, educate and enhance the lives of individuals impacted by vision loss through all of life’s transitions.

**Vision:** All individuals with vision loss have reached their full potential to lead active, independent lives.

For a copy of the survey, a summary of survey responses, and an explanation of the final mission and vision statements, see Appendix A.

**Organization-Wide Outcomes Approach**

Concurrent to the mission and vision statement revision process, the Planning Council team began to explore possible strategies for launching the next stage of the larger outcomes initiative. Through reviewing organizational documents and conversations with Vision Forward leadership and staff representatives, it was clear that while there was a high level of readiness for integrating outcomes, each program area within the organization was at its own unique level of readiness. As a result, it was determined that the following three components would serve as the basis for an organization-wide outcomes approach:

1. Facilitating an **all-staff launch event** to present the revised mission and vision statements; generate a shared understanding outcomes and the initiative's goals; and discuss staff hopes, questions, and concerns.

2. Forming a staff **Outcomes Team** consisting of staff at multiple levels within Vision Forward to guide the approach and ultimately oversee implementation.

3. With the input of the Outcomes Team, develop an **Organizational Outcomes Strategy**, or theory of change, to align the outcomes of each program area with the revised organizational mission and vision.

In June of 2012, the Planning Council team met with a group of Vision Forward managers to gather input to aid in the planning of the all-staff launch event and the implementation of the outcomes initiative. Present were the Executive Director, Associate Director, Youth and Children’s Services Director, Adult Vision Rehabilitation Services Director, Human Resources/Store Director, and Marketing Director. This group was asked to reflect on: 1) what they associated with the term “outcomes”; 2) what excited them about the process; 3) what they hoped to gain from the process; 4) their concerns; and 5) if already engaged in outcomes work, what was and was not working. Overall, the discussion revealed that there was a high
level of enthusiasm and readiness for outcomes measurement. However, some were concerned about the time and effort involved and expressed fears about long-term sustainability.

**All-Staff Launch**

The organizational assets and concerns raised by the advisory group were integrated into the plans for the event, held on July 30th, 2012. The session was designed to be interactive and serve as a vehicle to launch the initiative; as a result, the Planning Council team utilized a mixed format. A short video was shown to illustrate the importance of outcomes, the revised mission and vision statements were presented, and audience response technology (Turning Point) was utilized to facilitate a conversation about the outcomes process and perceptions about current alignment with the revised statements. Similar to the advisory group, the staff responses at the event indicated that although they were excited and saw great value in outcomes measurement, the greatest concern was related to the sustainability of the approach. For the full session slides, including staff responses to interactive questions, see Appendix B.

**Outcomes Team**

Building on the advisory group that met in June, the full staff Outcomes Team was identified and convened in late July 2012. In addition to key program managers, the Outcomes Team included programming and support staff from the Youth and Children’s Services, Adult Vision Rehabilitation, and Philanthropy departments. It was determined early on that the representation of staff at multiple levels was important to ensuring that the approach ultimately developed would be feasible, fit with program operations, and be sustainable. In addition, an important aspect of the overall process was the building of evaluation capacity that could potentially spread to others in the organization.

**Organizational Outcomes Strategy**

The goal of the first meeting of the full Outcomes Team was to establish the team and gather input on an Organizational Outcomes Strategy to demonstrate how Vision Forward’s various program areas align with the revised mission and vision statements. After outlining the goals of the initiative, clarifying the role of the Outcomes Team, and soliciting final input on the all-staff event, the Planning Council team facilitated a brainstorming session which would form the basis for the Organizational Outcomes Strategy. Team members were asked to identify how each of Vision Forward’s program areas contribute to achieving the organization’s mission and vision. At the following Outcomes Team meeting, the team was asked to develop specific outcome statements for each program area.

The outcome statements developed by the team were then consolidated into the Organizational Outcomes Strategy model, which can be found in Appendix C. Designed to be refined over time, the model serves as a “big picture” overview of outcomes for each program, demonstrates cross-program synergies, and communicates the broader organizational goals of Vision Forward.

---

1 See “Why Nonprofit Outcomes are Important”. (Posted by OutcomeMaven; April, 2012). Retrieved from http://www.youtube.com/watch?v=mmsYPQTo2Eo.
Outcomes and Logic Models for Key Programs

As part of the overall outcomes initiative, the Planning Council team and Vision Forward leadership determined that priority should be given to developing outcome measurement strategies for two key program areas: 1) Adult Vision Rehabilitation and 2) Youth and Children’s Services. These programs were assessed as having high levels of readiness for outcomes measurement and as being poised to benefit. In order to capitalize and build on the learning process, it was decided to engage both programs in developing outcomes, logic models, and measurement strategies concurrently. This would encourage cross-program sharing and problem solving.

Following the development of the Organizational Outcomes Strategy, the Planning Council and Outcomes teams worked together to develop outcomes and complete logic models for the Adult Vision Rehabilitation and Youth and Children’s Services programs. Steps in the outcome and logic model development process included:

1. Generating a brief list of clear, relevant, and achievable outcomes for each program, using those identified for the Organizational Outcomes Strategy as a starting point.

2. Completing logic models for each program by identifying the inputs needed for each program, the core strategies used to achieve outcomes, and the outputs produced.

Identification of Outcomes

After a brief overview of outcome measurement terms and concepts, the Planning Council team facilitated several discussions focused on identifying relevant outcomes for each program. Because the Adult Vision Rehabilitation program began the process without any formalized outcomes, the Planning Council team facilitated a group brainstorming session to identify possible outcomes. The team then worked together to narrow the list down to a smaller number of clear and relevant outcome statements.

For the Youth and Children’s Services program, the outcome development process provided an opportunity to build on the outcomes already used for the purposes of United Way reporting. This afforded the program a “leg up” in the process, as they did not have to start from scratch and already had a sense of familiarity and ownership. In addition, after some discussion, the team determined that the United Way outcomes could also apply to school-age children (i.e., not only to the children in the 0-6 age group). In this way, the United Way outcomes provided a foundation for the full set of outcomes that were developed for all children served by the program area.

Program teams were encouraged to obtain input from others in their program areas throughout the process, to ensure accuracy and increase staff buy-in. For example, the Outcomes Team initially generated an exhaustive, two-page list of potential outcome statements for the Adult Vision Rehabilitation program. These statements were then grouped into categories and presented to program staff for input, resulting in a list of approximately ten potential outcomes. The Team was then able to select seven outcomes from this narrower list for inclusion on that program’s logic model. By obtaining feedback from other program staff,
the outcomes that were ultimately identified represented those of greatest interest and import to the program team.

**Logic Model Development**

After identifying a brief list of relevant outcomes for each program area, the Outcomes Team worked together to complete separate program logic models, with the guidance of the Planning Council team. This was accomplished by focusing on each outcome in turn and determining the program strategies used to accomplish that outcome. With core program strategies identified, the team could then determine what resources (i.e., inputs) are needed to implement those strategies and the direct products (i.e., outputs) produced through their implementation. These components were then positioned into logic models for each program area.

Throughout the process of completing each program’s logic model, the Outcomes Team sought opportunities to engage in larger conversations about current practices and priorities within their respective program areas. These conversations proved to be hugely valuable, as they served to reinforce the relevance of the outcomes development process, generated ownership around the outcomes that were developed, encouraged reflection on programming strategies, and ultimately set the stage for the eventual use of outcomes data for program improvement. These “ripple effects” continued throughout the larger process and extended into daily operations, program staff meetings, and management processes.

In addition to the fruitful conversations that were the result of the outcomes/logic model development process, the mixed team approach yielded positive benefits by increasing cohesion between the key program areas. Initial discussions about intended outcomes and program strategies increased other team members’ knowledge about practices, priorities, and program philosophies and also created opportunities to enhance personal connections. Further, the team found multiple opportunities to draw parallels between the outcomes and logic models for the Adult Vision Rehabilitation and Youth and Children’s Services programs. This cross-sharing increased the efficiency of the process and further reinforces the synergies between the program areas.

The completed logic models for the Adult Vision Rehabilitation and Youth and Children’s Services programs can be found in Appendix D and Appendix E, respectively. Both logic models are considered to be “living documents”, and should be revisited periodically to ensure that they continue to accurately represent the programs as they evolve over time.

**Measurement Strategies for Key Programs**

Following the development of relevant outcomes and logic models for the Adult Vision Rehabilitation and Youth and Children’s Services programs, the Planning Council team led the Outcomes Team in developing preliminary measurement strategies for each program area. Throughout the process, the team was encouraged to keep the strategies simple and minimize burden, get creative with data collection methods and sources, and maintain a focus on ongoing reflection and use of data. Steps in the process included:
1. Selecting outcomes for measurement, prioritizing those that the program can reasonably influence, will help to identify successes and areas for improvement, and will be seen as credible to stakeholders.

2. Reviewing current data sources and procedures, including those geared towards administrative documentation, clinical use, and reporting.

3. Determining a small number of indicators and potential data sources for the selected outcomes.

4. Developing procedures for collecting and managing the data, identifying which clients will be included in the data collection, timelines, responsible staff, and storage mechanisms.

Selecting Outcomes for Measurement

The logic model developed for the Adult Vision Rehabilitation program included a total of seven outcomes; as a result, the Outcomes Team worked to select a subset of these for future measurement. The team also worked to confirm the set of outcomes to be measured for the Youth and Children’s Services program. As they selected priority outcomes, the Planning Council team led the group in considering: 1) which outcomes the programs could reasonably be expected to influence, 2) which outcomes would help to identify program successes and pinpoint challenges, and 3) which outcomes would be seen as most compelling and credible to stakeholders. As they discussed these criteria, the team further engaged in broader conversations about the programs themselves, their practices, scope, and priorities.

Below are the final sets of priority outcomes developed for the Adult Vision Rehabilitation and Youth and Children’s Services programs:

<table>
<thead>
<tr>
<th>Adult Vision Rehabilitation Outcomes</th>
<th>Youth and Children’s Services Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adults pursue and achieve their individual goals</td>
<td>1. Children develop and strengthen skills leading to independence</td>
</tr>
<tr>
<td>2. Adults gain skills for independent daily living</td>
<td>2. Children develop self-confidence and appropriate social and emotional skills to engage in their environment</td>
</tr>
<tr>
<td>3. Adults demonstrate improved quality of life</td>
<td>3. Parents/caregivers gain skills and confidence in their ability to raise a child who is blind or visually impaired</td>
</tr>
<tr>
<td>4. Families gain knowledge and tools to support their loved ones</td>
<td>4. Educational community feels confident and equipped to serve children with a visual impairment</td>
</tr>
</tbody>
</table>

In January of 2013, the Planning Council team, Adult Vision Rehabilitation Services Director, and Youth and Children’s Services Director attended a meeting of Vision Forward’s Board of Directors to present progress to-date, the completed program logic models, and the set of
outcomes each program selected for measurement. The Planning Council team reviewed a written report documenting accomplishments, and the Adult Vision Rehabilitation Services Director and Youth and Children’s Services Director described their progress, including lessons learned for developing their programs’ respective logic models and how they connect with the larger organizational mission/vision. In addition, the Board provided valuable feedback on the programs’ priority outcome sets and their plans for future measurement.

**Review of Current Data Sources**

Concurrent to the selection of priority outcomes for the Adult Vision Rehabilitation and Youth and Children’s Services programs, the Outcomes Team conducted a thorough review of the data collection tools and procedures used within each program. Meeting separately with program representatives in the fall of 2012, the Planning Council team compiled lists of tools, the client groups to whom they are administered and at which time points, and the specific data elements included on each tool. This process provided a clearer picture of each program’s current state, opportunities for greater efficiency and reduced duplication, and possible sources for data to document priority outcomes for each program.

**Indicators and Data Sources for Selected Outcomes**

With their sets of priority outcomes selected and reviewed, and current data sources explored and catalogued, the Planning Council and Outcomes teams worked together to determine indicators and potential data sources to document the selected outcomes. The goal during this process was to ensure that in selecting indicators and data sources, the burden to staff and clients would be kept to a minimum. As a result, the team was encouraged to consider whether current data sources and procedures could be used or adapted for outcome measurement purposes. The Outcomes Team reviewed guidelines for selecting indicators (e.g., clear, useful, practical, and culturally appropriate) and the lists of data sources currently used for each program to assist them in the decision-making process. As noted above, the team was also encouraged to keep an open mind with respect to data collection methods. Rather than relying solely on surveys/questionnaires, qualitative methods such as interviews, focus groups, etc. were also considered.

The Outcomes Team completed the process of determining indicators for the programs’ priority outcomes in January of 2013. Potential data sources for each indicator were also identified, based on the review of current data collection tools and discussions regarding future data collection plans and priorities. Complete lists of indicators and potential data sources for the Adult Vision Rehabilitation and Youth and Children’s Services programs can be found in Appendix D and Appendix E, respectively. As with the program logic models, these documents should be considered as drafts only; periodic review and refinement is encouraged to ensure their usefulness and relevance to the programs.

**Development of Data Collection Procedures**

Together with Vision Forward leadership, it was decided to focus on one outcome for each of the key programs for the purposes of the initial development and trial run of data collection. This approach would allow for more focused decision-making and reduced burden to program...
teams. For immediate measurement, the Outcomes Team selected program outcomes related to client goal attainment for both programs. Specifically, the outcomes and their related indicators included:

- **Adult Vision Rehabilitation Outcome #1**: Adults pursue and achieve their individual goals.
  
  *Indicator 1*: Number and percent of clients who make progress toward their goal(s).
  
  *Indicator 2*: Number and percent of clients who demonstrate goal achievement.

- **Youth and Children’s Services Outcome #1**: Children develop and strengthen skills leading to independence.

  *Indicator 1*: Number and percent of children ages 0-6 who make progress toward their goal(s).
  
  *Indicator 2*: Number and percent of children ages 0-6 who demonstrate goal achievement.

Representatives from the Adult Vision Rehabilitation and Youth and Children’s Services programs worked independently to develop specific strategies and procedures for documenting the chosen outcomes and indicators for their programs. In February 2013, the Planning Council team met separately with staff from each program to discuss current procedures, gather input on the preliminary plans for documenting the chosen outcomes, and decide next steps for piloting the approaches. These meetings also provided an opportunity to gain buy-in from staff who would be key in the data collection.

To document Adult Vision Rehabilitation Outcome #1, staff developed a process for assessing clients’ progress at the time of discharge. Focusing on clients served through their DVR (Division of Vocational Rehabilitation) and Low Vision programs, progress on one or more goals would be summarized using a scale adapted from the United Way of Greater Milwaukee. A simple spreadsheet and process was developed to track the outcome data on an ongoing basis: At the time of intake, designated staff would create a record for each client, and the staff person who led the client’s training would be responsible for entering an outcome rating when the client discharged from the program. Procedures were developed for cases in which clients discharged without completing the recommended training.

Youth and Children’s Services staff built upon their current systems as they developed a process for documenting their program’s Outcome #1. Using procedures for reviewing Individualized Family Service Plans (IFSPs) for children served through the Milwaukee County Birth to Three program, staff developed a process to summarize children’s overall progress. They developed a summary rating based on a scale developed by the United Way of Greater Milwaukee and included the additional item on a form currently used for United Way reporting. This process would allow both required reporting processes to be completed in conjunction, creating increased efficiency and consistency across both. In addition, it was determined that the process could be expanded to children up to age six (i.e., beyond the
Birth to Three population), resulting in a more uniform approach to measuring the outcome for children served. Similar to the plan developed for the Adult Vision Rehabilitation pilot data collection, the Youth and Children’s Services staff planned to develop a spreadsheet for tracking children’s progress on the outcome.

The strategies developed by the Adult Vision Rehabilitation and Youth and Children’s Services programs are outlined in Appendix D and E, respectively.

**Piloting the Measurement Strategies**

As they developed specific procedures for collecting data to document each program’s selected outcome, the Adult Vision Rehabilitation and Youth and Children’s Services staff teams developed plans and preliminary timelines for piloting the strategies. During the spring and summer of 2013, the teams planned for and piloted their measurement approaches. Steps included:

1. **Developing a plan** to pilot the strategies, including setting timelines, identifying which clients to include, and assigning and preparing necessary staff.

2. **Collecting the data**, providing ongoing monitoring to identify problems and opportunities for improvement.

**Planning for the Pilot**

Beginning in March of 2013, the teams began developing plans to test their data collection strategies by implementing them on a limited scale. Representatives from the Adult Vision Rehabilitation team worked with the Planning Council to refine their strategy. The scale was tested with a small number of sample cases to ensure its feasibility. This information and the plan for piloting the strategy was then presented to other program staff for additional input. Notes on how the strategy would be implemented and questions for consideration were reviewed and documented on an ongoing basis.

Similarly, the Youth and Children’s Services program team prepared for the pilot by first testing their scale with a small number of client files. This allowed the team to work through possible issues before implementing the system “in real time”. Notification was sent via email, and the proposed plans were discussed at a staff meeting to prepare staff for implantation.

**Data Collection**

The strategy for measuring the Adult Vision Rehabilitation program’s Outcome #1 was piloted from June through August, 2013. During the pilot period, questions were discussed among the team, and larger issues were documented for future discussion. For example, questions about who to include in the data collection could be promptly clarified for staff so that data collection would not be interrupted. However, it was determined larger questions, such as whether the outcome categories themselves should be revised, would require more careful consideration after the pilot period ended.

The strategy for measuring Youth and Children’s Services’ Outcome #1 was piloted in April through June of 2013. This allowed staff to get a sense of how to integrate the data collection into regular IFSP review meetings as they occur. In May, the staff reviewed and discussed the
experience with the program team at a full staff team meeting. Team representatives reported that the process led to spirited discussions and ultimately a greater focus on child outcomes in the program. It also was reported that the process has resulted in a greater emphasis on parent involvement and family priorities in the goal setting and review process. Staff reflected, however, that they will need to continue to work the data collection process into regular procedures.

**Recommendations**

To sustain progress and build on the above accomplishments, it is recommended that Vision Forward fully implement outcomes measurement with the Adult Vision Rehabilitation and Youth and Children’s Services programs, explore integrating outcomes into other appropriate programs, and further embed outcomes into operations. Specific recommendations include:

- **Support the continuation of the Outcomes Team**: Establish regular meetings to implement next steps, identify team co-chairs, and continue to cultivate internal capacity. Create intersections between the Outcomes Team and other task teams (e.g., Values Team).
- **Continue to refine and fully integrate outcomes measurement systems into the Adult Vision Rehabilitation and Youth and Children’s Services programs**: Build upon progress and learnings from the pilot; establish timelines to develop and collect data for remaining outcomes; and establish processes for data reporting and use.
- **Identify outcomes and develop measurement systems for additional program areas**: Where appropriate, apply tools and processes to develop logic models, identify relevant outcomes and indicators, and establish tools and procedures for measurement. The Store and Information & Referral are two possible program areas to prioritize.
- **Create accountability mechanisms to ensure long-term sustainability**: Designate staff within each program to oversee processes, incorporate outcomes into job descriptions, and ensure regular analysis and reflection. Provide ongoing leadership support.
- **Further develop Vision Forward as an outcomes-focused organization**: Embed outcomes into organizational activities such as quarterly reporting, annual workplan development, data systems, external marketing, internal communications, and the Values initiative.
- **Connect the outcomes initiative to systems for monitoring organizational effectiveness**: Beyond program outcomes, identify an appropriate framework that also includes metrics for monitoring finance (e.g., days cash on hand), governance (e.g., functional diversity), and administration (e.g., staff retention).

**Resources**

As Vision Forward moves ahead in implementing outcomes measurement for the Adult Vision Rehabilitation and Youth and Children’s Services programs, the Outcomes Team will be a valuable resource. Over time, team members have developed familiarity with the basic steps in the outcome development process and an understanding of measurement approaches and strategies. The Outcomes Team’s capacity in these areas will also be a beneficial asset as the
organization moves on to explore outcomes development/measurement in additional program areas.

In addition to drawing from the base of knowledge developed among staff on the Outcomes Team, the Planning Council team has identified several additional tools and resources to guide Vision Forward in implementing next steps. Appendix F outlines the basic steps involved in developing an outcomes measurement system. Helpful handouts, worksheets, and a directory of additional resources related to outcome measurement and evaluation are also included.
Appendix A: Mission and Vision Revision Documents
Tell Us What You Think:

We would like your ideas on how we can describe Vision Forward Association to others. We’re interested in knowing what Vision Forward means to you.

To start, we want to create a statement that is brief, clear, and memorable, and we want to use words that concisely describe the purpose of our association. It will be a statement that all of us can use consistently. This statement will remind us of our role in the community and make us proud of who we are.

Second, we want to create another statement that inspires and helps us envision our future; a statement that challenges us to be the very best we can be.

Please respond to the following three questions no later than Monday, May 21st. If you have any questions, contact Terri Davis at tdamis@vision-forward.org or (414) 615-0102.

1. What is your role in Vision Forward Association? (Please check all that apply)
   - Board of Directors
   - Association Member
   - Staff
   - Volunteer
   - Donor
   - Parent
   - Referring Partner
   - Other (specify): __________________________

2. What are 3 words or brief phrases that you think capture the essence of Vision Forward?
   1. __________________________
   2. __________________________
   3. __________________________

3. In 5 years, what are 3 words or brief phrases that you hope capture the essence of Vision Forward?
   1. __________________________
   2. __________________________
   3. __________________________

Thank you for your input!
Who responded to the survey?

- A total of 82 individuals responded to the survey (with two additional respondents whose surveys came in after the deadline).
  - 15 surveys were removed because the respondent did not respond to any of the questions (i.e., they indicated their role, then skipped to the end of the survey).
  - 3 surveys were removed because respondents did not understand the questions (e.g., they provided specific suggestions for improving services).

- Respondents for the 64 valid surveys represented a range of stakeholder groups. They identified themselves as having from one to five roles in Vision Forward, with an average of approximately 2 roles selected by each respondent.
  - Looking at the total number of respondents who selected each role:
    - 37 selected “Association Member”
    - 23 selected “Donor”
    - 19 selected “Staff”
    - 14 selected “Volunteer”
    - 4 selected “Board of Directors”
    - 3 selected “referring partner”
    - 2 selected “Parent of child receiving services”
    - 9 represented an “other” group (e.g., activity participant, relative of staff member, etc.)
  - Respondents’ primary roles in Vision Forward were identified, to capture a more realistic mix of respondents’ relationship to the agency. For example, if someone indicated that they were a Board member, an association member, and a donor, they were identified as primarily a Board member.

Looking at respondents’ “primary” roles:

- 4 were Board members
- 18 were staff
- 10 were volunteers
- 20 were association members
- 4 were donors
- 1 was a parent
- 3 were referring partners
- 3 represented an “other” group
What were the responses to the survey questions?

- There were a total of 170 responses to the question: *What are 3 words or brief phrases that you think capture the essence of Vision Forward?*
  
  o What were the most common types of responses?
    - Empowering or equipping clients
    - Caring and compassionate staff
    - Teaching or educating clients
    - A sense of family/community
    - Clients achieving a better future
    - Fostering independence
    - Serving all ages/lifespan
    - Providing an array of services
  
  o What specific words were used?
    - 11 included “educate”
    - 10 included “learn”
    - 10 included “independence”
    - 10 included “help”
    - 9 included “resources”
    - 7 included “support”
    - 6 included “community”
    - 5 included “empower”
  
  o How did different types of stakeholders respond?
    - The most common responses among Board members involved serving people of all ages.
    - The most common responses among staff members was empowering or equipping clients to reach their potential.
    - The most common responses among volunteers involved caring and compassion.
    - The most common responses among association members involved teaching or educating clients.

- There were a total of 149 responses to the question: *In 5 years, what are 3 words or brief phrases that you hope capture the essence of Vision Forward?*
  
  o What were the most common types of responses?
    - Providing comprehensive services
    - Being the premiere/leading agency
    - Expanded reach/membership
- Being on the cutting edge
- Serving all ages/lifespan
- Empowering or equipping clients
- Providing advocacy/training
- A sense of family/community
- Teaching or educating clients

**What specific words were used?**
- 10 included “services”
- 9 included “community”
- 7 included “resource”
- 5 included “leader”
- 5 included “educate”
- 5 included “all ages”
- 5 included “life” or “live”

**How did different types of stakeholders respond?**
- The most common responses among Board members involved providing quality programs and services.
- The most common responses among staff members involved being the premiere/leading agency providing cutting edge services.
- The most common responses among volunteers involved organizational unity and achieving organizational goals.
- The most common responses among association members involved expanding the reach of the organization (e.g., increased visibility, membership).
VISION FORWARD ASSOCIATION
Mission/Vision Board Approved 7.17.12

Mission

Previous Mission-
To create a resource center providing a continuum of services to visually impaired people of all ages and their families.

Approved Mission

Empower, educate and enhance the lives of individuals impacted by vision loss through all of life’s transitions.

Vision

Previous Vision Statement-
To foster independence and successful integration of visually impaired individuals into the community.

Approved Vision

All individuals with vision loss have reached their full potential to lead active, independent lives.

Key Messages

The mission/vision statements were developed through an interactive process that sought input from a wide range of Vision Forward stakeholders. Some key talking points:

Mission:

- Use the term "vision loss" (not changing vision).
- Use three strong verbs (Empower, Educate, Enhance). Do not start with educate.
- The 3 verbs capture the essence of the purpose of Vision Forward Association:
  - Empower (fostering independence, realizing full potential)
  - Educate (Educating not only to individuals with vision loss, but also their families, the community, etc)
  - Enhance (adding to the quality of life)
- Use the term "individuals" (not people). It was suggested to add "families" but it was difficult to weave the term into a clear and concise statement.
- "Individuals impacted by vision loss" captures the philosophy that vision loss not only impacts the individual, but the people that care about them.
- Use the phrase "through all of life’s transitions" (not "all ages") to better describe the continuum.

Vision:

- Describes the future state from the individual’s perspective
- Use the phrase "realize full potential" (not self sufficient)
- The vision also reflects the concept that "No matter what stage of life, individuals are contributing to their communities."
Appendix B: Presentation Slides from All-Staff Launch Event
Introduction to Outcomes Initiative

July 30th, 2012

Why are we here today?
What do we mean when we say “outcomes”?
Why are outcomes important?

Outcomes: A Different Way of Thinking
FROM:
- Number of people served
- Hours of therapy provided
- Amount of educational materials distributed
- Number of workshops conducted

TO:
- Value of services to clients
- Improvements in functioning
- Increases in knowledge
- Types of skills acquired

What’s in this for you?
- Program/organizational improvement
- Better ability to describe programs
- Information for fundraising
- Input for planning and policy decision making
- Satisfaction in knowing how we are doing
- Improved accountability

Now we want to know what you think!

Did you eat breakfast this morning?

1. Yes
2. No
3. I’m not sure
Who do you primarily work with in your position?
1. Mostly with children 34%
2. Mostly with adults 34%
3. I work in operations 31%

How long have you been a staff member?
1. Less than two years 17%
2. Two to five years 37%
3. More than five years 46%

How do you feel about beginning to look at outcomes?
1. I'm excited 77%
2. I'm scared 3%
3. I couldn't care less 20%

What do you hope to get out of looking at our outcomes?
1. Celebrate successes 9%
2. Demonstrate our impacts to others 37%
3. Improve our work 54%

What concerns you most about beginning to look at our outcomes?
1. It will be extra work 20%
2. It will take a lot of time 20%
3. Nothing will happen with it 54%

Organizational Outcomes Strategy

Our mission:
Empower, educate and enhance the lives of individuals impacted by vision loss through all of life's transitions.
Organizational Outcomes Strategy

Our vision:
All individuals with vision loss have reached their full potential to lead active, independent lives.

How are we doing at empowering individuals to live active, independent lives?
1. Very good
2. Okay
3. Not so good

How are we doing at empowering individuals to reach their full potential?
1. Very good
2. Okay
3. Not so good

How are we doing at educating individuals with vision loss?
1. Very good
2. Okay
3. Not so good

How are we doing at educating the families of individuals with vision loss?
1. Very good
2. Okay
3. Not so good

How are we doing at educating the community about services and issues relating to vision loss?
1. Very good
2. Okay
3. Not so good
How are we doing at *enhancing quality of life* for individuals with vision loss?

1. Very good
2. Okay
3. Not so good

Thank you!
Appendix C: 
Organizational Outcomes 
Strategy
**Vision Forward Association: Organizational Outcomes Strategy, DRAFT 12/5/2012**

**Vision:** All individuals with vision loss have reached their full potential to lead active, independent lives.

**Mission:** Empower, educate and enhance the lives of individuals impacted by vision loss through all of life’s transitions.

<table>
<thead>
<tr>
<th>Adult Vision Rehabilitation</th>
<th>Youth and Children’s Services</th>
<th>Vision Forward Store</th>
<th>Information &amp; Referral</th>
<th>Hawley Ridge Apartments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes to Measure:</td>
<td>Outcomes to Measure:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults pursue and achieve their individual goals</td>
<td>Children develop and strengthen skills leading to independence</td>
<td>Individuals of all ages have access to information &amp; tools to live more independently</td>
<td>Vision Forward staff refer within the agency</td>
<td>People with vision loss live independently</td>
</tr>
<tr>
<td>Adults gain skills for independent daily living</td>
<td>Children develop self-confidence and appropriate social and emotional skills to engage in their environment</td>
<td>Individuals of all ages have access to a range of cutting-edge adaptive technologies</td>
<td>Doctors &amp; other professionals refer to Vision Forward</td>
<td>Residents have safe &amp; secure housing</td>
</tr>
<tr>
<td>Adults demonstrate improved quality of life</td>
<td>Parents/caregivers gain skills and confidence in their ability to raise a child who is blind or visually impaired</td>
<td>Individuals of all ages gain skills for daily living</td>
<td>The community, media, &amp; other professionals see Vision Forward as a source of expertise</td>
<td>Residents have a sense of community</td>
</tr>
<tr>
<td>Families gain knowledge and tools to support their loved ones</td>
<td>Educational community feels confident and equipped to serve children with a visual impairment</td>
<td>Individuals can engage in hobbies, recreation, &amp; social interaction</td>
<td>Referrals &amp; requests for information inform Vision Forward programs</td>
<td>Residents are linked to community services</td>
</tr>
<tr>
<td>Additional Outcomes:</td>
<td></td>
<td>Community is more aware of possibilities for people with vision loss</td>
<td>Individuals are linked to services to address non-vision issues</td>
<td>Residents have opportunities to volunteer</td>
</tr>
<tr>
<td>Adults are connected to information and resources</td>
<td></td>
<td></td>
<td>Adults reach out to others with vision loss &amp; refer them to Vision Forward</td>
<td>Residents become ambassadors for Vision Forward</td>
</tr>
<tr>
<td>Adults are able to participate in leisure and recreational activities</td>
<td></td>
<td></td>
<td><strong>Advocacy</strong></td>
<td></td>
</tr>
<tr>
<td>Adults reach out to others with vision loss and the community</td>
<td></td>
<td></td>
<td>Individuals with vision loss have an advocate</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The community is more aware of issues related to vision loss</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D:
Materials for Adult Vision
Rehabilitation Program
### Vision Forward: Adult Vision Rehabilitation Program Logic Model

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>STRATEGIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>MISSION</th>
<th>VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial resources</td>
<td>Identify functional/emotional needs and provide appropriate information and referrals. Educate adults about what is possible and achievable. Work with adults to establish goals and monitor progress. Provide training in the use of adaptive strategies, tools, and technologies. Provide training in adaptive prevocational skills, based on individual abilities and goals. Facilitate education and enrichment activities incorporating adaptive skills. Provide opportunities for family members to learn about, observe, and engage in the rehabilitation process. Encourage and provide opportunities for adults to reach out to others with vision loss.</td>
<td># of assessments conducted # of educational materials distributed # of referrals provided # of adults who set and work towards goals # and type of one-on-one training sessions provided # and type of group training sessions provided # and type of education and enrichment sessions facilitated # of family members engaged # of outreach opportunities provided</td>
<td>1. Adults pursue and achieve their individual goals★ 2. Adults gain skills for independent daily living★ 3. Adults demonstrate improved quality of life★ 4. Families gain knowledge and tools to support their loved ones★ 5. Adults are connected to information and resources 6. Adults are able to participate in leisure and recreational activities 7. Adults reach out to others with vision loss and the community</td>
<td>Empower, educate and enhance the lives of individuals impacted by vision loss through all of life’s transitions.</td>
<td>All individuals with vision loss have reached their full potential to lead active, independent lives.</td>
</tr>
<tr>
<td>State-of-the-art facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized equipment and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-trained staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate certification and licensure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers and volunteer time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedicated and diverse Board of Directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners in the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

★ Indicates outcomes that have been selected for ongoing measurement and monitoring.
## Vision Forward Association Indicators & Data Sources Matrix, Adult Vision Rehabilitation

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits to participants.</td>
<td>Observable &amp; measureable evidence that an outcome has been achieved.</td>
<td></td>
</tr>
<tr>
<td>Adults pursue and achieve their individual</td>
<td>1. Number and percent of clients who make progress toward their goal(s)</td>
<td>Initial Assessment and Discharge Summary Forms</td>
</tr>
<tr>
<td>goals</td>
<td>(NOTE: clients must make progress to remain in therapy)</td>
<td>• Client goals (stated goals, status at initial and discharge)</td>
</tr>
<tr>
<td></td>
<td>2. Number and percent of clients who demonstrate goal achievement</td>
<td></td>
</tr>
<tr>
<td>Adults gain skills for independent daily</td>
<td>1. Number and percent of clients who report gaining skill(s) in areas such</td>
<td>Education and Enrichment Survey</td>
</tr>
<tr>
<td>living</td>
<td>- Meal preparation</td>
<td>• Feel more independent (#6)</td>
</tr>
<tr>
<td></td>
<td>- Independent travel</td>
<td>• Gained confidence (#7)</td>
</tr>
<tr>
<td></td>
<td>- Household (budget, bills)</td>
<td>• Will use information (#8)</td>
</tr>
<tr>
<td></td>
<td>- Use of adaptive tools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Communication (phone, computer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Reading (leisure, labels, mail)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Care of self (laundry, hygiene)</td>
<td></td>
</tr>
</tbody>
</table>

REVISED, 1/23/2013
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults have improved quality of life</td>
<td>1. Number and percent of clients who improve (pre to post) on a measure of quality of life</td>
<td>Visual Functioning Questionnaire – 25</td>
</tr>
<tr>
<td></td>
<td>2. Number and percent of clients who report improved quality of life</td>
<td>• Composite Score</td>
</tr>
<tr>
<td>Families gain knowledge and tools to</td>
<td>1. Number and percent of family members who report gaining knowledge and tools (among family members who are involved in client’s therapy)</td>
<td>Vision Rehabilitation Services Outcome Measurement Tool</td>
</tr>
<tr>
<td>support their loved ones</td>
<td>2. Number and percent of family members who report feeling more equipped to support their loved one (among family members who are involved in client’s therapy)</td>
<td>• Feel more positive (#1)</td>
</tr>
</tbody>
</table>
Adult Vision Rehabilitation

Outcome #1 piloting
Outcome: Adults pursue and achieve their individual goals.

- **Scale or categories that Adult Vision Rehab. will use to measure this outcome:** *(based loosely on United Way categories)*

  - **Reminder:** these categories will be used with all DVR clients and all Low Vision clients who:
    a. start training and
    b. have a Final Report or Discharge Summary completed.

  1. **Did Not Achieve**
     - none of the goals were achieved, no progress was made

  2. **Progress Demonstrated**
     - if client has multiple goals: has made progress on at least one goal
     - if client has one goal: client has made progress on the goal

  3. **Achieved**
     - all of the goals were achieved

  4. **Incomplete Training**
     - client dropped out or discontinued training for a variety of reasons
     - staff could not accurately measure goal(s)

- **Notes about recording these outcomes on the spreadsheet:**

  1. For low vision clients: FIM/G-codes will *not* be included in the outcome reporting.

  2. Jackie (for Low Vision clients) and Leticia (for DVR clients) will start the entry for each new client (entering the name, demographic information and service start date). Each staff member who leads training with a client will then be responsible for selecting the outcome category on the spreadsheet at the time they generate the final report or discharge summary.

  3. We will have the goal of reporting outcomes on 100% of our caseload.
Appendix E: Materials for Youth and Children’s Services Program
## Appendix E: Youth and Children’s Services Program Logic Model

### Vision Forward: Youth and Children’s Services Program Logic Model

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>STRATEGIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>MISSION</th>
<th>VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial resources</td>
<td>Identify children’s needs and abilities and provide ongoing assessment</td>
<td># of initial and ongoing assessments conducted</td>
<td>1. Children develop and strengthen skills leading to independence ★</td>
<td>Empower, educate and enhance the lives of individuals impacted by vision loss through all of life’s transitions.</td>
<td></td>
</tr>
<tr>
<td>State-of-the-art facilities</td>
<td>Work with families to establish goals for children; develop and review plans to meet goals</td>
<td># of informal assessments conducted for school age children</td>
<td>2. Children develop self-confidence and appropriate social and emotional skills to engage in their environment ★</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized equipment and supplies</td>
<td>Provide the recommended services to children and families</td>
<td># of therapy, vision, and education sessions conducted</td>
<td>3. Parents/caregivers gain skills and confidence in their ability to raise a child who is blind or visually impaired ★</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-trained staff</td>
<td>Involve children and families in community outings and activities</td>
<td># of family meetings held (transitions, IEP, IFSP, etc.)</td>
<td>4. Educational community feels confident and equipped to serve children with a visual impairment ★</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate certification and licensure</td>
<td>Actively engage families in helping children meet goals</td>
<td># of family support groups held</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers and volunteer time</td>
<td>Provide support and resources to the educational community</td>
<td># of specialized family engagement and educational activities provided (music therapy, holiday events, outings, family conferences, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedicated and diverse Board of Directors</td>
<td></td>
<td># of school age activities provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners in the community</td>
<td></td>
<td># of consultations with professionals in the education community</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicates outcomes that have been selected for ongoing measurement and monitoring.*
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
</tr>
</thead>
</table>
| Benefits to participants. | 1. Number and percent of children ages 0-6 who make progress toward their goal(s)  
2. Number and percent of children ages 0-6 who demonstrate goal achievement | Child Outcome Summary (Mke B23)  
- Section 6: Child and Family Outcomes  
Child Survey (United Way)  
- Outcome progress ratings |
| Children develop and strengthen skills leading to independence. |  |  |
| Children develop self-confidence and appropriate social and emotional skills to engage in their environment. | 1. Number and percent of children who demonstrate developmentally-appropriate social and emotional skills  
2. Number and percent of children who demonstrate improvements in social and emotional skills | Child Outcome Summary (Mke B23)  
- Rating in Area 1  
- Rating in Area 2  
Child Survey (United Way)  
- Ratings in Section 1  
- Ratings in Section 3 |
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
</tr>
</thead>
</table>
| Parents/caregivers gain skills and confidence in their ability to raise a child who is blind or visually impaired. | 1. Number and percent of parents who report increased knowledge of their child’s needs  
2. Number and percent of parents who report increased knowledge of resources to address their child’s needs  
3. Number and percent of parents who report increased skills to raise their child  
4. Number and percent of parents who report increased confidence in their ability to raise their child  
5. Number and percent of parents who demonstrate increased skills to care for their child | Parent Survey  
- Understand child’s needs (#4)  
- Strategies and skills (#5)  
School-Age Event Survey (for events targeting parents) |
| Educational community feels confident and equipped to serve children with a visual impairment. | 1. Number and percent of educational professionals who report increased knowledge of the needs of blind/visually impaired children.  
2. Number and percent of educational professionals who report increased knowledge of resources to serve blind/visually impaired children  
3. Number and percent of educational professionals who report feeling confident and/or equipped to serve blind/visually impaired children |
Children and Youth: OUTCOME #1
System of Measuring Student Progress Using IFSP Goals and United Way Survey

On the IFSP:

Check "We accomplished this outcome." if:

- Student has met all of the requirements laid out in the "How will we measure our success" box.

Check "We will continue this outcome." if:

- Student has not met the goal but the goal is achievable in the next 6 months.
- NEXT STEP: If a reason or circumstance causing the student not to accomplish the goal is known, note it below the check boxes.
- NEXT STEP: Copy goal to next IFSP!

Check "We will revise this outcome." if:

- Student has not met goal and the goal needs to be expanded or a piece removed or decreased, rather than continued as is.
- NEXT STEP: Below the check boxes, write "Reason to revise" and either "increase demand" or "decrease demand." Include any other details as to why the goal is being revised instead of continued.
- NEXT STEP: Indicate the changes directly on the goal page. Date the changes. New version of the goal should then be copied into the next IFSP.

On the United Way Survey:

NEW QUESTION #4:

Check "Not at all" if:

- Student has “Revised: decreased demands” or “Continued” on all goals.

Check "Very little" if:

- Over 50% of the student’s goals have “Revised: decreased demands” or “Continued.”

Check “Somewhat” if:

- 50% or more of the goals are “Accomplished” or “Revised: increased demands.”

Check “Very much” if:

- All goals are “Accomplished.”

*Answer questions 1-3 using the IFSP goals as a guideline, but also using your best judgment, as we have done before.

*Information will be entered on an in-house spreadsheet based on the United Way spreadsheet that we have typically used in the past.
Appendix F: Tools and Resources
Basic Steps for Developing an Outcomes Measurement System

1. Get Ready

**Prepare and plan**

a. Identify and convene appropriate team members
b. Review basic steps and outcome measurement terms (SEE “GLOSSARY OF OUTCOME MEASUREMENT TERMS”)
c. Determine the program of focus
d. Identify needs and scope of measurement system
e. Establish timeline for developing and implementing the plan (SEE “TIMELINE FOR PLANNING & IMPLEMENTING OUTCOMES MEASUREMENT PROCEDURE”)

**Assess the selected program’s current state:**

a. What information is currently being collected?
b. How is that information currently being used?
c. What information would be the most relevant to funders, clients, and other stakeholders?
d. What makes the program unique?

2. Choose Outcomes

**Develop a program logic model**

a. Use team approach to brainstorm logic model elements for the program.
   - Inputs = Resources dedicated to or consumed by a program.
   - Activities/Strategies = The services the program provides to fulfill its mission.
   - Outputs = The direct products of program operation.
   - Outcomes = The benefits to participants during or after participating in the program.

b. Put elements into logic model format and see if it makes sense (cause→effect). (SEE “LOGIC MODEL WORKSHEET”)
c. Get feedback from clients, other staff, “friends” of the agency, funders, etc.

**Select outcomes to measure, considering:**

a. Which outcomes can the program reasonably be expected to influence?
b. Which outcomes would help to identify program successes and pinpoint challenges?
c. Which outcomes would be seen as most compelling and credible to stakeholders?
3. Select Indicators

Identify at least one indicator for each outcome, considering:

a. What would be the evidence that the program is achieving that outcome? (SEE “INDICATOR CRITERIA”)

b. Identify at least one reasonable indicator for each outcome. (SEE “INDICATORS & DATA SOURCES WORKSHEET”)

c. “Walk back” through each indicator, outcome, and activity—does it still make sense?

4. Prepare to Collect Data

Select data sources for indicators (SEE “INDICATORS & DATA SOURCES WORKSHEET”)

a. Is this information already being collected?

b. Where do we get the information that we don’t have but need? (SEE “METHODS FOR COLLECTING DATA”)

c. Do the data sources actually measure what we’re trying to measure?

Develop data collection plan (SEE “DATA COLLECTION PROCEDURES WORKSHEET”)

a. Who collects the data?

b. How is the data collected? Which participants are included?

c. When/how often is the data collected?

d. What happens with the data? How is it stored and managed?

e. To whom and how often is it reported?

f. Is this a reasonable plan for data collection, management, and reporting?

5. Try Out the System

Do a trial run

a. Determine a timeline for trial implementation

b. Prepare and train necessary staff

c. Collect your outcome data

d. Monitor data collection, documenting ideas for changes as they arise

6. Analyze your Findings

Prepare the data

a. Enter the data into a spreadsheet or manual tracking log (including any key participant characteristics that may influence the indicators)

b. Check the data for errors
Do a preliminary analysis
   a. Tabulate the data, including the number and percent of participants who achieved the outcome
   b. Break out the data by key characteristics (e.g., age, education level, time in program, etc.)

Present your findings
   a. Summarize your findings, including necessary explanatory information
   b. Report the findings to key stakeholders
   c. Gather feedback on the findings, reporting methods, etc.

7. Improve the System
   Based on the trial run, make necessary adjustments to:
      a. Data collection tools
      b. Training of data collectors
      c. Collection and entry procedures
      d. Data analysis procedures

Start Full-Scale Implementation
   a. Integrate system into regular operations
   b. Provide ongoing monitoring, adjusting the system as necessary

8. Use the Findings
   Use findings internally to:
      a. Identify areas for additional training and technical assistance
      b. Identify program improvement needs and strategies
      c. Guide organizational planning and budgeting
      d. Identify outcome targets

Use findings externally to:
   a. Promote the program to potential participants, referral sources, volunteers, etc.
   b. Market the program to potential funders, donors, and the broader community
   c. Contribute to the larger field
Glossary of Outcome Measurement Terms

Logic Model: A diagram that demonstrates the causal linkages between a program’s inputs, strategies/activities, outputs, and outcomes.

Inputs: The resources you invest in your program (e.g., money, staff time, facilities).

Strategies or Activities: What you do to achieve your mission (e.g., educating participants, providing therapy).

Outputs: The direct products of program operation, or “units of service” (e.g., number of participants served, number of therapy sessions conducted).

Outcomes: The benefits to participants during or after program participation (e.g., changes in behavior, knowledge, skills, level of functioning).

Outcome Indicators: Observable and measureable evidence that an outcome has been achieved (e.g., number and percent of participants who demonstrate increased skill level).

Data Sources: Sources of information to document your outcome indicators (e.g., surveys, observation, record review, interviews, focus groups).

Targets: The desired level of achievement on an outcome indicator; usually set after a program has experience measuring an outcome and knows what is achievable with their participants.

Benchmarks: Performance data used for comparative purposes; can be a program’s own data or data from other programs or locations (e.g., state-wide data, national data).
## Timeline for Planning & Implementing Outcomes
### Measurement Procedures

<table>
<thead>
<tr>
<th>Step</th>
<th>Initial Preparation</th>
<th>Trial Run</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5 6 7</td>
<td>?+1  ?+2  ?+3</td>
<td>?+4 ?+5</td>
</tr>
<tr>
<td>1: Get Ready</td>
<td>X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Choose Outcomes</td>
<td>X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Specify Indicators</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4: Prepare to Collect Data</td>
<td></td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>5: Try Out the System</td>
<td>XXX</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>6: Analyze Your Findings</td>
<td>X X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Improve the System</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Start Full-Scale</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8: Use the Findings</td>
<td>X X X X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Adapted from the United Way of America's Measuring Program Outcomes: A Practical Approach (1996)
## Logic Model Worksheet

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>STRATEGIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>MISSION</th>
<th>VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we invest</td>
<td>What we do to fulfill our mission</td>
<td>Direct products of our program</td>
<td>The benefits to participants</td>
<td>Our long-term goal</td>
<td>Our desired impact</td>
</tr>
</tbody>
</table>

Appendix F: Page 6
INDICATOR CRITERIA

Direct  An indicator should measure as directly as possible what it is intended to measure. For example, if the outcome being measured is a reduction in teen smoking, then the best indicator is the number and percent of teens smoking. The number and percent of teens that receive cessation counseling does not directly measure the outcome of interest. However, sometimes there may not be direct measures or there may be time and resource constraints. In those cases, you may have to use proxy, or less direct, measures.

Specific  Indicators need to be stated in a specific and explicit manner so that anyone can understand exactly what is meant and exactly how the data are to be collected. Example indicator: number and percent of farmers who adopted risk management practices in the past year. In this example, you do not know which risk management practices are to be measured, which farmers will be included, or what time period constitutes “the past year.”

Useful  Indicators need to help you understand what you are measuring! The indicator should provide useful information that helps you understand and improve your programs.

Practical  Costs and time involved in data collection are important considerations. Though difficult to estimate, the cost of collecting data for an indicator should not exceed the utility of the information collected. Reasonable costs, however, are to be expected.

Culturally appropriate  Indicators must be relevant to the cultural context. What makes sense or is appropriate in one culture may not be in another. Test your assumptions.

Adequate  There is no correct number or type of indicators. The number of indicators you choose depends on what you are measuring, the level of information you need, and the resources available. Often more than one indicator is necessary. More than five, however, may mean that your outcome question is too broad, complex, or confusing. Indicators need to express all possible aspects of what you are measuring: possible negative or detrimental aspects as well as the positive.
## Indicators & Data Sources Worksheet

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicators</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The benefits to program participants.</td>
<td>Observable &amp; measureable evidence that an outcome has been achieved.</td>
<td>Where the evidence can be found.</td>
</tr>
</tbody>
</table>
# Methods for Collecting Data

<table>
<thead>
<tr>
<th>Method</th>
<th>When To Use It</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| Questionnaires & Surveys   | - When you want to collect data from a lot of people  
                           | - When you don’t have a lot of time  
                           | - When you want to allow people to respond privately                  | - Can be anonymous  
                           | - Can be inexpensive  
                           | - Can be done with a lot of people  
                           | - Can get lots of data  
                           | - Lots of surveys already exist, so you don’t always have to start from scratch  
                           | - Are easy to analyze  
                           | - Are impersonal  
                           | - Don’t always give you the full “story”  
                           | - If people don’t understand what you’re asking, you may get “wrong” answers  
                           | - People may not give their answers a lot of careful thought                  |
| Interviews                 | - When you want an in-depth understanding of people’s experiences or thoughts  
                           | - When you want to find out more about people’s survey answers          | - Can explore more topics and in more depth  
                           | - A relationship can develop between the interviewer and interviewee  
                           | - Can ask follow-up questions                                            | - Can take a lot of time  
                           | - Can be hard to analyze  
                           | - The interviewer can influence the interviewee’s responses  
                           | - Can only interview a limited number of people                           |
| Focus Groups               | - When you want to gather the thoughts and opinions of several people about a specific topic (e.g. how to improve a program)  
                           | - Can be an efficient way to gather a lot of information in a short period of time  
                           | - Need a good facilitator to manage the group and the discussion  
                           | - Can be hard to schedule  
                           | - Can be hard to analyze                                                |
| Observation                | - When you want to see what happens instead of just hearing about it          | - Can collect information about activities and processes as they are happening  
                           | - The observer’s presence can influence what’s happening  
                           | - Can be difficult to interpret behaviors  
                           | - Can take a lot of time                                               |
| Review of Products from Activities | - When you want to collect information without interrupting program activities  
                               | - The information may already exist  
                               | - The information hasn’t been influenced by the researcher or evaluator  
                               | - A learning activity can serve as a source of data  
                               | - Can be fun and interactive                                             | - Can take a lot of time  
                               | - May not contain all the information you need  
                               | - May be seen as less credible to outsiders  
                               | - Can be hard to analyze                                               |

Adapted from the University of Wisconsin-Extension’s *Building Capacity in Evaluating Outcomes* (2008)
<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Data Source:</th>
<th>Who collects it?</th>
<th>From which clients?</th>
<th>When &amp; how often?</th>
<th>What happens with it?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EVALUATION RESOURCES

Manuals and Guides


**Online Evaluation Toolkits**

Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice

*Center for Program Evaluation and Performance Measurement*

University of Kansas, Work Group for Community Health and Development

*The Community Toolbox*
[http://ctb.ku.edu/en/tablecontents/chapter_1036.aspx](http://ctb.ku.edu/en/tablecontents/chapter_1036.aspx)

University of Wisconsin Extension

*Building Capacity in Evaluating Outcomes (BCEO Resource)*
[http://www.uwex.edu/ces/pdande/evaluation/bceo/index.html](http://www.uwex.edu/ces/pdande/evaluation/bceo/index.html)

**Other Online Resources**

American Evaluation Association

Online Resources [www.eval.org](http://www.eval.org)

Has listings of and links to:
- Professional groups of interest to evaluators;
- Sites containing compilations of tools and instruments of use to evaluators;
- Evaluation consultants;
- Email-based discussion lists (listservs) focusing on evaluation and/or evaluation-related methodologies;
- Foundations funding applied research;
- Evaluation divisions/units of government entities as well as evaluation units of non-government organizations (NGOs); Online handbooks and texts;
- Products for developing and administering surveys as well as scanning survey/form results;
- Products for analyzing qualitative data;
- University/academic departments and centers that focus a significant portion of their work in the area of evaluation; and
- University and college programs that offer graduate-level programs and/or certificates in evaluation.

Centers for Disease Control and Prevention (CDC) Evaluation Working Group

Resources [http://www.cdc.gov/eval/resources/index.htm](http://www.cdc.gov/eval/resources/index.htm)

Has links to resources related to:
- Evaluation ethics, principles, and standards;
- Organizations, societies, foundations, and associations;
- Journals and on-line publications;
- Step-by-step manuals;
- Logic model resources;
- Planning and performance improvement tools; and
- Reports and publications.
National Network of Libraries of Medicine

Outreach Evaluation Resource Center http://nnlm.gov/evaluation/

Resources include *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach*, as well as supplemental booklets in the series *Planning and Evaluating Health Information Outreach Projects*. Also includes links to other tools and resources for evaluation and data collection.

SRI International

Online Evaluation Resource Library http://oerl.sri.com/

Resources include collections of evaluation plans, instruments, and reports, which are organized into project categories, such as curriculum development and teacher education. Also includes professional development modules that can be used to better understand and utilize the materials made available.