

CSAT TA Package

Using Data to Improve Service Delivery

Your treatment program collects a substantial amount of clinical, operational, and financial data. You can use performance and outcome data for other important purposes. Indeed, such data is an invaluable resource to help you to improve your program's service delivery.

Using this Guide. At your program, you probably have a team of leaders who are responsible for improving service delivery. Your team may include a Project Director, a Clinical Director, a Clinical Supervisor, a Program Evaluator, and other leaders. This Technical Assistance (TA) Package was developed by the Center for Substance Abuse Treatment (CSAT) to help program leaders use performance and outcome data to develop presentations to staff that can be used to help identify areas for improvement, motivate staff, and inform program decisions.

What is in this Guide? The three sections of this TA Package represent three practical ways in which performance and outcome data can help to improve your program's service delivery:

- **Area One: Identify Areas for Improvement.** This guide will examine ways in which you can share data with staff to identify opportunities for program improvement related to outcomes, client populations, and service delivery.
- **Area Two: Motivate and Help Staff.** The guide will explore ways in which you can use data to inform program reviews, identify training and technical assistance needs, and recognize staff for positive outcomes.
- **Area Three: Inform Program Decisions.** The guide will review ways in which you can use data to help evaluate enhancements or new approaches and inform planning and budgeting decisions.

Some treatment programs collect data to comply with the Government Performance and Results Act (GPRA). These grantees can obtain their data at the CSAT-GPRA Web site at www.samhsa-gpra.samhsa.gov. Other grantees may collect performance data for other funding agencies or as part of other ongoing continuous quality improvement initiatives.

As a program leader, you have an important role to help other program leaders and staff members understand the wealth of data available to you. You can do so by informing them of the different ways you can generate data reports, teaching them how to understand the information within the reports, and teaching them how to use the report information to identify areas for improvement, motivate staff, and inform program decisions.

To help you do so, we provide examples using a hypothetical grantee, Harbor Home. They will illustrate ways in which the Project Director can use data and develop presentations designed to improve service delivery. Harbor Home is an addiction treatment program that provides residential treatment for women who are pregnant or gave birth within the past year and their children. Harbor Home receives funding from the CSAT Residential Treatment for Pregnant and Postpartum Women program and from county and state agencies. It provides gender-specific treatment services, onsite residential care, and comprehensive services for clients and their children.

Harbor Home

- **Identify Areas for Improvement**
- **Motivate and Help Staff**
- **Inform Program Decisions**



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Area One: Identify Areas for Improvement

Treatment outcomes and other data can be used to help indicate opportunities for improvement. Presenting and analyzing outcomes can shed light on areas that can be improved and suggest ways to take action. Doing so can help identify areas for improvement in relation to outcomes, client populations, policies and procedures, and service delivery.

1. Identify Areas for Improvement: Outcomes

Your program collects data on many outcome indicators. One way to start is to compare recent findings for specific outcomes with results from previous periods as well as targets set by the program. Negative outcomes data or outcomes that are not as good as expected or desired illustrate opportunities for improvement and the need for change. They suggest that what was previously effective has lost some of its effectiveness.

Negative outcomes might relate to the overall program, client populations, specific locations or programs, or staff members. When negative outcomes are identified, as a program leader, you can prepare and provide this data to program staff in order to trigger a process that looks for causes and then take appropriate action.

Example. A *Follow-up Change Report* can provide useful data on client outcomes. Such reports can include key outcome measures such as abstinence, criminal justice involvement, and education and allow you to compare percentages at intake and follow-up. They can enable you to determine rates of behavior changes from intake to follow-up.

The example below is the *6-Month Follow-up Change Report* for Harbor Home. It compares outcome measures from the intake interview to the 6-month follow-up interview. By examining the employment/education measure on Table 1, you can easily see that the percentage of clients at Harbor Home who were employed or attending school declined considerably between intake and follow-up.

Harbor Home			
Table 1: 6-Month Follow-Up Change Report			
Outcome Measures	Percent at Intake	Percent at 6-Month Follow-up	Rate of Improvement
Abstinence: Did not use alcohol or illegal drugs	64.0%	96%	50.0%
Crime and Criminal Justice: Had no past 30 day arrests	84.6%	88.5%	4.6%
Employment/Education: Were currently employed or attending school	54.5%	32.8%	-39.8%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug-related health, behavioral, or social consequences	65.4%	92.3%	41.1%
Social Connectedness: Were socially connected	88.5%	92.3%	4.3%
Stability in Housing: Had a permanent place to live in the community	11.5%	3.8%	-67.0

Using Data to Improve Service Delivery. A considerable decrease in the employment/education measure is a reason for concern. It may represent clients' needs for employment assistance and educational support and may suggest the need to strengthen case management regarding employment and education. The Harbor Home Project Director may want to present the employment/education data at an all-staff meeting and use the information as the basis to discuss specific strategies to address employment and education.

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2. Identify Areas for Improvement: Client Populations

Treatment outcomes can vary widely in relation to client characteristics. They can vary in relation to age, gender, ethnicity, income level, and whether clients have child care needs. Examining the outcomes of a specific client characteristic (such as age), can help you discover important trends. On the previous page, it was noted that Harbor Home experienced a considerable decrease in the employment/education measure among clients. It can be valuable to explore the characteristics of clients not employed or attending school. To do so, you can examine this group of clients in relation to such variables as age, ethnicity, number of children, and marital status.

Example. A *Crosstabulations Report* can help you examine client characteristics. A *Crosstabulations* (or “cross-tabs”) *Report* is one that summarizes information in your database. It is laid out in a table, with rows representing one issue (such as age), columns representing another issue (such as unemployment), and the intersection of rows and columns containing the summarized information.

The example below is a Harbor Home *Crosstabulations Report* that examines employment status and age group. It shows that a disproportionate number of Harbor Home clients who are unemployed fall within a specific age group. In this example, 72 percent of respondents who were unemployed were between the ages of 25 and 34 years, while the percentages for all other age group categories were far less.

Harbor Home		
Table 2: Crosstabulations Report		
Question: What is your age group?		
Age Group	Unemployed	Employed
18-24	10.0%	33.3%
25-34	72.5%	33.3%
35-44	17.5%	33.3%
Total	100%	100%

Using Data to Improve Service Delivery. The greater proportion of unemployed clients between the ages of 25 and 34 years is noteworthy. It may suggest an opportunity to provide targeted services designed to meet the specific needs of these young unemployed clients. The Harbor Home Project Director may want to present this information to other program leaders within management meetings and share it with staff at regular staff meetings. The Project Director can use the information as the basis for discussing possible programming enhancements to better address the needs of young and unemployed female clients. For example, this information may suggest the need to strengthen age-appropriate educational services, vocational services, and employment-related services.

Remember, there are many client outcomes. Abstinence is an obvious and critical outcome. In addition, it is important to examine outcomes that are commonly associated with maintaining abstinence, such as employment, housing stability, and social connectedness. For example, consider clients who may achieve abstinence but lack housing or employment, which may increase their risk for relapse. Thus, examining a range of key client outcomes can help sharpen your focus on client areas that may support long-term abstinence.

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3. Identify Areas for Improvement: Service Delivery

You can examine aggregate outcomes data for clients receiving the same treatment services to identify patterns that might indicate opportunities to improve treatment services. To do so, you can develop or generate a *Risky Behavior Outcome Report* that compares intake to follow-up changes regarding such risky behaviors as injection drug use, unprotected sex, and unprotected sex while high or intoxicated.

Example. Table 3 below illustrates how a Harbor Home *Risky Behavior Outcome Report* can examine risky behaviors among clients. The report identifies unfavorable outcomes regarding having unprotected sexual contact. In this case, the percent of Harbor Home clients reporting having unprotected sexual contact nearly doubled from intake to follow-up 6 months later.

Harbor Home			
Table 3: Risky Behavior Outcome Report			
Outcome Measures	Percent at Intake	Percent at 6-Month Follow-up	Rate of Change
Percent increase of individuals receiving services who:			
Injected illegal drugs	14.2%	0.0%	-100.0%
Had unprotected sexual contact	22.5%	41.3%	83.6%
Had unprotected sexual contact with an individual who is or was HIV positive or has AIDS	0.0	0.0	N/A
Had unprotected sexual contact with injected drug user	0.0	0.0	N/A
Had unprotected sexual contact with an individual high on some substance	41.7%	0.0%	-100.0%

Using Data to Improve Service Delivery. The considerable increase in unprotected sexual contact from intake to follow-up is a cause for concern. The Harbor Home Program Director can present this information at an all-staff meeting and use it as the basis for discussions regarding the need to enhance treatment services that prevent this risky behavior. These discussions may examine implementing such interventions as condom skills education, social skills training, and HIV education.

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Area Two: Motivate and Help Staff

Treatment outcome data can help clinical staff to identify and understand what works for their clients. There are four important ways in which outcome data can be used to help, motivate, and strengthen staff efforts to achieve improved treatment outcomes. These are communicating results, informing program reviews, identifying training and TA needs, and recognizing staff for positive outcomes. As a program leader, you have an important role in these activities.

1. Motivate and Help Staff: Communicate Results

Developing presentations on treatment outcomes helps staff recognize that the program places a high value on outcomes, not simply the quantity of treatment services or clients. Outcomes provide important feedback to staff about client progress and treatment quality. Whenever possible, break out findings by client demographics and treatment services. This helps staff to identify successes and opportunities for improvement in relation to specific client groups and treatment characteristics.

Example. Harbor Home generated a *6-Month Follow-up Change Report* (Table 4) in which outcomes are compared from intake to the 6-month follow-up. In this example, Harbor Home can communicate positive results related to abstinence. At intake, 64 percent of Harbor Home clients reported having not used alcohol or illegal drugs, but 96 percent reported having not used alcohol or illegal drugs at the 6-month follow-up point. The Project Director could use the table as part of a presentation to staff.

Harbor Home			
Table 4: 6-Month Follow-Up Change Report			
Outcome Measures	Percent at Intake	Percent at 6-Month Follow-up	Rate of Improvement
Abstinence: Did not use alcohol or illegal drugs	64.0%	96%	50.0%
Crime and Criminal Justice: Had no past 30 day arrests	84.6%	88.5%	4.6%
Employment/Education: Were currently employed or attending school	54.5%	32.8%	-39.8%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug-related health, behavioral, or social consequences	65.4%	92.3%	41.1%
Social Connectedness: Were socially connected	88.5%	92.3%	4.3%
Stability in Housing: Had a permanent place to live in the community	11.5%	3.8%	-67.0

Using Data to Improve Service Delivery. Six months ago, Harbor Home identified a goal to improve the program's rates of abstinence by 10 percent over the next 6 months. Now, using the *6-Month Follow-up Change Report*, it can be seen that abstinence rates improved beyond the program's goals. The improvement in abstinence from intake to follow-up is considerable. It demonstrates that Harbor Home is achieving an important clinical goal.

The Project Director can use this information as the basis of a presentation on the successes of the treatment program. The Project Director can use this information to provide positive feedback to program staff about how their efforts contributed to the success of the program and their clients. This can help to increase staff knowledge and improve their morale.

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2. Motivate and Help Staff: Inform Program Reviews

Performance and outcome data can be used to develop program review presentations that are shared with program staff. These program review presentations should include both outcomes that have been especially positive and outcomes that are less desirable. As program leader, you should encourage active discussion of all outcomes.

Discussions should examine any recent program changes that preceded outcomes improvements or declines. In areas where outcomes are especially positive, discussions should examine client and program factors that may explain the outcomes. Discussions should also address whether these findings suggest expanding or strengthening program services.

In areas where outcomes are less desirable, discussions should examine possible client and program factors that may explain disappointing outcomes. If these do not seem apparent, it can be useful to establish a small committee to research best practices for the particular outcome in question.

Example. Programs can develop or generate an *Intake to Discharge Change Report* that compares client outcome measure rates between intake and discharge interviews. Such reports can also be run for demographic characteristics, employment, and other characteristics.

Harbor Home chose to generate an *Intake to Discharge Change Report* to compare several key outcome measures (such as abstinence and housing stability) at intake and discharge. In the example below (Table 5), Harbor Home demonstrates positive results in the Employment/Education measure.

Harbor Home			
Table 5: Intake to Discharge Report			
Outcome Measures	Percent at Intake	Percent at Discharge	Rate of Change
Abstinence: Did not use alcohol or illegal drugs	64.0%	86.3%	34.8%
Crime and Criminal Justice: Had no past 30 day arrests	84.6%	93.6%	10.6%
Employment/Education: Were currently employed or attending school	54.5%	85.3%	56.5%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug-related health, behavioral, or social consequences	65.4%	96.8%	48.0%
Social Connectedness: Were socially connected	88.5%	95.8%	8.2%
Stability in Housing: Had a permanent place to live in the community	11.5%	5.3%	-53.9%

Using Data to Improve Service Delivery. One year ago, Harbor Home identified a goal to increase the employment/education measure by 20 percent from intake to discharge. Thus, the 56.5 percent improvement in the employment/education measure is notable and exceeds the program goal.

The Harbor Home Project Director could include this information in a program review presentation and use it as the basis for discussion with program staff. The Project Director would do well to include other positive outcomes, as well as outcomes that are not desirable. Doing so helps to provide program reviews that are transparent, open for discussion, and serve as the basis for an honest snapshot of the program's effectiveness.

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3. Motivate and Help Staff: Identify Training and TA Needs

Performance and outcome data can provide valuable and objective information about areas in which program staff may need training or TA.

Example. Mistakes and errors can occur during the process of eliciting and entering client data. Clients can refuse to answer certain questions or say they do not know the answer. Interviewers may ask questions incorrectly or write down the answers incorrectly. The people who enter data may make mistakes or have trouble reading the answers. These types of mistakes and errors can be collected using a *Missing Data Frequency Report*. Such a report provides frequencies and valid percentage rates for missing selected items from client interview surveys.

In the example below, Harbor Home generated a *Missing Data Frequency Report* (Table 6) and noted that there are a more than expected number of records with "Refused," "Don't Know," and "Missing Data" in the data set. In this example, Harbor Home reported 59 percent that have "Missing Data" for the intake interview question, "In the past 30 days, how many unprotected sexual contacts did you have?"

Harbor Home	
Table 6: Missing Data Frequency Report	
Question: In the past 30 days, how many unprotected sexual contacts did you have?	
Number of Contacts	Rate
REFUSED	1.2%
DON'T KNOW	3.4%
MISSING DATA	59.0%
Total	63.6%

Using Data to Improve Service Delivery. This example highlights the fact that Harbor Home has a lot of missing data for one intake question. The Project Director can use this information to research and identify the cause of the missing data. In this example, the data may suggest several possibilities:

- Clients may refuse to answer certain questions or may refuse to answer certain questions to a specific interviewer.
- An interviewer may be uncomfortable asking clients certain questions and recording non-responses.
- A data entry specialist may incorrectly indicate non-responses.
- A data entry specialist may enter "Missing Data" for a record that he or she cannot understand and intend to follow up with clinical staff to obtain the missing information, but forgets to update the information.

In such cases, a Project Director can use information gained from a *Missing Data Frequency Report* to research the reasons for the missing data and to identify a possible need for additional training or TA regarding the interview, data collection, and data entry processes.

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4. Motivate and Help Staff: Recognize Staff for Positive Outcomes

Positive outcomes can be used as a way to recognize positive staff efforts and performance. Simply informing staff that their efforts resulted in positive outcomes can be a strong motivational enhancement tool. Although regular updates about outcomes are important for regular feedback, sustained positive outcomes should be mentioned publicly among staff and treated as a form of reward and staff recognition. As a program leader, you can link sustained positive treatment outcomes with staff recognition and reward efforts.

Example. A *Follow-up Rate Report* can provide calculated follow-up rates. Researchers have traditionally believed that treatment follow-up rates of at least 80 percent are necessary to avoid biased outcome findings. Using or generating a *6-Month Follow-up Report* can illustrate that a program has a 6-month follow-up rate of 95 percent which is exceptional, or a follow-up rate of 60 percent, which suggests a need for improvement.

In the example provided, *Table 7: 6-Month Follow-Up Rate Report* illustrates that the Harbor Home program has an 88 percent 6-month follow-up rate. Because Harbor Home is a CSAT grantee, it can compare its follow-up rates with average follow-up rates for other CSAT Pregnant and Postpartum Women program grantees. In this example, you can see that Harbor Home has achieved a greater follow-up rate than its peers. Treatment programs that are not CSAT grantees can compare their rates with known and often published follow-up rates of other similar programs.

Harbor Home		
Table 7: 6-Month Follow-up Rate Report		
Grantee Information	6-Month Follow-up Rate	Average Follow-up Rate For Pregnant and Postpartum Treatment Programs
Harbor Home Performance Period: 09/30/04 - 09/29/09	88.1%	78.0%

Using Data to Improve Service Delivery. As a program leader, the Harbor Home Project Director can use these data to objectively recognize staff groups who should be recognized for outstanding performance related to follow-up data collection efforts. The Project Director can set benchmarks for a reporting period and reward staff for reaching those benchmarks.

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Area Three: Inform Program Decisions

Performance and outcome data can play an important role helping to inform or provide the basis for program decisions. These include testing enhancements or new approaches and informing planning and budgeting decisions.

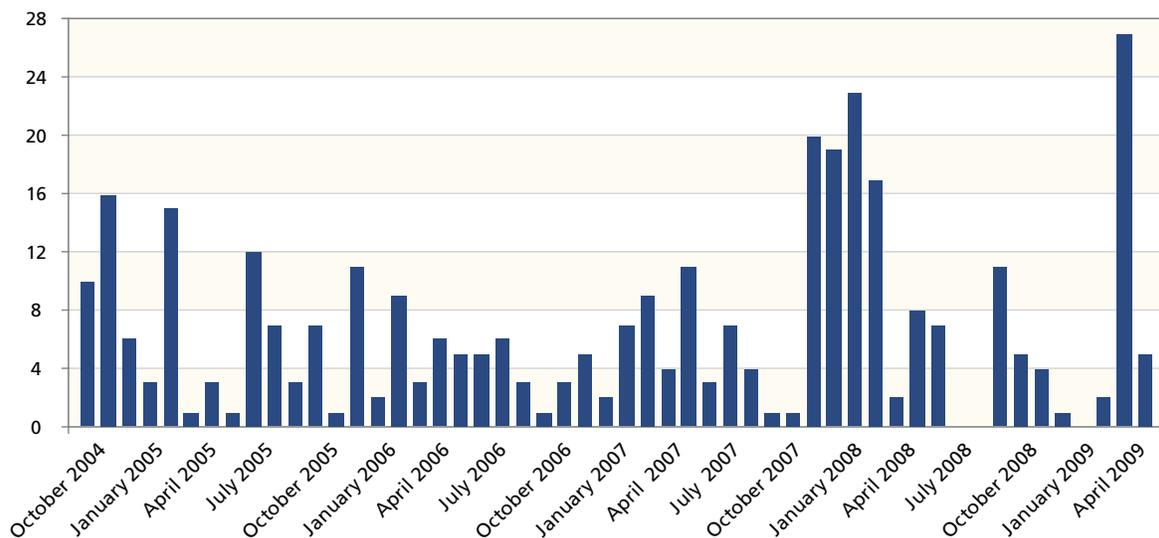
1. Inform Program Decisions: Inform Planning and Budgeting

Program leaders can use treatment outcomes to provide informed feedback during program planning and budgeting. Positive treatment outcomes help decisions to allocate funds and establish priorities.

- **Set Priorities.** You can educate staff that positive outcomes for a treatment approach suggest maintaining or expanding that approach, while poorer outcomes suggest examination and possible modification.
- **Conduct Planning.** Similarly, you can inform staff that poor outcomes for a specific client population may suggest the need to develop a programmatic action plan to address these outcomes.
- **Strategic Planning.** Treatment outcomes can be a starting point for long-range strategic planning. You can use these to identify program strengths and weaknesses and identify specific approaches and clients associated with good or poor outcomes.

Example. An *Intake Graph Report* illustrates treatment program intakes in a graphical format, such as bar charts. These can be developed in several different ways. They can present program intakes by years, months, or quarters. Harbor Home developed *Figure 1: Intake Graph Report* to provide a graphic depiction of completed intake interviews by month. Programs can use *Intake Graph Reports* to quickly identify patterns in their level of activity, which can aid in the planning process. In this example, notice that Harbor Home had an unusually large number of intake interviews during February.

Figure 1: Intake Graph Report—Monthly for All Years



Using Data to Improve Service Delivery. Discovering that there is an increase of client intakes during February is important information. The Harbor Home Project Director can use this information as the basis of a discussion with other program leaders to examine possible program changes to accommodate the February increase. These might include adjusting staff resources or making other preparations.

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2. Inform Program Decisions: Testing Enhancements or New Approaches

Regularly collecting outcomes data can help to examine the effectiveness of treatment changes or new approaches before full implementation. These efforts can help to promote continual improvement and innovation. For example, they can help you examine the effectiveness of treatment programming changes, staffing changes, educational materials, and changing the intensity or type of treatment services.

To do so, first establish a baseline by documenting outcomes prior to any changes. Next, establish a predetermined and reasonable time frame to implement the changes, such as 6 months. Then prepare a pre- and post-intervention presentation or report examining key variables, such as client and program factors. If the outcomes are improved, it suggests a recommendation to make the changes permanent.

Example: In the example earlier about service delivery, Harbor Home used a *Risky Behavior Outcome Report* to prompt a discussion about the need to enhance treatment services that prevent unprotected sexual contact. The same report can be used to establish a baseline and then to measure the effectiveness of a program enhancement, such as an educational module on sexual behaviors and substance use.

Harbor Home			
Table 8: Risky Behavior Outcome Report for FY 2007 and FY 2008			
Risky Behavior Outcomes Report FY 2007			
Outcome Measures	Percent at Intake	Percent at 6-Month Follow-up	Rate of Change
Percent increase of individuals receiving services who:			
Injected illegal drugs	14.2%	0.0%	-100.0%
Had unprotected sexual contact	22.5%	41.3%	83.6%
Had unprotected sexual contact with an individual who is or was HIV positive or has AIDS	0.0	0.0	N/A
Had unprotected sexual contact with injected drug user	0.0	0.0	N/A
Had unprotected sexual contact with an individual high on some substance	41.7%	0.0%	-100.0%
Risky Behavior Outcomes Report FY 2008			
Injected illegal drugs	17.1%	0.0%	-100.0%
Had unprotected sexual contact	15.8%	2.2%	
Had unprotected sexual contact with an individual who is or was HIV positive or has AIDS	0.0	0.0	N/A
Had unprotected sexual contact with injected drug user	0.0	0.0	N/A
Had unprotected sexual contact with an individual high on some substance	27.3%	1.2%	

Using Data to Improve Service Delivery. The Harbor Home Project Director can run a *Risky Behavior Outcome Report* to identify the number and percentages of specific risky behaviors, such as having unprotected sexual contact. Next, the Project Director can implement an intervention designed to decrease such risky sexual behaviors. Once the implementation has been in place for 6 months, the report can be run again to determine whether the incidence and percentage of risky behaviors has decreased among program intakes.

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Using Data to Improve Service Delivery: Summary

Use Outcomes Data to Identify Areas for Improvement

Compare recent findings for specific outcomes with results from previous periods as well as targets set by the program. A *Follow-up Change Report* can provide useful data on client outcomes. They can include key outcome measures such as abstinence, criminal justice involvement, and education and allow you to compare percentages at intake and follow-up.

Use Client Populations Data to Identify Areas for Improvement

Examine outcomes such as abstinence as well as those that are associated with maintaining abstinence, such as employment, housing stability, and social connectedness. Examining a range of key client outcomes can help sharpen your focus on client areas that may support long-term abstinence. A *Crosstabulations Report* can help you examine client characteristics.

Use Service Delivery Data to Identify Areas for Improvement

You can examine aggregate outcomes data for clients receiving the same treatment services to identify patterns that might indicate opportunities to improve treatment services. To do so, you can generate a *Risky Behavior Outcome Report* that compares intake to follow-up changes regarding such risky behaviors as injection drug use, unprotected sex, and unprotected sex while high or intoxicated.

Use Data to Communicate Results

Developing presentations on treatment outcomes helps staff recognize that the program places a high value on outcomes. You can use *6-Month Follow-up Change Reports* to provide important feedback to staff about client progress and treatment quality. Break out findings by client demographics and treatment services. This helps staff to identify successes and opportunities for improvement in relation to specific client groups and treatment characteristics.

Use Data to Inform Program Reviews

Performance and outcome data can be used to develop program review presentations that are shared with program staff. These program review presentations should include both positive and less desirable outcomes. Develop or generate an *Intake to Discharge Change Report* that compares client outcome measure rates between intake and discharge interviews. Such reports can also be run for demographic characteristics, employment, and other characteristics.

Use Data to Identify Training and TA Needs

Performance and outcome data can provide valuable and objective information about areas in which program staff may need training or TA. For example, you can generate a *Missing Data Frequency Report* to examine a possible need for additional training or TA regarding the interview, data collection, and data entry processes.

Use Data to Recognize Staff for Positive Outcomes

Positive outcomes can be used as a way to recognize positive staff efforts and performance. Showing staff ways in which their efforts resulted in positive outcomes can be a strong motivational enhancement. You can use a *6-Month Follow-up Report* to identify areas of sustained positive outcomes and use this information as the basis for staff reward and recognition.

Use Data to Inform Planning and Budgeting

Program leaders can use treatment outcomes to provide informed feedback during program planning and budgeting. Positive treatment outcomes help decisions to allocate funds and establish priorities. You can use an *Intake Graph Report* to illustrate treatment program intakes in a graphical format, such as bar charts. These can quickly identify patterns of program activity, which can aid the planning process.

Use Data to Test Enhancements or New Approaches

Collecting outcomes data can help to examine the effectiveness of treatment programming changes, staffing changes, educational materials, and changing the intensity or type of treatment services. Establish a baseline by documenting outcomes prior to any changes. Next, establish a predetermined time frame to implement the changes. Then prepare a pre- and post-intervention presentation examining key variables, such as client and program factors. If the outcomes are improved, it suggests a recommendation to make the changes permanent.

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Tips for Presenting Outcome Data

Using outcome data to improve service delivery generally means making presentations, such as PowerPoint presentations. However, your valuable outcome data will not appear valuable if poorly presented. Even though your presentations may be easy to follow for staff members, develop PowerPoint presentations that are professional, clear, and meaningful to the audience. The following can help you accomplish these goals.

Begin with a Summary. A presentation on outcome data to improve service delivery should begin with a summary that provides the context of the data. Provide a summary that highlights relevant issues, such as program goals and objectives, populations served, services provided, benchmarks, and broad program outcomes. Provide a brief summary of major points that will be made later in the presentation. This might be the equivalent of one or two PowerPoint slides summarizing key outcomes that will be described later.

Define and Use Terms Consistently. Effective communication means that the presenter and the audience have a shared understanding of what is being communicated. Since your audiences may include program leaders, clinical staff, non-clinical staff, and volunteers, provide clear and concise definitions of any technical terms you use. After that, use defined terminology in consistent and unambiguous ways.

Use Charts and Graphs. Report tables, bar graphs, pie charts, organizational charts, and other diagrams can quickly summarize and illustrate important outcomes and trends. Provide relevant headings and number values so the reader can quickly understand what is being presented. Importantly, a chart or a graph should illustrate or explain verbal or written material, not vice versa. That is, an overly complex chart or graph that requires a detailed and lengthy explanation is impractical and unappealing.

Use Benchmarks to Compare. It is useful to compare your program outcomes with published or known benchmarks. This allows the audience to understand how your outcomes compare with other programs or other client groups. There are published rates for such issues as mental health symptoms and disorders, arrest rates, employment rates, high school graduation rates, treatment completion, high-risk behaviors, and follow-ups.

Keep it Simple. Do not overwhelm the audience. Keep presentations simple and do not crowd too much data on a page. Highlight key points with color, arrows, or circles. Clearly label tables and charts. Provide conclusions that can be drawn from the data. At the end of the report or presentation, provide a summary of the key points that were made.

Prepare Professionally. Prepare presentations and reports professionally, even when it is for internal program use. Develop PowerPoint presentations with a consistent look and feel using professionally developed charts and graphs.

All-Staff Meeting: Outcomes Review

- **Abstinence**
- **Crime and Criminal Justice**
- **Employment/Education**
- **Health/Behavioral/Social Consequences**
- **Social Connectedness**
- **Stability in Housing**