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IMPACT – Information Management, Public Access, Community Transformation: Year One Evaluation Report, September 1, 2000 through August 31, 2001

Oscar Gutierrez

University of Massachusetts Boston, oscar.gutierrez@umb.edu

John McGah

University of Massachusetts Boston

Donna H. Friedman

University of Massachusetts Boston, donna.friedman@umb.edu

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**IMPACT – Information Management, Public Access,
Community Transformation**

**Year One Evaluation Report
September 1, 2000 through August 31, 2001**

Prepared by:

Oscar Gutierrez, John McGah and Donna Haig Friedman

**Center for Social Policy
McCormack Institute of Public Affairs
University of Massachusetts Boston**

September 18, 2001

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Executive Summary

The goals of the IMPACT project are “to improve access to and delivery of human services for low-income residents, strengthen community planning and resource allocation, and enhance understanding of how data on homelessness can be gathered and aggregated on local and national levels to accurately capture the scope of the problem and the effectiveness of efforts to ameliorate it.”

The first year of the IMPACT project was one of infrastructure development in a broad sense. It involved primarily the development and modification of innovative information technology tools as well as the identification, selection and deployment of other information systems designed specifically to address the project’s goals. This year was also characterized by the creation of relationships, agreements and the execution of group decisions that allowed the network of service providers and other community partners to participate in this development. The community partners include representatives from community-based non-profit organizations, public sector agencies and a private for-profit partner.

The Center for Social Policy, McCormack Institute at the University of Massachusetts Boston was commissioned to produce a series of three evaluation reports. This particular report assesses the IMPACT project’s progress toward goals and identifies opportunities for improvement. Given the developmental nature of the first year’s activities, the report focuses on process rather than outcome issues. The evaluation strategy was developed with these two dimensions in mind. It is the understanding of all the parties that year two and year three evaluation reports will focus more closely on outcome measures, without decreasing the importance of the assessment of process issues.

The report relies upon an examination of the IMPACT project’s efforts in the development of the Information & Referral component in all its modalities; the process leading to the selection and deployment of a networked case management system; and the community and implementation structures and processes put in place for the project’s execution.

Structure, Components and Implementation Strategy

The IMPACT governing structure was devised as a broad-based mechanism with service agency, local government, and consumer and advocacy groups represented. The original proposed structure identified a number of committees and working groups. In practice, primarily two major groups have carried out the work of the IMPACT project. These two major groups are the Project Management Team and the Case Management Committee. When needed, members of these groups have formed sub-groups to work on specific aspects of the project’s requirements.

The Project Management Team has practically played a dual role. On the one hand, this group has taken overall responsibility for the IMPACT project’s management;

on the other hand, the Project Management Team has had primary responsibility for the development and deployment of the Information & Referral component.

The Information & Referral component has received major emphasis primarily because it has involved a large amount of specification, design and development hours. The resulting architecture is a sophisticated and innovative model of communication for other communities **to follow**. The Information & Referral component has many versions, each of which address different operating and access scenarios: public vs. mediated, kiosk vs. desk top, web-based vs. conventional. However, the overall infrastructure is not yet complete. The provider, mediated version of the access system is in progress; the same can be said of the web-based version. The Interactive Voice Response (IVR) version has yet to be specified.

A member of the Project Management Team worth noting is BVM-Olenti, a private, for-profit software developer who according to the people that we have interviewed, they are regarded as “a true partner” and have made significant contributors to the Information & Referral component of the project. The model of collaboration developed between the Lake County Planning & Development Department and BVM-Olenti is worth documenting and sharing with communities facing similar challenges.

There is sufficient evidence to show the results of the Case Management Committee. During the period of evaluation, this committee worked extensively to articulate the system requirements of a case management application, identified suitable packages, evaluated them and decided upon the selection of ServicePoint, a web-enabled, database case management application. ServicePoint recently went into operation but not without its hurdles.

The case management system implementation experienced delays of up to 12 months. There are several reasons that explain the delay. First, it is now generally recognized by members of the IMPACT project that staff hours required for this task were underestimated in the original grant application. The case management committee undertook the correct steps in the software selection process. They conducted a thorough assessment of the community’s requirements and equally performed a comprehensive review of alternative software packages. Their tasks affected the project’s duration, but it is our opinion that their approach was well justified. Not having performed the tasks that the committee undertook would have seriously undermined the willingness on the part of the participating agencies to continue actively participating in the project.

Another reason for the delay was the contract negotiation process of approximately three months between Bowman Internet Systems, the developers of ServicePoint, and Lake County. This time had not been factored in the initial grant application.

There is sufficient evidence to suggest that the simplified project structure has been effective in implementing the IMPACT project’s components, perhaps at the expense of prolonged development and preparation time. The evaluation team however,

notes the need for an oversight group to address three emerging issues: ensuring the long term sustainability of these systems; securing funding for maintenance and operation of the infrastructure; and developing and enforcing policies regarding use of the information generated by these systems. The evaluation team sees these issues as risk factors for the future of the project if they are not properly addressed at this point in time.

There is little evidence yet to report on the system's impact on the community planning process. It is expected that in the second year of evaluation, enough evidence will be collected to indicate what elements of social capital have been accrued from the endeavor.

The implementation process has followed standard methodological procedures found in conventional system deployment projects.

What follows are a set of recommendations based on a critical appraisal of the progress made. We also provide the rationale for each of our recommendations.

Recommendations

Structure

Recommendation 1. Institute a broad-based Steering Council or Committee comprised of agency, advocacy, local government and consumer representation for the next two years. This committee could meet on a quarterly basis.

Rationale. In the few months to come, when data from both sides I&R and Case Management begins to be analyzed, it is important to have a formal body to whom these analyses can be submitted. A broad-based community representation that reviews this information seems to be appropriate for this reason alone. It is also advisable to have a body with the power to authorize the release of data and reports to the community in the future. For the next two years, data analysis will be conducted with the sole purpose of evaluation within the IMPACT project framework.

Another reason for this is to allow the project management team to focus on all aspects of I&R implementation and overall coordination.

It is important to develop a body of support for the future of the project. It is a reality that Lake County is developing a solid technical infrastructure that will require financial backing to be sustained beyond the duration of the IMPACT project.

Recommendation 2. Establish a formal reporting mechanism of outcome-related criteria that satisfies three different sets of constituencies: service agencies, consumers, and funders or local government.

Rationale. To date the formal reporting mechanisms are designed to explain the progress of the IMPACT project. It is necessary to develop a formal reporting structure that will provide useful information to the consumer and that will also show basic behaviors, performance and outcomes.

Progress is well underway in the development of a reporting system that is based on the Helping Hands database. However, the case management component is yet to be defined. Work should begin in the definition of a standard set of reports.

Recommendation 3. Form an outreach committee to work on the expansion of the IMPACT network.

Rationale. Soon after the deployment of the case management system and the service provider version of the I&R system, an effort should be made to formalize and extend the outreach work towards faith-based agencies, and other major groups of human service providers.

The technical capacity of expansion efforts should be assessed prior to any commitments to bring any clusters of agencies on board.

Recommendation 4. Organize to develop an expansion of services and sustainability strategy that goes beyond the year 2003.

Rationale. The IMPACT project will produce a solid County Continuum of Care technical infrastructure. Efforts should begin to develop a strategy that looks at two interrelated issues. One issue is the need to incorporate additional number of provider agencies and locations into the network. The other issue involves the need to plan for mechanisms to sustain a growing network of users. These requirements go well beyond technical concerns. A solid strategy to gain access to financial resources will be required.

System Architecture

Recommendation 5. Move to accelerate the implementation of the overall IMPACT architecture, such that data can be collected for analysis and evaluation.

Rationale. The members of the evaluation team are very pleased to be able to submit a process assessment of the IMPACT project. However, in our opinion, it is mandatory to begin trend and outcome analysis based on system usage.

The evaluation team recognizes the enormous efforts put by the working groups for the development of the various I&R system versions and the implementation of the case management system. It is however, necessary to accelerate the pace to move on to the operational phase of the infrastructure.

Recommendation 6. Initiate the development of the Interactive Voice Response application.

Rationale. One component of the system that has yet to be specified in detail is the Interactive Voice Response application. The appeal for this application is on its broad availability. This would make public access to the I&R database much more accessible to consumers. An emerging challenge will be the development of a marketing plan.

Information & Referral

Recommendation 7. Assess the feasibility of proceeding with the conversion of the helping hands database to SQL Server.

Rationale. Given the long term nature of this project and the fact that the case management system (ServicePoint) and its I&R component (ResourcePoint) run against a SQL Server Database, it seems reasonable to explore the possibility of converting the Helping Hands database to SQL Server.

Most importantly is the need to assess the feasibility of continuing to maintain the current structure of the Helping Hands database. It is our opinion that the simplification and standardization of core software platforms reduces maintenance, interface and modification costs in the long run.

Recommendation 8. Continue and finalize development of the web version of the Helping Hands database.

Rationale. Although great effort has been made in the development of the I&R component of the IMPACT Project, it seems that public access to the Helping Hands database is currently focused on kiosk availability. Both provider mediated approaches, these are, the Provider Version and the Case Management access to the Helping Hands data through ResourcePoint are indeed restricted to the use of authentication techniques. These two systems follow a mediated access model.

The development of the web version would bring many additional public entry points to the system.

Recommendation 9. Implement an interim audit procedure to validate the language translation process.

Rationale. Syntactic language translation can be efficiently achieved by a variety of manual or automated methods. However, to attain proper cultural language translation requires close validation by consumer representatives.

Case Management

Recommendation 10. Develop a support mechanism for the case management system implementation.

Rationale. Participating agencies that do not have significant experience or infrastructure in the implementation of networked computerized applications, face a series of change management, administrative and technical challenges. Providing technical support on the ServicePoint application may prove insufficient. The challenges confronting these organizations have to do with the development of new or different work disciplines that at first may seem invasive and threatening to some. Other challenges have to do with the methodology to accomplish the successful implementation. Deployment does not imply successful implementation. A strategy to address these issues should be put in place.

Recommendation 11. Establish a peer-to-peer ongoing training program for ServicePoint.

Rationale. The training program offered by the Bowman Internet Systems was premature. We recommend that a training program be established perhaps in two phases. Phase one, formal training by BIS especially to agency staff who will play an administrative role in the use of the ServicePoint application. Phase two, establish a peer-to-peer training program for general ServicePoint usage.

The peer-to-peer program is indispensable for the proper sustainability of the application, given the high staff turnover that exists in most organizations.

Recommendation 12. Develop a strategy to expand the service base and use of the case management system.

Rationale. The IMPACT project team should move to develop a strategy that will allow the community to sustain the operation of the system beyond the year 2003. The current infrastructure developed since the project's inception and that it is still in process of being completed, will require in the future an ongoing stream of funds for maintenance and continued operation.

The IMPACT project team should also begin to explore the inclusion of other provider agencies into the network.

Recommendation 13. Move to develop a set of standard operating procedures (SOPs) for the central server but most importantly for the participating provider agencies.

Rationale. In the assessment of the community's efforts to engage provider agencies to participate in the project, it was clear that a substantial amount of work was conducted in order to address confidentiality and privacy issues. The

evaluation team found a very thorough process in the formulation of these policies.

However, the evaluation team considers necessary for the IMPACT project to develop a set of standard operating procedures (SOPs) that delineate all the detailed operational policies, standards, guidelines and procedures governing the execution of the case management system. These standard operating procedures should be formulated for the central server organization as well as for the participating agencies.

Recommendation 14. Move to develop policies regarding release of data sets to the public.

Rationale. One of the IMPACT project's expected outcomes is to produce sufficient and concrete evidence to help influence policy and help to better understand the complexities and dynamics of the services provided to the underserved populations in Lake County.

Both, the I&R and the Case Management systems will collect sufficient data to perform substantive content analysis of the services and the populations that receive these services.

The evaluation team considers necessary for the community to develop policies to determine the criteria by which the IMPACT team should consider what is sufficient coverage so that the data collected can be deemed to be representative and sufficient for publication. Also, the evaluation team considers necessary for the community to develop policies for the review of data prior to public release.

Community Planning and Implementation

Recommendation 15. Improve the mechanisms to document community planning and coordination.

Rationale. Most of the documentation reviewed by the evaluation team on IMPACT processes has to do with system-related processes, such as system specifications, design recommendations, software selection and the like. Other relevant documents are the quarterly performance reports that provide insights into the community participation.

A mechanism to capture and report how the community uses system-generated information is yet to be developed. The evaluation team suggest the creation of a community communication and coordination log that would record the various efforts by the participating stakeholders based on their analysis of outcome data from both the Information & Referral and Case Management systems.

Recommendation 16. Develop tools and training to support participating agencies in estimating expected impact of services.

Rationale. Impact measurement will not always be a simple process for IMPACT participating agencies. Seemingly simple questions may often be complex by the unique nature of the agencies and their customers. IMPACT project members can help agencies understand how to answer impact questions accurately, but they will need appropriate tools and training to ensure a consistent result. Criteria to assess the impact of these systems must be developed.

Recommendation 17. Move to introduce a simplified systems implementation and systems usage audit mechanism.

Rationale. In order to reduce the risk of further implementation delays, particularly when the community moves to expand the network of users, a system audit mechanism should be put in place.

A system audit mechanism is a process that routinely “checks” the status of the implementation process. It raises warning signals when deliverables or targets are not met. It reduces the risk level in long term or complex, interdisciplinary implementation efforts.

This mechanism should also be applied to system usage, in other words, and audit mechanism should be put in place to monitor the extent to which a particular site uses the system.

Introduction

The *First Year Evaluation Report*, prepared by the Center for Social Policy, McCormack Institute of Public Affairs, University of Massachusetts Boston, was commissioned by the Planning, Building and Development Department, Lake County, IL. The report presents an assessment and findings of the ongoing evaluation through August 31st, 2001. The assessment is supported by a thorough examination of the IMPACT project's planning, development and implementation processes; as well as an examination of IMPACT project's customers and services during the first year of the project. This first report focuses primarily on a thorough assessment of the planning and implementation processes. It does not include analysis of outcomes as the first year of the project concentrated primarily on the development of the technical infrastructure for the project.

Ultimately, the ***purpose of this report*** is to support a more informed discussion of the processes associated with the IMPACT project during its first year of operation. Through this report, the strengths and weaknesses of IMPACT products and processes, and opportunities for their improvement may become more evident.

The Role of The Center for Social Policy, McCormack Institute in IMPACT

The Center for Social Policy at the McCormack Institute, University of Massachusetts Boston, was commissioned to serve as a third party evaluator to IMPACT in a three-year project. The design and implementation of the IMPACT evaluation plan the Center for Social Policy to provide the IMPACT project with a diverse range of services including:

- Design and implementation of the IMPACT evaluation program.
- Design of IMPACT data collection instruments via surveys.
- Design of IMPACT data collection instruments through existing systems.
- Data analysis based on formal data collection.
- Process analysis of the IMPACT project implementation.
- Documentation of the evaluation.

Overview of IMPACT Evaluation Goals

The goals of the IMPACT project are:

- To improve access to and delivery of human services for low-income residents.
- To strengthen community planning and resource allocation.
- To enhance understanding of how data on homelessness can be gathered and aggregated on local and national levels to accurately capture the scope of the problem and the effectiveness of efforts to ameliorate it.

The project articulated these goals from the recognition of three major categories of problems:

- Barriers to accessing services.
- Barriers to effective service delivery.
- Barriers to effective community planning and resource allocation.

The Center for Social Policy developed an evaluation scheme (presented in the next section) from the IMPACT project's articulation of goals, barriers and expected outcomes. The IMPACT evaluation plan is intended to achieve specific objectives. These objectives defined the plan's design and continue to guide its ongoing implementation. The goals of the IMPACT evaluation plan are designed to support:

- Monitoring and reporting.
- Decisions to align the project to changing circumstances.
- Evaluation of processes and outcomes.

This year one report specifically provides documentation on the following aspects:

- Planning and coordination of the implementation effort.
- Progress towards service delivery and outcome goals.
- Opportunities for improving service delivery.
- Strengths and weaknesses of the IMPACT project's progression.
- Recommendations for year two evaluation.

The section that follows describes in detail the evaluation scheme and all of its components.

Evaluation Scheme

Overall Scheme

Underlying the IMPACT evaluation plan is a conceptual model that illustrates the relationship between the goals of the IMPACT project, its expected outcomes and the mechanisms to achieve them. Figure 1 illustrates this conceptual model.

The process begins with the recognition of current barriers to achieve the expected levels of coordination and service. A clear distinction of these barriers is made at three levels: individual, service provider agency and government or funding agency. These barriers trigger the identification of corresponding categories of goals that translate into the following expectations: to increase access to services; to improve planning and resource allocation; and to increase use of aggregate data.

The IMPACT plan incorporates a variety of state-of-the-art technologies and applications to address the requirements: web-enabled database applications for case management; and various versions of information and referral (I&R) applications with distinct contexts and requirements in mind. These I&R versions include touch-screen kiosk applications located in general public areas; public access interactive learning centers located at participating health clinics; a desktop service provider version; I&R services via case management system; and public I&R access via Interactive Voice Response (IVR). Other technologies exist in the IMPACT plan, such as the incorporation of Geographic Information System Interfaces (GIS) to assist in geo-spatial analyses.

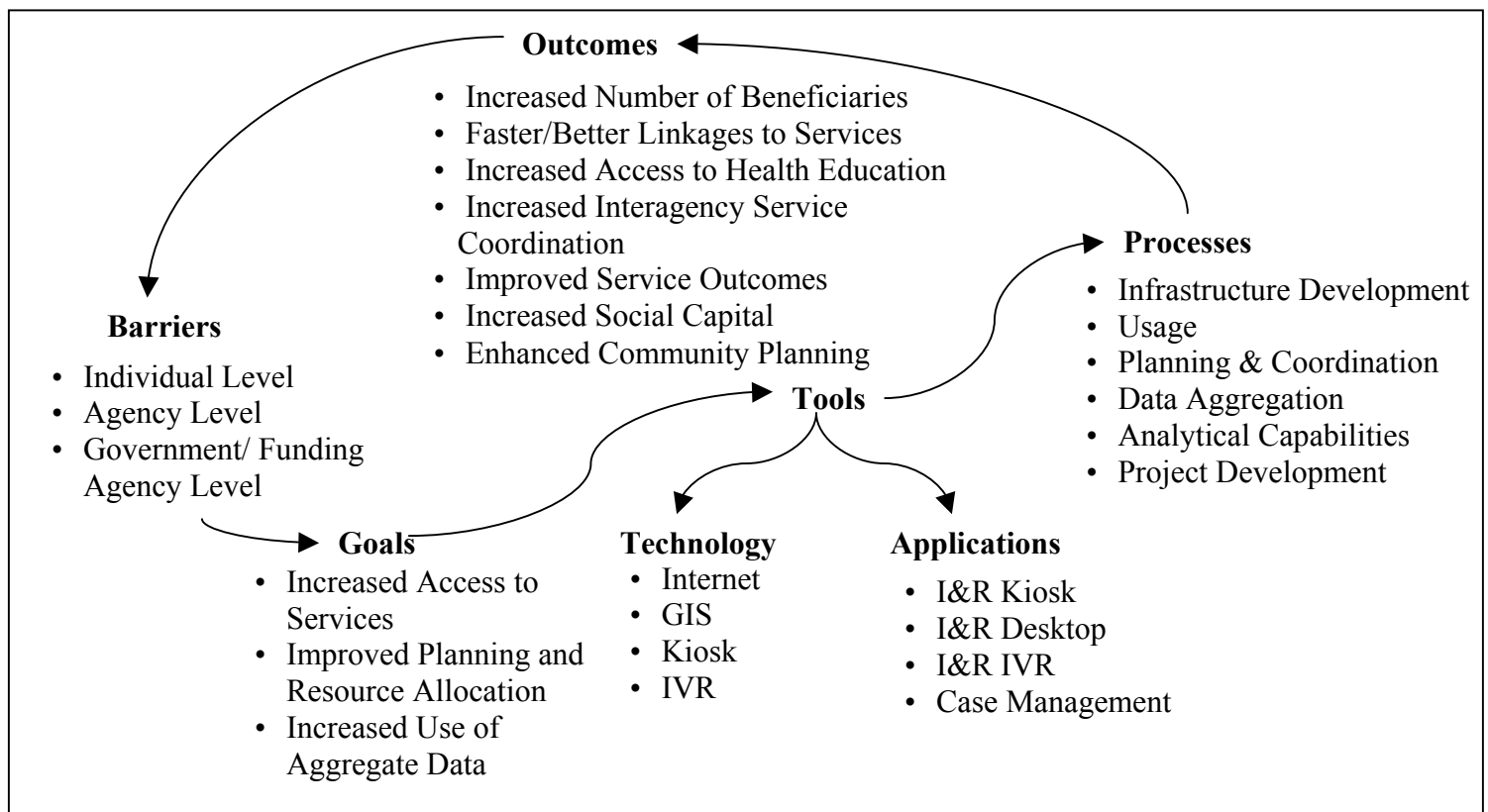


Figure 1. IMPACT Evaluation Scheme

At the core of the evaluation scheme are two components: assessment and evaluation of core project processes, and evaluation of outcome-specific criteria. The major processes involving this evaluation include the following. Project development and implementation, development of the technical and organizational infrastructure for the implementation; planning and coordination issues surrounding the IMPACT project's deliverables; system usage, analytical capabilities and use of data by stakeholders.

The evaluation also looks at specific outcome measures, of which the major categories are the following. Number of beneficiaries served, the nature of service

delivery in terms of efficiencies, coordination and speed; direct access to information by the public; effects on social capital; and effects on community planning.

Evaluation Procedures

The evaluation procedures take into account three dimensions: substantive areas in the IMPACT project, processes and outcomes; and data collection mechanisms.

There are three substantive areas in the IMPACT project that the evaluation scheme considers: Information & Referral, Case Management; and Community Planning and Development. Evaluation for years two and three will be performed on specific outcomes at predetermined project milestones and on process issues concerning both, community planning dynamics and project implementation strategy. Finally, the procedures involve the use of three types of data collection mechanisms that are in place:

- Technology-based mechanisms designed to understand usage. These are automatic reports generated from the I&R and Case Management databases.
- Survey-method questionnaires designed to understand process-specific issues concerning the substantive area;
- Process documentation techniques designed to understand the implementation process.

From the three dimensions mentioned above the evaluation procedures consider the following major steps:

- Assessment of I&R technology infrastructure development
- Assessment of I&R pilot usage with various technologies and types of sites
- Assessment of I&R planning and coordination among stakeholders
- Assessment of case management infrastructure development
- Assessment of case management pilot usage
- Assessment of case management planning and coordination among stakeholders
- Assessment of the development of data aggregation and analytical capabilities for community planning purposes
- Assessment of community planning support tools and procedures on a pilot basis
- Assessment of community planning coordination among stakeholders

Figure 2 shows the aspects of the evaluation scheme included in this report. We have concentrated on the following aspects of the scheme:

- Technology infrastructure development and planning for both I&R and Case Management
- Implementation strategy
- Project management

All of the above represent process issues that are related to the project's implementation, but do not address specific questions concerning usage or impact. We have completed outcome assessment under community planning and development since specific deliverables have been successfully deployed during the year.

	Information & Referral	Case Management	Community Planning and Development
Process	X	X	X
Outcome			X

Figure 2. Aspects of the evaluation scheme covered in year one.

Instruments

During the course of the first year, we worked with project participants in the development of data collection instruments for the second and third years. The following instruments were developed:

Questionnaires. These are the survey methods to capture the participants' perceptions of service and quality. There are three questionnaires:

- Provider Agency Administration Survey Questionnaire
- Provider Agency Staff Survey Questionnaire
- Customer Survey

Automatic reports are designed to extract information directly from the databases that collect program-specific information. These reports need to be programmed only once and run on a periodic basis under pre-determined selection criteria. The evaluation team formulated the specification for case management tracking reports that will look for example at client demographics, residential history, services, encounter, referral, information access, services obtained, length of stay, and status at shelter exit. The evaluation team assessed existing reports produced by the I&R application and they will be used for the assessment. There are two report sources:

- Case Management Data Reports
- Information & Referral Data Reports

Documentation. The evaluation team makes extensive use of all available project documentation. It provides the source of process analysis and community planning and development efforts analysis. These include but are not limited to the following. Planning

sessions, minutes, other, sample agreements, protocols, policies, and system generated aggregate data.

Copies of the surveys and sample reports are included in the appendix.

Schedules

Figure 3 shows the schedule for the application and delivery of surveys, automatic reports and documentation to the evaluation team.

Notes about questionnaires and reports.

1. The surveys were designed to be answered on the computer. Alternatively, respondents may want to use a paper version of the survey. Both formats are acceptable.

Surveys returned to the IMPACT Coordinator in electronic form should be forwarded to: impactsurvey@aol.com

2. The four surveys should be applied as discussed during our visit with the new deadline specified in the schedule. We will revise the surveys at the end of the second year and will re-apply the revised surveys.
3. Case management reports. During our visit, we discussed the format of one report that will allow us to do some demographic and outcome analysis. A second report will be necessary to analyze service planning/ case management coordination. This report format is in preparation by the evaluation team. Automatic submission should be sent to impactsurvey@aol.com
4. I&R Usage reports. A compiled database to the lowest level of granularity by service category by location and time stamp. The idea of linking service and agency information is very useful. Also, we would be interested in receiving the current usage reports for each kiosk, including copies of the on-line user survey. Automatic submission should be sent to impactsurvey@aol.com
5. The Healthy Touch Application report should contain data on three categories (i.e. immunization, home safety and pregnancy). Automatic submission should be sent to impactsurvey@aol.com

Instrument	Period	Media	Submission Date
Agency Administrator Survey	October 31 st	Electronic or paper	October 31 st
Agency Staff Survey	October 31 st	Electronic or paper	October 31 st
Client Survey: I&R	October 31 st	Electronic or paper	October 31 st
Client Survey: ServicePoint	October 31 st	Electronic or paper	October 31 st
Case Management Reports	Quarterly	Electronic	October 5 th , January 5 th , April 5 th , July 5 th
Learning Center Kiosk usage reports	Quarterly	Electronic	October 5 th , January 5 th , April 5 th , July 5 th
Healthy Touch application usage reports	Quarterly	Electronic	October 5 th , January 5 th , April 5 th , July 5 th
I&R: Provider version usage reports	Quarterly	Electronic	October 5 th , January 5 th , April 5 th , July 5 th
I&R: Web Version usage reports	Quarterly	Electronic	October 5 th , January 5 th , April 5 th , July 5 th
Documentation Quarterly Progress Report	Quarterly	Paper	October 5 th , January 5 th , April 5 th , July 5 th
Documentation Copies of agreements, policies, standard procedures	Every six months	Paper	January 5 th , July 5 th
Documentation Copies of system related documentation (e.g. specification, design, modification reports)	Every six months	Paper	January 5 th , July 5 th

Figure 3. Schedule of Data Collection Deliveries to the Evaluation Team

Baseline for Evaluation

In the course of the first year, the evaluation team worked with project stakeholders in the development of a baseline against which progress would be assessed. The evaluation team developed a comprehensive questionnaire and charged project IMPACT participant with the task of gathering specific facts and quantitative objectives concerning the project's outcomes. Copy of the questionnaire entitled "Project Baseline to Aid in the Evaluation Process" can be found in the appendix.

The project baseline contains information on the following criteria:

- Population
- Current Processes
- Outcome targets
- Information & Referral status at the beginning of the project
- Case Management status and readiness at the beginning of the project
- Community planning and organization structure established at the beginning of the project
- Implementation related parameters

The evaluation team reviewed with the project management committee the proposed baseline and worked together to update and clarify several parameters. A complete description of the IMPACT project baseline can be found in the appendix.

Year One Evaluation

Introduction

What follows is a description of year one activity of the Center for Social Policy evaluation team and IMPACT stakeholders in Lake County that related to the evaluation of IMPACT. Most activity in the IMPACT project consisted of further planning and establishing a baseline with which to measure the "impact" of the project through site visits and collected documentation on the project and the need for improvement of services and coordination in Lake County.

Site Visits, Evaluation Sessions and Documentation

During the course of the last 18 months, the evaluation team completed two visits to Lake County.

First visit: January 26 and 27, 2000.

This visit was designed to accomplish two objectives. First, to meet the various stakeholders and to review current plans and project organization. Meetings took place with staff from the Lake County, Department of Management Services to discuss their

role and technical concerns in the implementation of the Case Management System. The evaluation team also met with members of the working group responsible for development of the Information & Referral System. Second, to establish a baseline set of information with which to compare the project at different points in time in the future. The evaluation team worked closely with the project management team on the development of the basic framework that educated the evaluation team on the formulation of the questionnaire to obtain a Project Baseline to Aid in the Evaluation Process.

During the course of the year, the evaluation team and the IMPACT project management team worked on the formulation of the baseline of information.

Second visit: June 6 and 7, 2001.

This visit was also designed with two objectives in mind: First, to agree on baseline of information and on the survey and automatic report data collection instruments. For this purpose, the evaluation team met with members of the Case Management Committee and also with members of the Project Management Team. Second, to conduct site visits to agencies currently implementing the I&R system and homeless providers preparing to implement the case management system. The evaluation team visited a Jewel Store to access and review the public I&R application. The evaluation team also visited a Health Clinic to review the Helping Hands Application and visited with PADS Crisis Services, Inc. to understand the current preparations for the implementation of ServicePoint.

During this visit the evaluation team reviewed and collected numerous pieces of project documentation.

Providers and Consumers

The IMPACT project will be utilized in one form or another in cities and towns in Lake County. Its goal is to serve people that are accessing homeless services, homeless service staff, agency, city, and county planners, consumers of community health centers, and the general public.

Homeless service agencies are involved because they foresee some or all of the following benefits: improved capacity to serve agency or program clients through more accurate and expedited referrals to other services; increased service coordination and collaboration, streamlined intake procedures, and reduction of duplication of services through technologically supported shared service planning; reduction in time and administrative burden involved in generating reports for various funding sources; and increased capacity to evaluate and strengthen program effectiveness through availability of timely, accurate and comprehensive data on program activities and client outcomes.

Homeless consumers of service that participate in IMPACT may anonymously use the I&R components of IMPACT in a supermarket or Learning Center. If they work with a case manager using the case management component of IMPACT, they most

likely will conduct a one on one interview with the case manager who will explain briefly the purpose of the system, who will have access to the information entered, and who will not. A consumer must sign a written release form if s/he agrees to share part of her/his record with another agency. S/he is not required to share in order to receive services at an agency participating in IMPACT although they may have to provide information to the agency providing service at the time without any sharing beyond that.

Prior to IMPACT information and referral occurred rather informally. Staff might consult the Red Book which listed in hard copy service agencies in Lake County. Case management was conducted either on paper or simple databases created at an agency.

Evaluation

Governing Structure

The following structure had been proposed at the beginning of the project:

IMPACT Steering Committee. Responsible for overall project coordination, implementation, and management, including assistance with evaluation activities.

Project Management Team. Responsible for overall coordination of IMPACT project at a staff level.

I&R/BVM Content Committee. Responsible for coordination of I&R content and interface changes.

Case Management Committee. Responsible for case management implementation and project management oversight and coordination. This committee was subdivided into four major groups:

Case Management Data Subgroup. Responsible for compiling information on the existing intake and assessment data collected by agencies, and beginning the process of defining eligibility data (for filtering interface with I&R system), a core required data set, larger common assessment data set, and agency specific fields.

Case Management RFP Subgroup. Responsible for the oversight of the RFP development and selection.

Case Management Client Confidentiality Subgroup. Responsible for development of security protocols and monitoring.

Case Management Education Subgroup. Responsible for development of system training, as well as case management strategies to embrace use of system to enhance service delivery.

Community Outreach Committee. Responsible for education and outreach to potential community partners to maximize use and impact of system.

Hispanic Issues Committee. Responsible for development of strategies to increase access to information and services among the Hispanic population, including oversight of Spanish translation process.

Evidence of Implementation and Effectiveness of Governing Structure

In practice, the proposed structure has translated into the effective operation of two important groups: the project management team and the case management committee. Over time both of these groups have expanded and contracted to form subgroups in order to attend to the specific requirements of the project at different points in time.

The project management team has taken overall responsibility for the IMPACT project's implementation. In addition this team has participated in and managed the development of the information & referral IMPACT application in all of its forms: kiosk, provider and web versions. The project management team has reached a number of milestones and accomplished a number of major deliverables: development and implementation at the projected number of sites (except one) of the learning center module (an innovative combination of I&R data with health education: the "Healthy Touch" system); extensive work on the Spanish translation of the Helping Hands database; extensive work on the specification and development of both the provider and web versions of the Helping Hands Application; and extensive work on the specification of the IMPACT GIS/reporting module.

Equally impressive and productive has been the participation of the case management committee. This committee has worked extensively on all the facets and phases involving the selection of commercially available software products for the human services. Three areas of accomplishment are worth mentioning. First, the work of the committee has resulted in the successful selection of a software vendor, leading to the necessary contractual negotiations between Lake County and Bowman Internet Systems (BIS) for their software application called ServicePoint. Second, members of the committee have worked extensively to identify additions to the system's functionality and tackled the complexities of developing interfaces between the ServicePoint system and two major sites: Catholic Charities and A Safe Place. Third, work on the specifications to interface the I&R database with the case management system to allow mediated I&R via ResourcePoint, BIS's I&R application.

Although, there is a clear structure that oversees the project, there seems to be a lack of stakeholder oversight that may offer distant, objective perspectives to the process. The project management team seems to play a dual role and that is to manage the development and implementation of the I&R component of IMPACT as well as overall project management functions. These dual role responsibilities make the project oversight

to be an “internal” oversight. We consider that a broad-based steering perspective needs to be present in this project.

The existence of such body not only enforces the need for accountability of the participant groups, which we do not put in question, but rather, develops a mechanism for support of the project.

What is not evident up to the point of this evaluation is the formation and activities of an outreach committee. Attempts have been made to address this issue by approaching Faith Based providers. However, it seems appropriate at this point in the project to develop a service expansion and sustainability strategy.

System Architecture at Year One

For the purpose of evaluation, we identify six distinct IMPACT components, each of which has its own set of challenges and characteristics, although some of them interrelate and expose many similarities. The six components are listed in figure 4. This figure also shows the status of the particular component.

Components	Status at Year One Evaluation
Case management application	<ul style="list-style-type: none">• ServicePoint to be implemented shortly• Modifications and interfaces pending
Learning center	<ul style="list-style-type: none">• Operational at 8 sites
Web access to the Helping Hands database	<ul style="list-style-type: none">• Design specifications complete• Prototype complete
I&R via interactive voice response	<ul style="list-style-type: none">• Work not started
I&R application via case management system	<ul style="list-style-type: none">• To be implemented shortly
Language and reporting	<ul style="list-style-type: none">• Spanish version of Helping Hands database complete• GIS and reporting system under development

Figure 4. IMPACT system components and their status at year one evaluation.

At the end of year one evaluation, substantial progress has been made in all but one component. Particular progress has been made on the development and deployment of the learning centers. At the time of the writing of this document, two other components were in the process of implementation: case management system and the I&R application via case management. Although it was not clear if customizations to the case management system and interfaces with existing systems have been completed. The remaining components are in their design or development stages.

On databases, for the purpose of evaluation we also make a differentiation on the various versions of the Helping Hands database. Figure 5 shows that we have broken down the database organization versions into five categories. The figure also shows the status at year one evaluation.

Database	Status at Year One Evaluation
Case Management	<ul style="list-style-type: none"> • Standard product installed at server organization • Modifications pending
Helping Hands Master	<ul style="list-style-type: none"> • Complete
Helping Hands (Spanish)	<ul style="list-style-type: none"> • Complete • Other languages: future
Helping Hands for interface with case management database	<ul style="list-style-type: none"> • To be implemented shortly
Helping Hands web	<ul style="list-style-type: none"> • Under development

Figure 5. Major database versions and their status at year one evaluation

Given the innovative nature of the various initiatives as well as the diversity and variety of applications, the IMPACT project working groups have made consistent progress with the proposed plan. It should be recognized however, that some slippage has occurred to the plan due primarily to the following categories of reasons:

- Staff turnovers
- Underestimation of staff hour required for case management tasks
- Underestimation in the technical complexities of some components
- Negotiations regarding access to data

At the core of the architecture and critical to the success of the implementation are the location, expertise and support of central organizations, whose responsibilities include the following:

- Custody and maintenance of the systems data.
- Technical support to the community of users.
- Applications and training support for users.
- Enforcement of security and standard practices.

The IMPACT project has two such organizations. The first, BVM Oienti, is the central server organization for most of the I&R application initiatives. The second, is the Lake County's Management Services Department, who will host the database server for the case management application.

It is clear to the evaluation team, that sufficient expertise is available to play the role of central server at each one of these organizations. However, with the case management application, it is not clear whether or not the Management Services Department at Lake County, will play a direct support and training role with the community of users. We are convinced that successful implementation of case management systems within shelter agencies depends on the ability to provide basic, technical and constant support to the staff who are directly involved in the system's daily operation.

It is the opinion of the evaluation team that in order to conduct a thorough content and outcomes analysis, and to determine the relative impact of these technologies the entire IMPACT system infrastructure must be completed, at least to the pilot stage. Only then, we will be able to conduct the necessary report generation examine systems usage, service planning and coordination effects, consumer outcomes, the developments in social capital and other impacts.

In conclusion, the enormous efforts of the people involved in IMPACT are beginning to materialize. It is necessary to complete the architecture so that the next wave of effort moves away somewhat from technology development to training, development of new expertise, analysis, and management of the newly acquired knowledge.

Information & Referral

The Information & Referral data collected since October 2000 is not included in year one evaluation. However, user statistics as reported by BVM-Olenti indicate that the kiosks installed at the Health Department clinics are receiving considerable usage, and in some instances beyond what had been estimated.

The Information & Referral component of IMPACT seems to be the most highly developed and diversified at this point in time. One considerable asset to the project that has contributed to the progress made is the role of BVM-Olenti.

It was generally agreed during our evaluation sessions that BVM-Olenti has exerted significant positive influence on the project. Their participation is commendable and represents a model for similar initiatives. There are a number of key functions that make this partnership unique.

- Expertise

BVM-Olenti is a young local organization that has the unique expertise and technology required for the project. At the beginning of the IMPACT project, BVM had accumulated significant experience within the county on the development and implementation of public kiosks.

- Cooperation in Partnership

Not only the company had developed technical expertise in this field, but had developed considerable linkages and partnerships with key role players in the IMPACT project. The general approach to partnering on the specifics of each project is based on the effective use of focus groups.

- Collaboration beyond Expectations

It is our understanding that the company has significantly provided in-kind contributions to the project.

Learning Centers

There are currently 7 learning centers installed. We define here a Learning Center as a kiosk application that contains the following technical elements:

- Access to the Helping Hands database
- Access to the Healthy Touch system in English
- Access to the Healthy Touch system in Spanish
- Survey and Reporting capabilities.

Members of the evaluation team have had the opportunity to view the learning centers in operation and to review sample reports and outcomes from the user survey.

The development of the learning centers followed the progression of the projected plan. The learning centers were installed in October, 2000, a two month deviation from the original plan. An additional kiosk will be placed at DHS with no Healthy Touch system.

Spanish translation

The evaluation team recognizes the efforts put in the Spanish translation of the helping hands database. We recognize the enormous difficulties in achieving a proper cultural translation. The effort was at first conducted by manual or human translation that achieved relatively poor results. Currently, a different approach is being implemented by incorporating an automated translation process. This new strategy seems to be appropriate given the large volume of modifications that are made to the helping hands database on a periodic basis.

However, the design team believes that a process should have been put in place to validate, on a pilot basis, the quality of the manual translation. The evaluation team found no evidence that this interim validation process was put in place. The evaluation team urges the implementation of a translation audit and validation process in order to reduce the risk of implementation delay and to ensure proper cultural translation.

Web access to Helping Hands database/ Provider version

Members of the IMPACT project involved in the development of the I & R component have gone through complex design and development tasks to make the Helping Hands available through a variety of platforms. The provider version of the system was designed to be used by provider agency staff who are providing services to the homeless and other county residents with basic human service needs. As such, this version of the system is regarded as a “mediated” model, because an agency staff is required to log-on to the system to assist a consumer.

The web version of the system is designed with public access in mind. Any computer with Internet access will be able to review basic human services information.

At the time of this writing, both of these systems are still under development. The provider version is further along than the public- access web version.

The evaluation team urges the Project Management Team to finalize development of these two versions.

I&R connectivity to ResourcePoint.

This mechanism allows for the Helping Hands database that powers the I&R component, to be available on the Web as an integral part of the case management system. This mechanism allows ServicePoint users to access I&R resources. Within the ServicePoint application this component is called ResourcePoint. Because the system requires authentication (i.e. the use of usernames and passwords) it is not a public web-based I&R. The objective of this development is to offer provider mediated access to I&R resources at an agency via case management.

The implementation of this interface is a complex one for many reasons. Two of them are the following. First, the Helping Hands database will populate (copy) the ResourcePoint database. However, this is a dynamic process because Helping Hands is continuously updated, therefore creating the risk for inconsistencies. IMPACT project members have taken this issue into consideration, by developing a software interface mechanism that will maintain the databases in sink with each other. Second, the organization (taxonomy) and technology used to represent and hold the data are different between BVM-Olenti and Bowman Internet Systems. Because of this, the solution cannot be an automatic mapping between databases. It requires complex logic to be incorporated into the interface mechanism.

To the evaluators there are many similarities between ResourcePoint access to Helping Hands and Web access to Helping Hands by the BVM web-version, because they are both provider mediated at an agency. We believe that a stronger differentiation between the two approaches should be established to justify further development in these two equivalent applications.

I&R via interactive voice response

The IVR application was planned as a public mechanism for access to the Helping Hands database via interactive voice response. Technical and system for this component have not yet been articulated.

It is the sense of the evaluation committee that public access to the Helping Hands database other than kiosks may be appropriate. This comment is made in light of the efforts being made to provide mediated I&R access. It is our opinion that public I&R access should be extended.

Case Management

The case management software tool being implemented in Lake County as part of IMPACT is called ServicePoint. At the close of year one (August 31, 2001), ServicePoint was just being rolled out in 6 sites in the county. Therefore the evaluation of the case management component focuses on the following aspects of roll out and maintenance:

- How and why ServicePoint was selected .
- The proposed infrastructure for centralized maintenance of the ServicePoint system.
- Reasons for delay in the implementation of ServicePoint.

How and why ServicePoint was selected

Among the initial phases of design of the IMPACT project, was the creation of the Case Management committee. This committee was comprised of stakeholders representing the County, and various service agencies, and technology experts. Key moments in the process include:

- Aug 17, 1999 – Define process and committee structure.
- Sept 7, 1999 – Identify common data elements collected by agencies.
- Sept 21, 1999- Created an intake and assessment matrix based on data elements

Lake County representatives are part of the National Human Services Data Consortium (HSDC). The consortium is a group of cities, states, and large agencies across the country that are implementing homeless management information systems (HMIS) . In January of 2000, the HSDC released a request for proposals to HMIS vendors across the country.

Prior to that release, the Case Management committee had been meeting to assure that the RFP met all of the needs of Lake County. It met on October 19, 1999 to draft an RFP for the case management software. On December 7th the committee viewed sample case management systems and further developed the RFP guidelines. About one month

later, they ranked the priority set of data elements they had collected to develop a core set of elements required in the RFP.

In late January most of these vendors traveled to Lake County Planning Department offices to meet with HSDC representatives to review the RFP and ask questions to better inform their proposals. In April, fourteen vendors submitted proposals.

The Case Management committee reviewed the proposals at a meeting on March 21 and developed criteria for the selection process. Three weeks later, in April, a demonstration lab was set up with software from the top six vendors who responded. Throughout this process, a Lake County representative stayed in touch with the rest of the NHSDC communities that were going through a similar process. There were periodic conference calls among the community representatives, to report feedback and opinions on the proposals and testing. Also, at least one member of the consortium conducted a site visit to a service agency running one of the top six case management software systems. Each product was observed in the field at least once around the country. This information was shared with Lake County and all of the members of the NHSDC.

Although, member communities of the NHSDC made independent choices of which software package best met its needs, each one chose Bowman Internet Systems' product, ServicePoint. On May 23rd, 2000, representatives from Bowman came to Lake County to present ServicePoint, answer questions, and negotiate enhancements and customizations. (By being part of a group purchasing ServicePoint, Lake County, like other communities received a discounted price and some enhancements added free of charge since they were needed by all NHSDC members.) On June 20, 2000, ServicePoint was selected as Lake County's HMIS.

Reasons for delay in implementing ServicePoint

After the choice of software and vendor was made, the implementation of ServicePoint did not begin until July, 2001. Many steps had to be taken in the meantime before agencies or the county could begin using the system. They included:

- The wait for enhancements from the vendors to ServicePoint.
- Thorough testing of ServicePoint by Lake County and other NHSDC members.
- Acquisition of computer equipment by participating agencies.
- Development of policies related to security of information (security procedures in working with clients and staff, security of access to the system, and security of stored data.)
- Agency infrastructure assessment.
- Review changes to the software as released by Bowman.
- Identify the dropdown menu options that are needed by county planners and agency staff.
- Create and distribute usernames, passwords, and user rights.
- Create and approve user responsibility statement.

These tasks are essential to a successful implementation of a case management information system. Work on these tasks continued steadily and regularly through the year at a reasonable pace.

The proposed infrastructure for centralized maintenance of the ServicePoint system.

Currently, the administration of ServicePoint falls under the charge of Lake County Planning Department and Support Services Division staff who will be responsible for keeping the central server up and running, backing up the database daily, creating and periodically running aggregate reports from the database, and being the county's contact with the ServicePoint developers, Bowman Internet Systems, Inc.

This is an appropriate and thoughtful plan for these tasks, which are vital to maintaining the system. However, there are other aspects to maintaining the case management system that we feel are under represented in the current plan. Those tasks include the following:

- Technical assistance.
- Training.
- Troubleshooting.

As the agency staff survey results indicate, there is a wide range of computer skills among the agency staff that will be using ServicePoint. This is likely to translate into a great need for a greater technical assistance presence, meaning: more phone call support, more site visits, more documentation, and more follow-trainings. This is likely to be especially true at the start-up of implementation at each site, and continually so for new staff which can be significant given the high turnover rate among homeless service provider staff. Agency staff are likely to want more and more agency-specific reports (in fact this should be promoted since the more they are able to utilize reports, the more they are likely to enter data which informs the larger policy goals.) Although ServicePoint has a built in Report Writer, utilizing it requires another set of (minimal) skills that will take time to learn. And, lengthy complicate reports are quite difficult to create with the Report Writer and may require technical assistance or use of another report writing tool such as Crystal Reports.

Community Planning and Implementation Process

The IMPACT project has garnered the collaboration of government, community-based and for-profit organizations in the development of an innovative information infrastructure to address the specific goals of achieving increased access to services by the underserved, improved planning and coordination of services and resources, and increased use of aggregate data. There is sufficient evidence in the documentation to suggest that such commitments have been honored. However, there are two issues that deserve our comment. First, because the first year of the project was devoted to

infrastructure development, evidence of usage of the data for planning and resource allocation, as well as evidence of improved service coordination are yet to be developed. Secondly, it is the belief of the evaluation team that support for the overall initiative should be strengthened. The challenges facing the project in the coming months will change from developmental and technical, to methodological, financial and political. These new challenges will require significant amount of backing and presence.

The implementation process has followed a conventional linear approach where the project steps and milestones were predefined at the outset of the project. This strategy is in contrast with a more iterative or experimental approach where some explicit slack is reserved within the duration of the project to allow for learning to take place and adapt strategy based on what has been learned.

Given the linear nature of the project's breakdown structure, the evaluation team did not find explicit quality control mechanisms to address project deviations. The evaluation team urges the IMPACT project management team to put in place a simplified system and project audit process to inform stakeholders of deviations and options to address emerging issues.

Conclusions

Overall, the IMPACT Project at the end of year is in good shape with a couple of key concerns for moving forward. Significant goals have been attained, the result of a careful planning and a commitment from many of the stakeholders guiding the process and those ready to implement the system as year two begins. There is enough evidence to suggest that the effort spent on infrastructure development demonstrates the long-term commitment from the community agencies and the County Board to sustain the project in the long run, with the following important *progress achieved*:

- Learning Center kiosks implemented
- Provider I&R version well in process
- Case Management tool well researched and selected
- Case management implementation implemented. However, a plan of action needs to be put in place to ensure the sustainability of the infrastructure.

Moving forward

- Sustainability Strategy

Maintaining momentum is important as the IMPACT project moves into year two. A boost in momentum can be expected once the first successes of implementation of the case management. Although this has begun, it is important that the first agencies have good experiences. As sites are added to this very first tier of implementation, it would make sense to add the easiest to manage (e.g., the smallest agencies, the most computer literate staff, the most excited director). How the following categories are handled will also likely affect year two project momentum.

- Training Strategy

Training needs to start implementation were contracted out to Bowman Internet Systems, the developers of ServicePoint. The current plan for training needs in the future involves the same strategy. However, relying on Bowman for training needs has the following drawbacks:

- costly to the project
- underestimates staff turnover.
- underestimates additional training needs to staff already trained.
- limits the expertise of administering, and providing technical assistance of the ServicePoint system in Lake County.

We recommend that IMPACT managers consider utilizing expertise within the Lake County Department of Community Planning to lead the on-going trainings that will be required.

- Report Generation

Getting quality, semi-regular reports from the IMPACT project is essential. As one of the main goals of the project it is a key factor in maintaining the momentum of the implementation and ultimately the positive effect on planners, service providers, and people seeking homeless services in Lake County.

The quality of the reports depends in the quality of the data input. As case managers and agency managers see the result and use of the reports, they are more likely to devote their resources to getting the data in. (To that end we recommend attainable goals for the beginning of implementation – see “standard data collection” bullet below.)

Staff at the Lake County Planning Department have begun design on aggregate reports to be generated quarterly to evaluate the system. Many of the parts of that large, aggregate report will be useful at the program level. However, it is likely that many service agencies’ reporting needs will be unique to each agency and changing frequently depending on needs of staff to manage their programs, funders, or the need to react to local government, or neighborhood groups for example. Much of the reporting needs at the site level will be able to be met by site staff through the use of ServicePoint Report Writer, but not all. It is likely that staff creating complicated reports will need further technical assistance, and time may prove that advanced report writing training will be a more efficient means of assisting sites with reporting needs than responding on a case by case basis.

- Standard Data Collection

Project planners and committee members have done important work in determining the core data elements that all IMPACT agencies will try to collect. This is obviously essential to good aggregate data to inform planning. In the coming year, IMPACT project central managers should monitor closely whether or not these data are consistently being collected across sites and across clients. It may be beneficial to agree to collect (minimally) a smaller dataset to begin, so early reports can be thorough and fully representative of Lake County on some points and build momentum for further integration of the system into agency worklife. This approach may be preferable to attempting to obtain reports that cover a wider net in the data they look at but can be conclusive on nothing.

- Service Coordination

Currently , a baseline look at service coordination has been determined. In October, agency directors, service managers, and some consumers participating in IMPACT are scheduled to have completed surveys that will better inform how service coordination is being affected by the IMPACT project.

- Project coordinator staff time.

To fully assure the success of IMPACT (especially at this critical phase of implementation rollout) the project coordinator's time could easily be full-time or complimented by another staff person's time that can take on one or two key ongoing components. As rollout continues it is likely that his time will be evermore in demand as technical assistance issues arise, changes are requested, correspondence with Bowman increases, and development of the I & R component continues. There are also the subtle interventions when "pushing" agencies to operate the systems as they struggle internally to balance the provision of emergency services of people vs. data entry and deal with the natural resistance to change. These issues are very time consuming and should not be ignored. We recommend this be considered sooner rather than later as the project continues.

To date, the stakeholders, participants and managers of the project have shown a thorough commitment to the project and are in very good shape. The suggestions we make are suggestions to minimize obstacles that will be ever-present.

Appendices

- A. Revised Baseline Document
- B. Provider Agency Administration Survey Questionnaire
- C. Provider Agency Staff Survey Questionnaire
- D. Customer Survey: Information & Referral
- E. Customer Survey: Case Management
- F. Case Management Data Reports

A. Revised Baseline Document

Baseline for Evaluation

This section presents the baseline set of information with which the project's progress is compared. The baseline set of information was obtained from the IMPACT project administrators and it was requested in terms of the project's basic components: Information and Referral, Community Planning and Case Management. Also, questions concerning population, current processes, outcomes and the project implementation process were formulated. All the information provided was subdivided into outcome and process categories resulting in the following breakdown:

- Information & Referral Outcomes
- Case Management Outcomes
- Community Planning Outcomes
- Learning Center Outcomes
- Information & Referral Process
- Cases Management Process
- Community Planning Process
- Learning Centers Process
- Implementation Strategy Process

The following sections summarize the baseline information according to the resulting baseline framework.

Race Breakdown by Lake County Place and IMPACT Module

Town	IMPACT Module	Tot. Pop.	Race								Hispanic or Latino (of any other Race)
			One Race								
			Total	White	Black/ African Amer.	Amer. Ind./Alaskan Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	
Antioch	I&R kiosk	8,788	8,688	8,365	94	31	102	1	95	100	388
Barrington	I&R kiosk	4,461	4,431	4,308	29	6	80	1	7	30	90
Buffalo Grove	I&R kiosk	28,491	28,218	24,964	237	12	2,870	1	134	273	523
Grayslake	I&R kiosk	18,506	18271	16,840	293	35	783	6	314	235	920
Gurnee	I&R kiosk & case management	28,834	28,190	23,679	1,459	52	2,364	15	621	644	1,738
Libertyville	case management	20,742	20,536	19,121	211	18	949	6	231	206	566
Mundelein	I&R kiosk	30,935	30,283	24,340	494	87	2,041	23	3,298	652	7,787
North Chicago	learning center & case management	35,918	34,557	17,140	13,024	301	1,289	53	2,750	1,361	6,552
Round Lake	I&R kiosk & learning center	5,842	5,665	4,782	116	23	112	2	630	177	1,292
Waukegan	I&R kiosk, learning center, & case management	87,901	84,822	44,073	16,890	471	3,146	57	20,185	3,079	39,396
Zion	case management & learning center	22,866	21,946	13,435	6,196	88	428	16	1,713	920	3,487

(I&R kiosks refer to public kiosks in libraries, stores, etc.; Learning Centers refer to kiosks located in the Health Department and DHS Office; Case Management refers to HMIS)

Age Breakdown by Lake County Place and IMPACT Module

Town	IMPACT Module	Tot. Pop.	Under 5		5-17		18-24		25-44		45-64		65-84		85 and Over	
			Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
Antioch	I&R kiosk	8,788	703	8.0	1,926	21.9	700	8.0	2,850	32.4	1,858	21.1	671	7.6	80	0.9
Barrington*	I&R kiosk	10,168	748	7.4	2,288	22.5	440	4.3	2,852	28.0	2,553	25.1	1,150	11.3	137	1.3
Buffalo Grove*	I&R kiosk	42,909	2,827	6.6	9,577	22.3	2,259	5.3	13,797	32.2	10,566	24.6	3,512	8.2	371	0.9
Grayslake	I&R kiosk	18,506	2,189	11.8	3,938	21.3	1,040	5.6	7,483	40.4	3,015	16.3	762	4.1	79	0.4
Gurnee	I&R kiosk & case management	28,834	2,770	9.6	5,971	20.7	1,572	5.5	10,714	37.2	5,732	19.9	1,924	6.7	151	0.5
Libertyville	case management	20,742	1,380	6.7	4,493	21.7	1,085	5.2	5,659	27.3	5,719	27.6	1,952	9.4	454	2.2
Mundelein	I&R kiosk	30,935	2,836	9.2	6,879	22.2	2,572	8.3	11,128	36.0	5,596	18.1	1,801	5.8	123	0.4
North Chicago	learning center & case management	35,918	2,872	8.0	5,772	16.1	12,473	34.7	9,869	27.5	3,292	9.2	1,484	4.1	156	0.4
Round Lake	I&R kiosk & learning center	5,842	672	11.5	1,066	18.2	520	8.9	2,266	38.8	973	16.7	328	5.6	17	0.3
Waukegan	I&R kiosk, learning center, & case management	87,901	8,457	9.6	18,096	20.6	10,630	12.1	29,355	33.4	14,416	16.4	6,086	6.9	861	1.0
Zion	case management & learning center	22,866	2,055	9.0	5,543	24.2	2,182	9.5	7,178	31.4	3,989	17.4	1,646	7.2	273	1.2

* Totals only for all of Barrington, not just lake County part.

(I&R kiosks refer to public kiosks in libraries, stores, etc..; Learning Centers refer to kiosks located in the Health Department and DHS Office; Case Management refers to HMIS)

Population Characteristics County.

Population (2000 Census): Lake County: 644,356, Waukegan: 87,901, North Chicago: 35,918, Highland Park: 31,365, Buffalo Grove: 28,491, Mundelein: 30,935, Gurnee: 28,834, Round Lake: 5,842, Libertyville: 20,742, Zion: 22,886, Antioch: 8,788, Barrington: 4,461, Grayslake: 18,506.

Race (2000 Census): White (80%), Black (6.9%), Asian & PI (3.9 %), American Indian, Eskimo or Aleutian (0.3%), Other (6.7%) Hispanic Origin: (14.4%).

Age (2000 Census): 0-4 (52,978), 5-17 (136,386), 18-24 (57,493), 25-44 (203,513), 45-64 (138,997), 65+ (54,989).

Special Populations (1990*): Mobility limitation (5,114), Self-care limitations (6,074), Both (3,961).

Mentally Ill (2000): Estimated 11,830 based on national percentage rate applied to County population.

Developmental Disability (2000): Estimated 10,310 based on national percentage rate applied to County population.

HIV/AIDS (2001 IL Dept. of Public Health): AIDS (474), HIV (492.)

* Most recent available

Information and Referral Outcomes

Targets. Client usage: Year 1: 1,000,000 hits.
Year 2: 1,500,000 hits.
Year 3: 2,000,000 hits.

Supported Services: Year 1: Touch screen access in English and Spanish., interface in Spanish, Healthy Touch bilingual series, web access version;
Year 2: Automated usage reports and analysis reports.
Year 3: GIS mapping, electronic referral.

Sites Providing Services: Year 1: Add 2 sites and 9 learning center kiosks;.
Year 2: Add 4 kiosks.

Year 3: Add 4 kiosks.

User Satisfaction: There is dissatisfaction with existing Information and Referral (which was impetus for IMPACT) based on lack of knowledge of the range of services and how can they be accessed as well as confusion with regards to eligibility. All this is aggravated by insufficient availability of key services, embarrassment, language and literacy problems, lengthy circuitous referrals, long delays in access services, awkward needs assessment, lack of service coordination, repetitious intake at multiple agencies.

Motivating factors: Users see information on kiosk screen that meets their (or friends') current needs.

Success Rate: It normally takes 4-5 referrals to achieve an appropriate referral.

Population Service: Township of Antioch: Population: 20,578; Median Income: \$35, 263; American Indian: 58 Asian/PI: 29 Black: 18 White: 17,721 Other, n.e.c: 61 Hispanic Origin: 182 High School Graduate: 4,202 College Graduate: 1,161 Post Graduate: 424.

Village of Grayslake: Population: 12,145 Median Income: \$43,712 American Indian: 7 Asian/PI: 76 Black: 0 White: 7,281 Other, n.e.c: 24 Hispanic Origin: High School Graduate: 1,201 College Graduate: 1,010 Post Graduate: 439.

City of Waukegan: Population: 67,751 Median Income: \$31,315 American Indian: 383 Asian/PI: 1,974 Black: 13,974 White: 44,537 Other, n.e.c: 8,525 Hispanic Origin: 15,755 High School Graduate: 13,383 College Graduate: 4,151 Post Graduate: 1,878.

Village of Round Lake: Population: 5,205 Median Income: \$30,951 American Indian: 12 Asian/PI: 78 Black: 15 White: 3,301 Other, n.e.c: 143 Hispanic Origin: 419 High School Graduate: 874 College Graduate: 103 Post Graduate: 54.

Village of Mundelein: Population: 23,995 Median Income: \$45,947 American Indian: 17 Asian/PI: 642 Black: 272 White: 18,918 Other, n.e.c: 1,366 Hispanic Origin: 2,822 High School Graduate: 3,580 College Graduate: 2,691 Post Graduate: 1,332.

Village of Gurnee: Population: 19,428 Median Income: \$49,069 American Indian: 69 Asian/PI: 529 Black: 457 White: 12,558 Other, n.e.c: 88 Hispanic Origin: 366 High

School Graduate: 2,008 College Graduate: 2,351 Post Graduate: 1,033.

Case Management Outcomes

Targets. Clients Served:	Year 1 none. Year 2: 150 clients. Year 3: 1000 clients.
Supported Services:	Year 1: Implementation. Year 2: 3-5 agencies (I&R, internal CM, reporting, partial community data). Year 3: 3-10 agencies (same as Year 2 plus referral tracking, inter-agency Case Management for some agencies, full community data).
Sites Providing Services:	Year 1: Implementation. Year 2: 3-5 agencies. Year 3: 3-10 agencies.
Data Aggregation:	Problems include duplication, data entry errors, and time requirements for aggregation.
User Satisfaction:	Seems to be significant level of frustration among clients: being referred to full, ineligible, or too many agencies. Some users can't get through on the phone or call is not returned; lack of services for single men and women.

Population Characteristics of Those receiving services

Homeless: On a given day in time in 1998: 380-480 people in Lake County accessed homeless services.

Demographics of those accessing service in 1998: Individuals (66%), Families and children (33%), African Americans (70%), Caucasian (28%), Hispanic (1-2%), Other (1%), Average Age (40), Median Age (41), Never married (35%), separated or divorced (54%), married (7%), widowed (3%), born in Illinois (70%), veterans among adults (63%).

Education: Individuals, graduating from High School or GED (80%), some college (40%), graduated college (6%), some graduate level work (3%), some vocational training (45%), Adult family members, graduated High School (78%), some time in college (52%), some vocational training (48%).

Employment: Individuals: currently employed (37%); of which, full-time (26%), part-time (11%); receiving work therapy income (an additional 30%), disabled (5%), vet benefits (5%), SSI/SSDI (6%), TANF (2%), food stamps (2%), Mothers: employed (39%), of which, part-time (26%), full-time (13%), TANF (33%).

Income: Individuals, Average monthly (\$100-300), median income of up to \$100. Families, (\$300-400).

Learning Center Outcomes

Updated Client Sessions Targets

Community Service info

Year 1: 600 Queries

Year 2: 65,000 Queries

Year 3: 75,000 Queries

Health CDs

Year 1: 75

Year 2: 1700

Year 3: 2000

Targets. Client Sessions: Year 1: 666 sessions.
Year 2: 7,996 sessions.
Year 3: 8,673 sessions.

Supported Services: Years 1, 2 and 3 interactive learning in English and Spanish.

Sites Providing Services: Years 1, 2 and 3 Eight sites.

Population Service: Attachment X lists out demographics of users of Learning Centers at BMB, 10th, ZION.

Community Planning Outcomes	Not articulated in Baseline information. Derived from project statement. Systematic data aggregation of case management data; ability to perform comparison of information collected through the I&R component with geospatial coverage available in other data systems.
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Information & Referral Process

Current Process:	Use of kiosks in operation, users access information through touch screen in English, information is uploaded to central server; kiosks also have public broadcast TV screen for public announcements.
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Skills Self-Assessment.	Agencies used to manual directories; process with computer will have learning curve; need additional incentives for use of I&R; technical skills do not seem to be a problem.
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Marketing.	Fifty percent of visitors will pass the kiosk (BVM estimate) which explains services and information available; BVM also markets the kiosks through various newsletter mailings and newspaper articles plus kiosk educational flyers will be made for users.
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Data Transmission.	User data is transmitted each day (7 days/week); agency update information is transmitted weekly to each kiosk.
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Consent Requirement.	Consent is required for sharing anything that is client-specific.
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Cases Management Process

Current Process:	<p>Intake: In person and phone interviews recorded on paper (then/or) entered into local database, one agency uses voicemail for intake.</p> <p>I&R Resources: Case Managers compile their own community services information and PIC publishes directory every 2-3 years.</p> <p>Referral: By fax and telephone.</p> <p>Outreach: Community presentations, one-on-one street outreach, and via telephone.</p> <p>Eligibility Assessment: Paper forms, telephone and fax.</p>
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Information Sharing: Signed release usually faxed with telephone conversation between Case Managers.

Reporting: Tabulating information from paper forms or pulling data from local database, often time consuming with frequent mistakes

Skills Self Assessment. Most Case Managers are computer savvy and willing to learn more; there are equipment needs; learning curve expected for new IMPACT processes; agencies have concern about sharing data and expect that to go slow.

Data Sharing. Case Management information is shared with signed release forms (see attachment 4) which are usually faxed or mailed between agencies whose staff then confer on the telephone. Consent is required for any client-specific information to be shared.

Data Collection. Data collected daily; most agencies aggregate and analyze twice per month.

Data Aggregation: Problems include duplication, data entry errors, and time requirements for aggregation.

Privacy Protection and Data Sharing Issues. Client information is stored in locked files. Client information is shared only with signed consent, which is valid for one year. A small number don't sign, some sign without reading release. Case managers supposed to give walk-through explanation; often client distrust exists; generally clients prefer specific information release as opposed to blanket releases, therefore they must sign multiple forms for multiple pieces of their history.

Information sharing occurs with homeless service agencies, counseling centers, outpatient drug treatment centers, DCFS, GED counselors, family/friends of client, and other service providers working with the client.

Consent Requirement. A release of information form must be signed prior to any information sharing.

Community Planning Process

- Needs Assessment:** Facilitated by Planning Department and Homeless Advisory Planning Group (APG) around HUD Continuum of Care (CofC) yearly application for funds.
- Data gathering, analysis and aggregation:** Data gathered at provider meetings, general information provider surveys, point-in-time client surveys (yearly), client focus groups and public hearings.
- Resource allocation:** For CofC funds, recommendations made through APG (staffed by Planning Department) in a process open to agencies and individuals. Process is informed by data collection, analysis and needs assessment. Funds are also allocated within the County through the Community Development Commission (CDC) made of citizens and elected officials. The CDC reviews CDBG, ESG, HOME, and CoC applications and recommends levels of funding for homeless programs. It does not directly use data from gaps analysis nor is it directly connected to CofC.
- Evaluation and monitoring:** The Planning Dept monitors grants and initiates outcomes for all social service programs receiving funding through the county, mostly relying on manually recorded data. Outcomes data cannot be aggregated electronically. Grant monitoring is largely completed in terms of regulatory compliance, expenditure rates and outcome measures. The outputs are reported to HUD annually in the CAPER. Agencies are required to report progress on outcomes in their annual funding applications, but these results are not aggregated.
- Service coordination:** When County committees, commissions, and APG responsible for allocating grants review applications, additional point are awarded for collaboration and coordination. CoC applications receives additional points for attending the APG

and Homeless Coalition meetings dedicated to service coordination.

Data Supplied: Needs assessment; Data gathering, analysis and aggregation; Resource allocation; Evaluation and monitoring; Service coordination.

Participation: Currently 10 active agencies involved in CP with up to 25 total.

Learning Centers Process

Process: Current mode of referral, outreach and education includes verbal, provider initiated referral and education – use of “Red Book for referrals ,and conversation, handouts, and videos for education and outreach.

Data supplied: Patient initiated referral, outreach, education.

Status: Learning Centers require delivery and set-up, analysis, and preparation of clinic environment for kiosk placement, Spanish translation, interface development, development of client kiosk educational flyer, and staff awareness/education.

Implementation Strategy Process

Approach Scaleable implementation approach.

Timeframe A 36 month period, staring 12/99 excluding evaluation.

Structure Project Management Team responsible for overseeing the broad implementation.
Case Management Committee responsible for analysis and design of core case management processes. Responsible for the assessment and selection of case management software.

Timetables One general timetable exists. Sub-project timetables are scheduled and monitored through the project management team. Formal sub-project timetables are not documented.

B. Provider Agency Administration Survey Questionnaire

Project IMPACT

Agency Survey: Administration Agency Name _____

The following questionnaire was created by staff at the University of Massachusetts Boston as part of their evaluation of project IMPACT in Lake County, Illinois. Your feedback is essential to the overall understanding of the project and how it can be improved. The information you provide will be totaled with other responses and shared only as total responses. No individual responses will be used separately. Thank you very much for your time.

1. Type of site.

(Check all that apply)

- ☐ Learning Center/ Kiosk
- ☐ Provider I&R/Web
- ☐ Case Management (ServicePoint)

2. Please specify the specific uses of the new system.

(Check all that apply)

- ☐ Case Management
- ☐ Training
- ☐ Information & Referral
- ☐ Intake only
- ☐ Other, please specify _____

3. Please specify what will be the major benefits of the system when it is fully operational?

4. Describe your site's role in the design of any components of the system:
(Check all that apply)

☐ Case Management/Intake Requirements

☐ I&R Functions

☐ Language Translation

☐ Health information

☐ Participant on the Design of the overall system

☐ Privacy Protection/ Confidentiality

☐ Other, please specify _____

5. Please describe your site's involvement in the planning of the new system's implementation.

6. Were you or any of your staff involved in the development of the following:
(Check all that apply)

☐ The data that can be collected on each individual.

☐ The provisions to allow the participating sites to share client data.

☐ The software selection process.

☐ The overall structure of the IMPACT project

☐ The data that can be collected in the I&R component.

☐ Other, please specify _____

7. Please specify who else other than the personnel at your site has or will have access to the data being collected.

8. Have you noticed any significant improvements in service as a direct result of using the system?

(Please check one)

☐ Yes

☐ No

☐ Somewhat (explain:)

9. If you answered yes to question 8, please specify what specific improvements:
(Check all that apply)

☐ More clients

☐ Better information that benefit the client

☐ More speedy process

☐ Better internal coordination

☐ Better coordination with other agencies

☐ Improved privacy protections

☐ Improved agency reporting capabilities

☐ Improve intake process

☐ Other, please specify

10. Please specify what phase of the project is your site currently undergoing.

11. Do you think that as a result of the system your site:
(Please check one)
- ☐ Will need more
 - ☐ Less staff
 - ☐ More qualified
 - ☐ No difference
12. Do you have training plans/program for your staff on the new system?
- ☐ Yes
 - ☐ No
 - ☐ Depends (explain:) _____
13. Technical staff group.
(Please check one)
- ☐ Will be necessary to develop a technical staff group.
 - ☐ IMPACT Project will supply all technical assistance
 - ☐ I don't see a need to develop internal technical staff.
 - ☐ The site already has proficient technical staff.
14. Please indicate the consequences of the system on your organization:
(Check all that apply)
- ☐ More work
 - ☐ Need to
 - ☐ Confidentiality concerns
 - ☐ Cost
 - ☐ Other, please specify _____
15. What do you see are the benefits of the system for the client?
(Check all that apply)
- ☐ Simple processes
 - ☐ It is less time consuming for the
 - ☐ No need to repeat answers for the same questions at different agencies
 - ☐ There is greater access to referral information for the client
 - ☐ I don't see any real benefit to the client
 - ☐ Other, please specify _____

16. What do you see are some of the drawbacks for the client?
(Check all that apply)
- ☐ Perceived loss of privacy
 - ☐ It makes it harder for us to do our work
 - ☐ Creates mistrust
 - ☐ Other, please specify _____
 - ☐ The benefits outweigh the drawbacks
17. Has your organization benefited from the data collection mechanisms of the new system?
- ☐ Yes
 - ☐ No
18. If you answered yes to question 17, please specify how.
(Check all that apply)
- ☐ Better understanding of client needs
 - ☐ Simplified administration processes
 - ☐ Simplified or enhanced reporting capabilities
 - ☐ Real benefits to the client
 - ☐ Better coordination among participating agencies
 - ☐ Other, please specify _____
19. Does your organization have a policy on client consent and privacy protection concerning the collection of client data?
- ☐ Yes
 - ☐ No
 - ☐ Working on it
20. If you answered yes to question 19, please answer the following:
(Please check one)
- ☐ The policy on privacy protection and client consent is formalized in a document. Clients sign a consent form.
 - ☐ The policy on privacy protection and client consent exists. Clients do not sign a consent form.
 - ☐ The policy on privacy protection and client consent exists but it is not formalized
 - ☐ The organization does not have a formal policy on privacy protection.

21. Does your organization have a policy on data sharing of client data with other agencies?
- ☐ Yes
- ☐ No
22. If you answered yes to question 21, please answer question 22:
- ☐ A formal policy exist. Participating agencies sign agreement.
- ☐ A formal policy exists. Participating agencies do not sign
- ☐ A policy exists but it is not formalized.
- ☐ The organization does not have a formal policy on data sharing.
23. Please make your assessment on the following aspects of the overall project plan and implementation.
(Please use numbers between 1 and 5 where 1 means “Strongly agree” and 5 means “Strongly disagree”)
- ☐ The planning process has been all-inclusive.
- ☐ I have been kept informed of developments and changes.
- ☐ I have been an integral part of the project.
- ☐ My organization has played a significant role in the project.
- ☐ I am satisfied with the progress made so far.
- ☐ This project will accomplish its goals
24. Please add any comments that you think may assist in our evaluation of the IMPACT Project
-
-
-
-
-
-

C. Provider Agency Staff Survey Questionnaire

Project IMPACT
Agency Survey: Case Manager/ Staff

The following questionnaire was created by staff at the University of Massachusetts Boston as part of their evaluation of project IMPACT in Lake County, Illinois. Your feedback is essential to the overall understanding of the project and how it can be improved. Your name will not be shared with any agency staff. The information you provide will be totaled with other responses and shared only as total responses. No individual responses will be used separately. Thank you very much for your time.

1. Please state your position/role in your organization _____
2. Please rate the improvements on services that in your view the following components will have on clients:
(Please use numbers between 1 and 5 where 1 means “Significant improvement” and 5 means “No improvement”)

<input type="text"/>	Learning Center Kiosks
<input type="text"/>	Case Management / Intake
<input type="text"/>	Provider I&R
3. Have you used the provider I&R system to assist clients?
☐ Yes
☐ No

If you answered yes to question 3, please answer questions 4 to 8. If you answered no to question 3 go to question 9.
4. Does the system help you find the information the client is looking for?
(Please check one)
☐ Always
☐ Most of the time
☐ Occasionally
☐ Never
5. Does the system provide you with better tools to:
(Check all that apply)
☐ Coordinate work with others
☐ Access good information to assist the client
☐ Does not give me any tools that I do not already have
☐ Other, please specify _____

6. In what ways does the system help you?

(Check all that apply)

☐ A useful tool for my work

☐ More work for me

☐ The system has some limitations (Please explain):

7. What are the most common types of information useful to the client?

(Please check one)

☐ Program

☐ Language related issues

☐ Housing

☐ Health

☐ Fees for services

☐ Locations and directions

☐ Entitlement programs

☐ Contact

☐ Other, please specify

8. Will you be using the Case Management system in the future?

☐ Yes

☐ No

If you answered yes to question 9, please answer questions 10 to 14. If you answered no to question 8 please go to question 15.

Please answer the questions based on what you know of the Case Management Software and your understanding of what this tool can do.

9. For the most part, I think the Case Management system...
(Please check one)

- ☐ Will be useful for everyone. The client will benefit.
☐ Will be useful for administrative purposes only.
☐ Will be useful to produce aggregate data and for policy making only.
☐ I don't think this type of system will be useful at all.

10. Does the system provide you with better tools to:
(Check all that apply)

- ☐ Coordinate work with others
☐ Better keep track of my cases
☐ Better plan client services
☐ Does not give me any tools that I do not already have

11. Do you think a case management system...

- ☐ Will be a useful tool for my work
☐ Will be more work for me
☐ Will be problematic to use in practice (Please explain):

12. What is the type of information that you will be collecting with case management?
(Check all that apply)

- ☐ Client demographics
☐ Detailed client assessment
☐ Service planning
☐ Other, please specify

13. Please make a self-assessment of your level of comfort with the various system components that you use or will be using.
(Please use numbers between 1 and 5 where 1 means “Very comfortable” and 5 means “Very uncomfortable”. Use 6 if the item is not applicable)

<input type="text"/>	Computers
<input type="text"/>	Client data collection and data sharing
<input type="text"/>	Case Management
<input type="text"/>	Information & Referral
<input type="text"/>	Other _____

14. Please indicate if the reason for your answer above is:
(Check all that apply)

- ☐ Need training
- ☐ Need to know more about the processes to do the work with this technology
- ☐ It will mean more work
- ☐ I am uncomfortable with the whole idea of Collecting client data

15. Please make your assessment on the following aspects of the overall project plan and implementation.
(Use numbers between 1 and 5 where 1 means “Agree” and 5 means “Disagree”)

<input type="text"/>	The planning process has been all-inclusive.
<input type="text"/>	I have been kept informed of developments and changes.
<input type="text"/>	I have been an integral part of the project.
<input type="text"/>	My organization has played a significant role in the project.
<input type="text"/>	I am satisfied with the progress made so far.
<input type="text"/>	This project will accomplish its goals

16. Please add any comments that think may assist in our evaluation of the IMPACT Project

D. Customer Survey Information & Referral

Survey Number: _____

(Example "CC-3"; See agency code list)

Project IMPACT
Client Survey for Users of Information & Referral

Please read to each client before asking questions:

The following questionnaire was created by staff at the University of Massachusetts Boston as part of their evaluation of project IMPACT in Lake County, Illinois. Your feedback is essential to the overall understanding of the project and how it can be improved. Your name will not be shared with any agency staff. The information you provide will be totaled with other responses and shared only as total responses. No individual responses will be used separately. Staff at your agency agrees to keep all information confidential and your answers will not effect any services you may receive. Thank you very much for your time.

☞ Please check if client refused or was unable to partake in survey and briefly describe why:

1. Would you say your experience with staff using the Information and Referral system was.... (please check one)

- ☐ ...very helpful?
- ☐ ...somewhat
- ☐ ...somewhat helpful
- ☐ ...very unhelpful
- ☐unable to say

2. Please explain why you chose the answer in question #1.

3. Overall, did you fully understand the way in which the Information & Referral system is supposed to work? (please check one)
- ☐ Yes
- ☐ No
- ☐ Somewhat
4. If you had not had this experience with Information and Referral system, how might you have sought services differently? (check all that apply)
- ☐ Kiosk
- ☐ Ask a friend
- ☐ Ask staff
- ☐ Phone calls to
- ☐ Phone calls using phonecalls using the Yellow Pages
- ☐ I don't know
- ☐ Other: _____
5. Would you have preferred additional support in explaining how the Information & Referral System works? (please check one)
- ☐ Yes
- ☐ No
- ☐ Maybe
6. Will you use the Information and Referral system again? (please check one)
- ☐ Yes
- ☐ No
- ☐ Maybe

7. Do you feel the agency staff person collecting information sufficiently explained the use of the Information and Referral system? (please check one)

- ☐ Yes
- ☐ No
- ☐ Partly
- ☐ Difficult to say

8. Do you have any other comments that might help in our evaluation? Please explain:

Thank you very much for your help!

E. Customer Survey Case Management

Survey Number: _____
(Example "CC-3"; See agency code list)

Project IMPACT
Client Survey for Users of ServicePoint

Please read to each client before asking questions:

The following questionnaire was created by staff at the University of Massachusetts Boston as part of their evaluation of project IMPACT in Lake County, Illinois. Your feedback is essential to the overall understanding of the project and how it can be improved. Your name will not be shared with any agency staff. The information you provide will be totaled with other responses and shared only as total responses. No individual responses will be used separately. Staff at your agency agrees to keep all information confidential and your answers will not effect any services you may receive. Thank you very much for your time.

ف Please check if client refused or was unable to partake in survey and briefly describe why:

1. Would you say your experience with staff using the ServicePoint case management computer system was.... (please check one)

- ☐ ...very helpful?
☐ ...somewhat
☐ ...somewhat helpful
☐ ...very unhelpful
☐unable to say

2. Please explain why you chose the answer in question #1.

3. Overall, did you fully understand the way in which ServicePoint is supposed to work? (please check one)
- ☐ Yes
- ☐ No
- ☐ Somewhat
4. If you had not had this experience with ServicePoint, how might your experience giving information to staff been different? (Check all that apply)
- ☐ I would have
- ☐ It would have taken more time
- ☐ Just collected on paper forms
- ☐ Entered into a different computer system
- ☐ I don't know
- ☐ I would have given the same information more than once to staff at different agencies
- ☐ I would have given the same information more than once to staff at the I would have given the same information more than once to staff at the
- ☐ Other (please describe _____)
5. Would you have preferred additional support in explaining how ServicePoint works? (please check one)
- ☐ Yes
- ☐ No
- ☐ Maybe
6. Will you agree to use ServicePoint again? (check one)
- ☐ Yes
- ☐ No
- ☐ Maybe

7. Did the agency staff person collecting information sufficiently explain the use of ServicePoint? (check one)
- ☐ Yes
- ☐ No
- ☐ Partly
- ☐ Difficult to say
8. Was information you offered at one agency shared with another through use of ServicePoint? (check one)
- ☐ Yes (please answer question #9)
- ☐ No (skip to question #10)
- ☐ Unsure (skip to question #10)
9. If you answered yes to question #8, did you provide written permission for that sharing to happen? (check one)
- ☐ Yes
- ☐ No
- ☐ Unsure
10. Did sharing of information via ServicePoint save you time? (check one)
- ☐ Yes
- ☐ No
- ☐ Unsure
11. Do you have any other comments that might help in our evaluation? Please explain:

Thank you very much for your help!

F. Case Management Data Reports

IMPACT Sample Case Management Case Report
Generated with ServicePoint v2.03

Date Range: ____/____/____ to ____/____/____

Report Coverage:

- ☐ Lake County (County-wide)
- ☐ Buffalo Grove
- ☐ Highland Park
- ☐ Gurnee
- ☐ North Chicago
- ☐ Round Lake Beach
- ☐ Waukegan
- ☐ Zion
- ☐ Other (_____)

Information Access:

- ☐ Case Management

Information Collected from:

- ☐ A Safe Place
- ☐ Alexian Brothers – The Harbor
- ☐ C.O.O.L.
- ☐ Catholic Charities
- ☐ Connection Resource Services
- ☐ I-Plus
- ☐ Lake County Haven
- ☐ Lake County Residential Development Corporation – SAFe Housing
- ☐ Waukegan Township – Homeless Services
- ☐ Other (_____)

	<u>M</u>	<u>F</u>	<u>T</u>	<u>U</u>	<u>Missing</u>	<u>Pct</u>
Non-duplicated # of homeless peoplex	x	x	x	x	x	100%
Type of Service Provider						
Domestic Violence	x	x	x	x	x	x%
Homeless Shelter	x	x	x	x	x	x%
Homeless Shelter & Social Service	x	x	x	x	x	x%
Government	x	x	x	x	x	x%
Jail	x	x	x	x	x	x%
Legal Services	x	x	x	x	x	x%
Primary Health Clinic	x	x	x	x	x	x%
Crisis Intervention	x	x	x	x	x	x%
Substance Abuse	x	x	x	x	x	x%
Veterans Affairs	x	x	x	x	x	x%
Missing	x	x	x	x	x	x%
Unknown	x	x	x	x	x	x%
Totals						100%

Clients seen in....

1 ServicePoint agency	x	x	x	x	x	x%
2 ServicePoint agencies	x	x	x	x	x	x%
3 ServicePoint agencies	x	x	x	x	x	x%
4 or more ServicePoint agencies	x	x	x	x	x	x%
Totals						100%

Clients in crisis when accessing

Clients in crisis	x	x	x	x	x	x%
Clients not in crisis	x	x	x	x	x	x%
Missing	x	x	x	x	x	x%
Unknown	x	x	x	x	x	x%
Totals						100%

Race:

Alaskan Native	x	x	x	x	x	x%
American Indian	x	x	x	x	x	x%
Black	x	x	x	x	x	x%
Hispanic/Latino	x	x	x	x	x	x%
White	x	x	x	x	x	x%
Pacific Islander	x	x	x	x	x	x%
Native Hawaiian	x	x	x	x	x	x%
White	x	x	x	x	x	x%
Missing	x	x	x	x	x	x%
Unknown	x	x	x	x	x	x%
Totals						100%

Hispanic Origin

Hispanic	x	x	x	x	x	x%
Non-Hispanic	x	x	x	x	x	x%
Missing	x	x	x	x	x	x%
Unknown	x	x	x	x	x	x%
Totals						100%

Age:

0 up to 3	x	x	x	x	x	x%
3 up to 10	x	x	x	x	x	x%
10 up to 18	x	x	x	x	x	x%
18 up to 23	x	x	x	x	x	x%
23 up to 29	x	x	x	x	x	x%
29 up to 35	x	x	x	x	x	x%
35 up to 39	x	x	x	x	x	x%
40 up to 55	x	x	x	x	x	x%
55 and over	x	x	x	x	x	x%
Missing	x	x	x	x	x	x%
Totals						100%

Marital Status

Single	X	X	X	X	X	X%
Married	X	X	X	X	X	X%
Never Married	X	X	X	X	X	X%
Partner/Living Together	X	X	X	X	X	X%
Divorced	X	X	X	X	X	X%
Single	X	X	X	X	X	X%
Separated	X	X	X	X	X	X%
Widowed	X	X	X	X	X	X%
Missing	X	X	X	X	X	X%
Totals						100%

Primary Language Spoken

Arabic	X	X	X	X	X	X%
Cape Verdean	X	X	X	X	X	X%
Creole	X	X	X	X	X	X%
Chinese	X	X	X	X	X	X%
English	X	X	X	X	X	X%
French	X	X	X	X	X	X%
German	X	X	X	X	X	X%
Haitian Creole	X	X	X	X	X	X%
Japanese	X	X	X	X	X	X%
Kmer	X	X	X	X	X	X%
Korean	X	X	X	X	X	X%
Other	X	X	X	X	X	X%
Polish	X	X	X	X	X	X%
Portuguese	X	X	X	X	X	X%
Russian	X	X	X	X	X	X%
Spanish	X	X	X	X	X	X%
Somalian	X	X	X	X	X	X%
Swahili	X	X	X	X	X	X%
Vietnamese	X	X	X	X	X	X%
Other	X	X	X	X	X	X%
Missing	X	X	X	X	X	X%
Unknown	X	X	X	X	X	X%
Totals						100%

Primary Reason Homeless:

Divorce	X	X	X	X	X	X%
Mental Illness/Disability	X	X	X	X	X	X%
Financial	X	X	X	X	X	X%
Physical Illness/Disability	X	X	X	X	X	X%
Relocation	X	X	X	X	X	X%
Substance Abuse	X	X	X	X	X	X%
Eviction	X	X	X	X	X	X%
Unemployment	X	X	X	X	X	X%
Jail/Prison	X	X	X	X	X	X%
Natural Disaster/Fire	X	X	X	X	X	X%
Other	X	X	X	X	X	X%
Domestic Violence	X	X	X	X	X	X%
Overcrowding	X	X	X	X	X	X%
Family Conflict	X	X	X	X	X	X%
Health and safety code violations	X	X	X	X	X	X%
Totals						100%

Secondary Reason Homeless:

Divorce	X	X	X	X	X	X%
Mental Illness/Disability	X	X	X	X	X	X%
Financial	X	X	X	X	X	X%
Physical Illness/Disability	X	X	X	X	X	X%
Relocation	X	X	X	X	X	X%
Substance Abuse	X	X	X	X	X	X%
Eviction	X	X	X	X	X	X%
Unemployment	X	X	X	X	X	X%
Jail/Prison	X	X	X	X	X	X%
Natural Disaster/Fire	X	X	X	X	X	X%
Other	X	X	X	X	X	X%
Domestic Violence	X	X	X	X	X	X%
Overcrowding	X	X	X	X	X	X%
Family Conflict	X	X	X	X	X	X%
Health and safety code violations	X	X	X	X	X	X%
Totals						100%

Veteran Status

Veteran	X	X	X	X	X	X%
Non-veteran	X	X	X	X	X	X%
Missing	X	X	X	X	X	X%
Unknown	X	X	X	X	X	X%
Totals						100%

Disability Status

Alcohol Abuse	X	X	X	X	X	X%
Drug Abuse	X	X	X	X	X	X%
Mental Handicap/Injury	X	X	X	X	X	X%
Developmental	X	X	X	X	X	X%
Learning/Cognitive	X	X	X	X	X	X%
Mental Illness	X	X	X	X	X	X%
Alzheimer's/Dementia	X	X	X	X	X	X%
Hearing	X	X	X	X	X	X%
Speech	X	X	X	X	X	X%
Visual	X	X	X	X	X	X%
Physical/Medical	X	X	X	X	X	X%
Physical/Mobility Limits	X	X	X	X	X	X%
Other	X	X	X	X	X	X%
None	X	X	X	X	X	X%
Missing	X	X	X	X	X	X%
Totals						100%

Length of Stay at Agency

Less than 3 days	X	X	X	X	X	X%
1 day up to 1 week	X	X	X	X	X	X%
1 week up to 1 month	X	X	X	X	X	X%
1 week up to 6 months	X	X	X	X	X	X%
6 mos up to 1 year	X	X	X	X	X	X%
1 yr up to 3 yrs	X	X	X	X	X	X%
3 yrs up to 5 yrs	X	X	X	X	X	X%
≥ 5 yrs	X	X	X	X	X	X%
Totals						100%

Residential History

Last Place Stayed City	X	X	X	X	X	X%
State	X	X	X	X	X	X%
ZIP	X	X	X	X	X	X%
Institutional setting	X	X	X	X	X	X%
Primary/Secondary Reason Homeless	X	X	X	X	X	X%
Length of Time Homeless	X	X	X	X	X	X%
Totals						100%

Monthly Income

Zero	X	X	X	X	X	X%
\$1 up to \$100	X	X	X	X	X	X%
\$100 up to \$200	X	X	X	X	X	X%
\$200 up to \$300	X	X	X	X	X	X%
\$300 up to \$500	X	X	X	X	X	X%
\$500 up to \$1000	X	X	X	X	X	X%
\$1000 up to \$2000	X	X	X	X	X	X%

\$2000 up to \$5000	X	X	X	X	X	x%
Greater than \$5000	X	X	X	X	X	x%
Totals						100%

Services Provided On-site

Service A entered	X	X	X	X	X	x%
Service B entered	X	X	X	X	X	x%
Service C entered	X	X	X	X	X	x%
Service D entered	X	X	X	X	X	x%
Service E entered	X	X	X	X	X	x%
Service F entered	X	X	X	X	X	x%
Service G entered	X	X	X	X	X	x%
Service H entered	X	X	X	X	X	x%
Totals						100%

Services Referred Off-site

Service A entered	X	X	X	X	X	x%
Service B entered	X	X	X	X	X	x%
Service C entered	X	X	X	X	X	x%
Service D entered	X	X	X	X	X	x%
Service E entered	X	X	X	X	X	x%
Service F entered	X	X	X	X	X	x%
Service G entered	X	X	X	X	X	x%
Service H entered	X	X	X	X	X	x%
Totals						100%

Education Level

Less than High School	X	X	X	X	X	x%
College Degree	X	X	X	X	X	x%
Some High school	X	X	X	X	X	x%
Post Graduate	X	X	X	X	X	x%
High School Diploma	X	X	X	X	X	x%
Technical School Training	X	X	X	X	X	x%
GED	X	X	X	X	X	x%
Other	X	X	X	X	X	x%
Some College	X	X	X	X	X	x%
Totals						100%

Medical Coverage

Medicare	X	X	X	X	X	x%
Medicaid	X	X	X	X	X	x%
Healthy Start	X	X	X	X	X	x%
Private Insurance	X	X	X	X	X	x%
None	X	X	X	X	X	x%
CHAMPUS	X	X	X	X	X	x%
CHIPS	X	X	X	X	X	x%

Other	x	x	x	x	x	x%
Totals						100%

Reason for Leaving

Exit Date	x	x	x	x	x	x%
Reason for Leaving	x	x	x	x	x	x%
Destination/Housing Type	x	x	x	x	x	x%
Totals						100%

Total # of Referrals Using ServicePoint

Referrals	x	x	x	x	x	x%
Totals						100%

Length of Time

Until Service Received

< 1 day	x	x	x	x	x	x%
1 day up to 3 days	x	x	x	x	x	x%
3 days up to 1 week	x	x	x	x	x	x%
1 week up to 1 month	x	x	x	x	x	x%
1 month up to 6 months	x	x	x	x	x	x%
6 months up to 1 year	x	x	x	x	x	x%
> 1 year	x	x	x	x	x	x%
Totals						100%

Housing Status at Exit

Shelter	x	x	x	x	x	x%
Transitional Housing	x	x	x	x	x	x%
Permanent Rental Housing	x	x	x	x	x	x%
Permanent Owned Housing	x	x	x	x	x	x%
Totals						100%

Length of Time

Until Transitional Housing Obtained

< 1 day	x	x	x	x	x	x%
1 day up to 3 days	x	x	x	x	x	x%
3 days up to 1 week	x	x	x	x	x	x%
1 week up to 1 month	x	x	x	x	x	x%
1 month up to 6 months	x	x	x	x	x	x%
6 months up to 1 year	x	x	x	x	x	x%
> 1 year	x	x	x	x	x	x%
Totals						100%

Length of Time**Until Permanent Housing Obtained**

< 1 day	x	x	x	x	x	x%
1 day up to 3 days	x	x	x	x	x	x%
3 days up to 1 week	x	x	x	x	x	x%
1 week up to 1 month	x	x	x	x	x	x%
1 month up to 6 months	x	x	x	x	x	x%
6 months up to 1 year	x	x	x	x	x	x%
> 1 year	x	x	x	x	x	x%
Totals						100%