

High Quality Performance Measures Veteran Program Review

Special Note

This skill building activity focuses on the logical connections or alignment of performance measures. It can be used to apply the concepts and principles covered in this module to real world situations.

Introduction

This exercise allows learners to critique a sample (abridged) application using the *Alignment Checklist* and identify the missing components or alignment problems.

Key Points and Definitions

Review alignment. In the performance measurement world, alignment is the proper or desirable coordination or relation of components. Look for logical progression and inter-relationship.

Look for a logical flow between the need, intervention and outcome (theory of change).

- Start with the community need or problem. Be clear about the extent and severity of the problem. Why are you are implementing the program?
- Connect the outcome to the need/problem. What change do you want to see? The important outcome or change should address the identified need or problem.
- Keep the outcome closely aligned to the intervention. The intervention is designed to address the need or problem. Ensure that the outcome makes sense given the intervention. A particular intervention may generate a number of short and long term outcomes. When selecting the outcome for performance measurement, consider the intervention dosage¹ and determine the outcome most directly resulting from the intervention. A conflict resolution project for 5th graders would be ill advised to claim an outcome like “improved academic performance”. However, “decrease in physical aggression at recess,” might be appropriate if the problem has been identified as playground aggression and the intervention is teaching ways to resolve conflicts peacefully during playtime.

Look for alignment between the output and outcome.

- The output should flow logically from the intervention, and the outcome should flow logically from the output.
- The output and outcome should measure the same intervention and group of beneficiaries.

¹ Dosage refers to the frequency (how often does the service happen), intensity (how much service happens) and duration (how long and over what period does the service happen). See the Theory of Change module for more information.

Sticking Points and Common Issues

Below are some issues that may come up as learners consider the material, along with notes on how to respond to these issues.

How do we know that our intervention is causing the outcome? We are tutoring in reading but there is another tutoring program in the school and some of our kids go to that one too, so how do we know our intervention is the cause of the outcome?

Programs often wonder about attribution: Are you claiming too little or too much given your intervention? How do you know what your contribution is? First, your theory of change helps you put forth a logical cause-and-effect rationale as to what the realistic outcome expectations are given the documented need and your evidence-based intervention. The same evidence you used to support your intervention probably provides information on the kinds of outcomes you could expect. Make sure your outcome is closely tied to or aligned with your program intervention. What will be the direct result? So, for instance, if you are working on oral reading comprehension and phonetics with 2nd graders, then those are the skills that you will measure, as opposed to trying to assess another area such as creative writing, which is not part of your intervention. Likewise, trying to claim gains in all areas of language arts would not be aligned with the intervention.

I want to use the national performance measures but I'm not sure my intervention is exactly aligned with the required outcome. How important is that?

It is very important that the intervention (what you are doing) and the outcome (what you hope changes) are closely aligned. Disappointment is sure to follow if you try to measure an outcome that cannot occur given the intervention. Your desire to use the national performance measures is to be applauded but look closely at the accompanying instructions first. If alignment is an issue, talk with your program specialist/program officer. Depending on your Program (AmeriCorps, Senior Corps, VISTA), you may have the ability to generate your own performance measure with the outcome you believe is most significant AND most aligned with your intervention. Likewise, if your reflection leads you to believe that required outcome makes sense for your program; you may consider what could be changed in the intervention to successfully accomplish that outcome.

Exercise

Instructions: Read through the abridged Veterans Today and Tomorrow application. Use the *Alignment Checklist* starting on page 7 to review each section and check the criteria if all or most of the questions have been adequately addressed in the sample application. Be ready to discuss your findings with a partner.

Veterans Today and Tomorrow Application

Rationale and Approach

INTRODUCTION

X State Department of Veterans Affairs Veterans Reintegration Assistance Program is applying for National Service program funding for a statewide program, Veterans Today and Tomorrow (VTT), which will expand and enhance local outreach services to veterans, active service members, and veterans' families. Combined with a new Veteran Online Database (VOD), VTT will leverage the knowledge, skills and abilities of 50 National Service participants by engaging them to serve returning veterans and their families.

COMMUNITY PROBLEM/NEED

Veteran services have not traditionally implemented an integrated community-based model across the state. This is problematic due to the number of organizations providing services such as Veterans Administration (VA), Housing and Urban Development (HUD), Employment Development Department (EDD), and other non-profit and faith based agencies. Veterans returning to our state from conflict zones face a significant number of physical injuries and mental health problems. On top of severe problems, veterans encounter reintegration barriers to obtain affordable housing, physical and mental healthcare, living wage employment, and advanced levels of education.

A comprehensive study conducted by the RAND Corp. in 2008 found that (nationally) an estimated 18.5% of those back from deployment reported symptoms consistent with a diagnosis of post-traumatic stress disorder (PTSD) or depression. The study also examined veterans' access to quality mental health treatment and identified gaps in the military and veteran health care systems and opportunities for improvement. RAND identified key challenges to the provision of mental health care that cuts across community, state and federal health care settings. Mental health specialty care for conditions such as PTSD and depression are not readily available and veterans are often reluctant to seek mental health care through traditional organized systems and the existing service outlets.

According to the X State Division of Veterans Affairs estimates, there are 988,217 veterans (2011). The VA also estimates that 29,000 are homeless and another 6,500 are serving time in the state prison system. The VA reports that veterans typically experience higher unemployment rates (15%) than the general population (10%). "Katz Suicide Study," (2008) found that suicide rates among veterans are approximately 3 times higher than in the general population.

INTERVENTION

Skill Building Activity #3 – Veteran Program Review

The mission of the VTT program is to develop a cadre of experts in veteran services, benefits and resources to become the catalyst to a smooth transition. VTT Program proposes to leverage the knowledge, skills, and abilities of 50 National Service participants who are veterans themselves or family members of veterans. The VTT participants' main function is to help recently discharged veterans in four primary areas: healthcare, education, housing and other concerns such as financial and legal assistance. VTT will proactively reach out to veterans and connect them with earned benefits and services. The areas they will target are employment services, unemployment insurance, housing, physical and mental healthcare, and federal, state and local veteran benefits and services, including compensation and pension.

This integrated service model will expand and enhance veteran services by “filling service gaps” such as; after-hours services, weekend outreach programs, and community-based veteran friendly locations; community centers, religious establishments (churches, synagogues, temples, mosques, etc.), member organization sites (VFW, American Legion, Veterans Halls) and National Guard and Military Reserve Centers. Through their service at the community level, National Service participants will make a positive difference for veterans, service members, veterans' families, and community-based veterans' service providers.

MEASUREABLE OUTPUTS AND OUTCOMES

Combining a new electronic database system (Veteran Online Database-VOD) with new program elements, the VTT Program service team will help to create a “high-tech and high-touch” veteran outreach model that is unprecedented in our nation's history and that will serve as a national model. Essentially, the VTT program, with the help of VOD and newly established, highly trained workforce will begin the work of reshaping the future of how veteran services are communicated, tracked and reported. The VTT program will be the first such program in our state capable of integrating veteran service information in “real time” and will thereby create a more responsive system. We believe that the VTT outreach program can help with accurately counting the number of veterans in each of these special needs areas. The VTT program will connect 1000 veterans to services and benefits. As a result of their national service, VTT participants will increase expertise in the government and service sectors, thus giving them an employment advantage after their term of service.

National Service participants will collect Veteran Re-integration Questionnaires from recently discharged veterans as the primary method to track and report outputs and outcomes. Using this system on the local level, members will develop and report local dashboard information to community partners and the centralized leadership team in the state. The VTT outreach program will provide “real-time” distribution and tracking of veteran contact information and outcome data through the submission of required weekly performance/update reports, detailing the progress. By combining the VTT information with the state and federal level information (active-duty military bases, the 24 Veteran Transition Assistance Program (TAP) sites, various National Guard & Reserve Armories, and the state's Community Colleges, various Vet Centers, and One-Stop Program sites), state leaders and stake-holders can have a real-time, highly detailed census information on veterans needing housing, education, healthcare, and employment.

Alignment Checklist

For each section, check the criteria if all or most of the questions have been adequately addressed in the sample application. If you have comments on how this section of the application could be improved, or questions about the application, add them to the “notes.”

1. COMMUNITY NEED/PROBLEM	<input checked="" type="checkbox"/>
a) <u>Cause and relevance</u> . Is the negative condition or problem that the intervention will address clearly identified? Is the cause of the problem identified? Has a case been made as to why this is a compelling problem (e.g. it will become worse)?	
b) <u>Scope of the need or problem</u> . Is it clear who or what in the community is being affected by the identified problem—the unmet need? Is it clear to what extent this need/problem exists – how severe it is?	
c) <u>Source</u> . Data or research establishes and defines the need or problem. Is the source of the data or research clearly identified? Is the source reliable and cited? Is it local? (A reliable source is one that is research-based, current, contains community/county statistics, and comes from a reputable, dependable source.)	
d) <u>Community</u> . Is the community identified and described?	
Notes: 	

2. INTERVENTION	✓
a) <u>Participants and service</u> . Does it state how many national service participants will participate in the intervention? Is it clear exactly <u>what</u> they will be doing to address the community need?	
b) Does it describe the <u>dosage of service</u> beneficiaries receive (frequency-how often; duration-for how long; intensity-how much)?	
c) <u>Beneficiaries</u> . Does it describe who and how many will be served? Is it clear how beneficiaries will be selected to participate in the activity?	
d) <u>Aligned with Need/Problem</u> . Does the intervention directly address (align with) the stated need/problem? Is it an important activity?	
Notes:	

3. OUTPUT	✓
a) <u>Output</u> . Has the intended output been defined? Does it seem appropriate?	
b) <u>Aligned with the Intervention</u> . Does the output flow logically from the intervention? Will it occur because of this intervention?	
c) <u>Aligned with Outcome</u> . Will accomplishing this output assist in achieving the identified outcome?	
Notes:	

4. OUTCOME	✓
a) <u>Outcome</u> . Has the intended <i>outcome</i> been defined? Does it seem appropriate?	
b) <u>Aligned with intervention</u> . Will the outcome occur because of this intervention? Is it clear if that level of effort will be sufficient to achieve the outcome (i.e. according to evidence given to support the cause and effect relationship of the intervention and outcome)?	
c) <u>Aligned with problem/need</u> . Is the outcome addressing the problem/need? Is it an important change worth measuring? Is it aligned with the theory of change?	
d) <u>Aligned with output</u> . Does the outcome flow logically from the output? Does the outcome address the same population and intervention as the output?	
Notes:	

Extra credit! If you have time, look for the evidence for the intervention.

EVIDENCE for the planned intervention	✓
a) Are there data to demonstrate that the proposed intervention is likely to lead to the outcome? (Evidence could come from past performance measurement data or program evaluations, research studies or evaluations of similar programs.)	
b) Is the evidence relevant, up-to-date, and from a reliable source (known professionals in the field, university or research organizations)?	
c) If there is not similar evidence because it is a new program strategy, was the rationale for the model explained?	
Notes:	

Answer Key and Points to Consider

Alignment Checklist

1. COMMUNITY NEED/PROBLEM	✓
a) Cause and relevance. Is the negative condition or problem that the intervention will address clearly identified? Yes, returning veterans come home with health problems (mental and physical), encounter reintegration barriers to employment, housing, education and gaps in service. Is the cause of the problem identified? Yes, the consequences of military experience, problems with re-entry into civilian society.... Has a case been made as to why this is a compelling problem (e.g. it will become worse)? Yes, compelling data (unemployment rate, suicide rate, etc.) are presented.	✓
b) Scope of the need or problem. Is it clear who or what in the community is being affected by the identified problem—the unmet need? Recently discharged veterans in the state. Is it clear to what extent this need/problem exists – how severe it is? Provides background on severity of veteran issues as compared with general population	✓
c) Source. Data or research establishes and defines the need or problem. Is the source of the data or research clearly identified? Yes, several current sources are cited related to the problems veterans have upon re-entry. Is the source reliable and cited? Is it local? (A reliable source is one that is research-based, current, contains community/county statistics, and comes from a reputable, dependable source.) Sources cited are federal/state (in this case the state is “local”) and research firms.	✓
d) Community. Is the community identified and described? Veteran homeless and imprisoned numbers are offered but additional information – demographics (if they exist), percent of veterans currently accessing health, education and other services - would help frame the need for the intervention.	✓

Notes: Program builds case of need for intervention by showing the chain of need and problems: Veterans come home with problems and encounter re-entry issues and then can't or don't know about accessing services due to no coordination of services (model)...

2. INTERVENTION		✓
a) <u>Participants and service.</u> Does it state how many National Service participants will participate in the intervention? It does state that 50 participants, veterans themselves, will be providing the service. Is it clear exactly <u>what</u> they will be doing to address the community need? Participants will reach out and connect veterans to services and benefits. Details are missing.		✓
b) Does it describe the <u>dosage of service</u> beneficiaries receive (frequency-how often; duration-for how long; intensity-how much)? This level of detail is not evident (see notes below)		no
c) <u>Beneficiaries.</u> Does it describe who and how many will be served? Is it clear how beneficiaries will be selected to participate in the activity? Yes, 1000 returning veterans in the state are the target beneficiary population. It is not clearly stated how they enter the program.		✓
d) <u>Aligned with Need/Problem.</u> Does the intervention directly address (align with) the stated need/problem? Is it an important activity? Yes, although lacking details, the intervention does state that it involves reaching out and connecting veterans to earned benefits and services. This appears to address the problem/need identified (challenges of the returning veterans; health issues, re-entry barriers and the difficulty in accessing services to get help).		✓
<p>Notes: Intervention detail might look something like this :</p> <p><i>“Each of the 50 participants will be assigned a caseload of 20 recently discharged veterans in their area and will make direct contact using the information provided to address any needs or services identified... Contact will consist of 3 calls and one site visit over a month and once established, the National Service participants will assist the veteran in obtaining referrals, accessing services and trouble-shooting issues... Three months after service, the veteran will receive a follow-up call to check on the outcome of the referral...”</i></p>		

3. OUTPUT		✓
a) <u>Output.</u> Has the intended output been defined? Does it seem appropriate? The output is: “connect 1000 returning veterans to services and benefits...”. The output seems appropriate.		✓
b) <u>Aligned with the Intervention.</u> Does the output flow logically from the intervention? Will it occur because of this intervention? The output appears to be aligned with what we know of the intervention, namely that veterans will be connected to services/benefits.		✓
c) <u>Aligned with Outcome.</u> Will accomplishing this output assist in achieving the identified outcome? See OUTCOME		no
Notes:		

4. OUTCOME	
<p>a. <u>Outcome</u>. Has the intended <i>outcome</i> been defined? Does it seem appropriate? There is no clearly stated outcome but “hints” in the narrative. Under Intervention section, national service participants are identified as “catalyst to a smooth transition” but the phrase is vague and we guess that are referring to veterans having a smooth transition into civilian life. (See notes below for sample outcomes) In the outputs/outcomes section, a possible <u>participant outcome</u> could be gleaned, “...participant will increase expertise in the government and service sectors, thus giving them an employment advantage”</p>	no
<p>b. <u>Aligned with intervention</u>. Will the outcome occur because of this intervention? Not clear. The intervention appears to be about <u>connecting veterans to services</u> but there is no explicit outcome stating what will change for the veterans as a result of this intervention. Is it clear if that level of effort will be sufficient to achieve the outcome (i.e. according to evidence given to support the cause-and-effect relationship of the intervention and outcome)? No, the possible participant outcomes (see above) focus on the <u>National Participant</u>– a different audience.</p>	no
<p>c. <u>Aligned with problem/need</u>. Is the outcome addressing the problem/need? Is it an important change worth measuring? Outcome unclear/missing Is it aligned with the theory of change? Outcome unclear/missing</p>	no
<p>d. <u>Aligned with output</u>. Does the outcome flow logically from the output? Does the outcome address the same population and intervention as the output? There is no clear outcome aligned with the output which focuses on the veterans as beneficiaries. A possible outcome appears to focus on those veterans who are providing services.</p>	no
<p>Notes: Veteran outcome aligned with the output and problem/need might look like this</p> <ul style="list-style-type: none"> • Discharged veterans successfully access X number of service/benefits • Discharged veterans report a strong perception of social support • Discharge veterans report receiving benefits <p>Question about capacity building focus. The narrative discusses the creation of a veteran outreach model, including the electronic database with capabilities to track and report information in combination with other state and federal entities. The narrative states that the “integrated service model will expand and enhance veteran services...” Program might clarify if capacity building is primary and adjust the theory of change/application accordingly.</p>	

Extra credit! If you have time, look for the evidence for the intervention.

EVIDENCE for the planned intervention	
<p>a) Are there data to demonstrate that the proposed intervention is likely to lead to the outcome? (Evidence could come from past performance measurement data or program evaluations, research studies or evaluations of similar programs.)</p>	n/a
<p>b) Is the evidence relevant, up-to-date, and from a reliable source (known professionals in the field, university or research organizations)?</p>	n/a
<p>c) If there is not similar evidence because it is a new program strategy, was the rationale for the model explained? The narrative suggests this is a new model. However, It would be nice to have “expert testimony” providing an opinion about the quality of the intervention or evidence from a similar model, even if in a different focus area..</p>	no

