

**CHAPTER TEN
MONITORING**

MONITORING CONPLAN ACTIVITIES

Lending further support to each cluster's priority needs is the Outcome Measure Chart (Figure 10-1), an integral tool throughout the lifespan of a CDBG and ESG project. As part of an extremely competitive application process, this tool has successfully ensured that grant dollars are, in fact, positively impacting the community. For several years, grant applicants have been required to detail the anticipated outcomes of the proposed project in their application as well as provide progress reports on those outcomes throughout the grant cycle (Figure 10-4).

Each applicant is required to complete the outcome measurement tool in their funding applications. The information in that tool is aggregated into the proposed cluster outcome table (Appendix D).

Figure 10-1
FAMILIES IN CRISIS CLUSTER OUTCOME MEASUREMENT TOOL

ISSUE	IDENTIFIED PROBLEM	ACTIVITIES <i>What will you be doing to address the objective?</i>	MEASURE OR OUTPUTS <i>What are the direct products of your program activities? (There MUST be a number)</i>	OUTCOME <i>What measurable benefits or changes will be observable during or after the program's activities?</i>
Example: i. ESL and Literacy	40% of our clients are unable to communicate using English.	ESL classes will be provided three times a week with child care provided.	80% of participants will demonstrate an increased ability to read, write, and speak English by the end of the course	Participants become proficient in English, thereby increasing their employability, community participation and independence.
a. Employment Services/Job Readiness				
b. Childcare				
c. Basic Needs: Food and Clothing				
d. Emergency Shelter				
e. First Time Homebuyer Assistance				
f. Domestic Abuse Counseling				
g. Substance Abuse Counseling				
h. Rehab of Owner-Occupied Units				
i. ESL and Literacy				
j. Financial Counseling				
k. Rehab of Affordable Rental Units				
l. Child Abuse Prevention/Advocacy				
m. Legal Counsel				
n. Sexual Assault Services				

DuPage County's approach to performance measurement makes a distinction in the expectation of the anticipated delivery of outputs (a measure to quantify the work) versus outcomes (measurable change in quality of life) based on the specific types of activities funded. This distinction is roughly based upon Maslow's Hierarchy of Needs (Figure 10-3).

Figure 10-2
OUTCOME MEASUREMENTS

Each objectives statement consists of three parts:

1. *activities* states how the objective will be accomplished;
2. a *measure* of the efforts (numbers to be served, total items provided, etc.)
3. an *outcome* focusing on the positive impact for the client or community

1. The Activities

The activities detail how objectives will be met. They include the strategies, techniques, and types of treatment that comprise the program's service methodology. For example, if the objective is to improve reading skills, one activity might be to provide tutoring for children who have been identified as reading below their grade levels.

2. The Measure

A measure is some way to quantify the work being done. It must be measurable (include a number) from self-reports or something that can be observed:

- number of counseling hours provided
- number of clients counseled
- percent of requests responded to
- percent of students increasing their grades

3. The Outcome

A measurable change in quality of life achieved by a client during a given period of time such as the beginning to ending of a program, grant cycle, etc. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program. For example,

- 10 unemployed clients obtained employment
- 4 employed clients obtained better employment with new employer because of new skills

Maslow's Hierarchy of Needs

Maslow believed that lower level needs must be satisfied before higher level needs can be satisfied. Needs at the lowest level are characterized as physiological, including shelter, food, water, and sleep. We believe that those lowest level needs are most effectively measured in outputs, such as number of meals delivered, or homes connected to safe drinking water. Higher level needs, including those related to personal safety, belongingness, and esteem, are intended to produce longer term impact beyond their outputs, something that can be measured as an outcome.

Appendix D Outlines the proposed outcomes for all public service projects to be funded with 2005 CDBG and ESG funds.

Figure 10-3
MASLOW'S HIERARCHY OF NEEDS

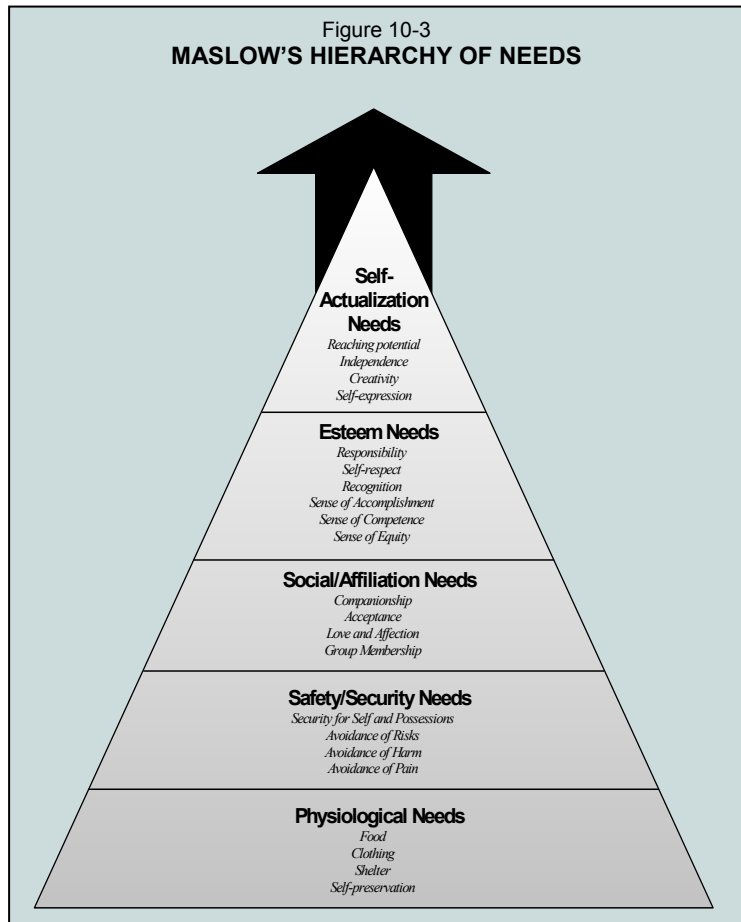


Figure 10-4

LIMITED CLIENTELE QUARTERLY PROGRESS REPORT

Complete form for past month and submit to the CDC by the 5th day of the quarter's end.

CDC Project Number: CD04-10 Quarter: _____
 Project Name: Parenting Support Services
 Project Contact: _____ Phone: _____
 Agency: Greater DuPage MYM

1. Complete the chart below for NEW clients served this month. DO NOT DUPLICATE clients served in previous months. You may provide data by either household OR persons served.

	Persons Served This Quarter	Persons Served Year to Date	Target Number to be Served
Extremely Low Income (0-30% MFI*)			209
Very Low Income (31-50% MFI*)			
Low Income (51-80% MFI*)			
Female Headed Households			
Total			

*Median Family Income for DuPage County

2. Complete the chart below for NEW clients served this month. DO NOT DUPLICATE clients served in previous months. Enter the data in the correct column as either households served or persons served.

Mono-racial

	Persons Served
<i>Race: White</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: Black / African American</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: Asian</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: American Indian / Alaskan Native</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: Native Hawaiian / Other Pacific Islander</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	

Bi-racial and Multi-racial

<i>Race: Asian and White</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: Black / African American and White</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: American Indian/ Alaska native and Black / African American</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	
<i>Race: Other Multi-racial</i>	
<i>Ethnicity: Hispanic / Latino</i>	
<i>Ethnicity: Not Hispanic / Latino</i>	

3. In the table below, indicate your progress on the outcome measurements stated in your application:

Measure/Output	Progress to Date
Evaluation tools will indicate decreased stress related to the parent/child relationship, an increased sense of competency as a parent and an awareness of alternatives to the use of corporal punishment. (Tool: Adult Adolescent Parenting Inventory Subscale).	
90% of participant families will develop and implement an IFSP within 6 months of starting the program.	
95% of families will develop working relationships with the resources necessary to assist in meeting the needs of their families. (Tool: Family Resource Scale)	
80% of participant families will report an increase in knowledge about depression and its effects on family functioning.	
90% of the children of program participants will have up-to-date immunizations, well-child checkups and regular developmental screening.	
90% of program participants will not give birth to another child while participating in their first two years of MYM programming.	

4. List any additional data relevant to the outcome measures listed on the application for this project.

OTHER MONITORING ACTIVITIES

In addition to the measurement of progress on outcomes undertaken by the staff of the Community Development Commission, monitoring encompasses all aspects of program implementation.

- **Project Agreements** All agencies not part of County government (e.g., municipalities, non-profit groups, for profit companies, etc.) enter into an agreement with the County that sets the terms of the funding. For County departments, a Memorandum of Understanding is executed for a similar purpose. These agreements or memoranda of understanding outline the expectation for the submission of quarterly progress reports.
- **Performance in Meeting ConPlan Objectives** The County is required to monitor its own performance in meeting the objectives of the Consolidated Plan. Using the information from progress reports, the County is able to produce an annual report that describes the overall progress in achieving ConPlan objectives.
- **Compliance with Program Requirements** For individual activities, progress reports alert staff to program components that may need to be monitored closely for compliance issues. In addition, guidance is provided during project implementation to assure compliance, a point that is specified in the project agreement. In addition, projects subject to requirements such as procurement standards, Davis-Bacon labor requirements, or relocation requirements are required to submit key documents to the CDC office and receive clearance before proceeding or before receiving payment on invoices. Finally, the CDC office requires project sponsors to submit audits of funded activities. These strategies help the County monitor compliance on an on-going basis.
- **Long-term Compliance with Housing Codes** Rental projects funded by the HOME program require long term monitoring of compliance with basic Housing Quality Standards (monitored in one to three year intervals) and compliance with HOME affordability standards (monitored annually). The CDC office maintains an ongoing log of all such properties indicating the date when inspections and site visits are due.
- **Subrecipients.** Monitoring of subrecipients begins during the project selection process and continues until the terms and conditions of the project agreement have been completed. The CDC office is developing a written process for monitoring of subrecipients. The following policies and procedures are currently being followed:
 - A risk assessment is conducted to determine which subrecipients will require the most comprehensive monitoring. Low-risk subrecipients are organizations that have satisfactory past performance, little turnover of key staff members, and that receive no more than \$50,000. High-risk subrecipients are organizations with no past performance history, organizations receiving more than \$50,000, and/or organizations going through significant changes or turnover of key staff members.
 - Applicants for funding through the CDC cluster process must attend a mandatory meeting with CDC staff at the beginning of the application process. CDC staff also meets individually with each applicant for housing funding, on site if possible.
 - Applicants for funding must provide financial statements and budgets for the project, as well as for the entire organization. Audited financial statements are required at various stages of the application/funding process.
 - CDC staff conducts a set-up meeting to review expectations, procedures, and Federal requirements with each subrecipient at the beginning of each project (on site whenever possible).
 - CDC staff conducts desk reviews through monthly progress reports and the back-up documentation required for each pay request.
 - Low-risk subrecipients are monitored through at least one on-site visit during each program year.
 - High-risk subrecipients are monitored through on-site visits as often as CDC staff deems necessary to evaluate project performance and ensure compliance with all Federal requirements. Length and complexity of the activity and the experience and capacity of the subrecipient are considered.