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Developing a data collection system^{\star}

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Abstract

This article will present lessons learned from working with CSAT grantees over the course of 5 years. The focus is on the data challenges faced by grantees and CSAT and how they were overcome. The end results were improvements in data collection and reporting activities and in accountability.

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1. Introduction

In 1998, the Center for Substance Abuse Treatment (CSAT), in accordance with its mandate to expand substance abuse treatment services nationally, awarded 41 grants under the Targeted Capacity Expansion (TCE) Program. The purpose of the TCE initiative was to assist substance abuse treatment providers in local communities to (a) expand their capacity to treat underserved populations, (b) improve accountability in monitoring those programs, and (c) ensure that treatment services provided were effective in reducing drug use and improving quality of life factors of those treated. By 2003, the number of programs funded under the TCE initiative rose from 41 to over 500, a 1000% increase, with more than 76,000 clients served.

In 1993, Congress passed the Government Performance and Results Act (GPRA) that requires each federal agency to justify its budget. Thus, for any program in which funds are distributed, federal agencies must establish a mechanism that holds those who receive these funds accountable. The mechanism that CSAT has established to hold the TCE grantees accountable for funds received requires the use of a data collection system that documents client services. Data collection has allowed CSAT a means to monitor specific grants and determine if the grantees are implementing their programs as they indicated they would in their grant application.

Especially with service-oriented programs, data collection has also allowed CSAT to determine if grantees are serving the number of clients they indicated they would serve in their grant application. Are grantees able to serve clients beyond the initial intake process? If not, what needs to be done to increase their capacity so that they are able to provide services to their clients over time? It also helps CSAT and grantees determine whether the services being provided are helping the clients. The more valid data we are able to collect over time, the greater the knowledge available at both the federal and program levels for improving practice in the field. However, we discovered there are two important components of the data collection system that have improved the quality of GPRA data collected by grantees: a web-based data collection system and that ample training on program protocols and procedures are provided.

2. Web-based data collection system

Since data from grantees in the TCE program are used in future funding decisions, expansion of client-services, total

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quality improvement, risk management, sustainability, and government reporting, the accuracy of these data is very important. To increase the quality of data received from grantees, CSAT provides them with a web-based data collection system. This system standardizes data entry for sites nationwide and has built-in data quality checks to reduce errors and missing data elements. Prior to 2003 grantees used a stand-alone data entry system that was problematic on two fronts: (1) it did not have the ability for robust edit checks, thus, there were many data entry mistakes that could have been prevented, and (2) it required the grantees to download their data and then send it to CSAT, which was sometimes done incorrectly.

After using a stand-alone data entry system, grantees are now required to use CSAT's web-based data collection system to enter their GPRA data. The former system allowed grantee to enter data locally in their own format and submit it on a quarterly basis. Afterwards, GPRA staff would compile the submissions and then produce reports. With the web-based system, data are entered into a main dataset at each grantee's site using an Internet application. Data are immediately available to each grantee or to CSAT.

To ensure security and privacy of the data, each grantee is provided a unique username and password to access the system. Grantees only have access to their own data. After administering a GPRA, the tool that is administered to clients, grantees have up to seven business days to enter the data into the system. Data that are entered into the system are automatically stored in the database and are immediately incorporated in the numerous reports available on the system. Through these reports, grantees can determine their follow-up and intake completion rates, frequencies, and cross tabulations of variables. If grantees wish to develop additional local reports, the system allows grantees to download their data into Excel, where data are then easily imported into statistical programs. The system is designed to resemble the GPRA tool and has built-in data quality checks to limit data entry errors. For example, if the response options are 1, 2, 3, and 4, the system will not accept an entry of 5, or any other invalid response. In addition, the system has data consistency checks, duplicate case checks, skip logic, and a data confirmation page, where data entry specialists can compare their data against what was actually recorded on the GPRA.

The web-based data entry has not only benefited grantees but CSAT Project Officers (POs) as well. Since CSAT POs are required to monitor grantee's data on a daily basis, it is imperative that they have access to information that will allow them to assess a grantee's performance. CSAT POs have access to certain reports (e.g. intake completion rate, follow-up rates), which allow them to assess grantee performance in real-time. The system allows CSAT POs to detect when a grantee begins to have performance issues or problems, and thus, would need assistance to improve their performance before the end of the grant. This was not available to CSAT POs when the stand-alone data system was used and reports were only available on a quarterly basis.

The web-based data entry system has improved and increased data collection. Before the web system, grantees had to submit their data either electronically or through the mail. Subsequently, that process resulted in a number of delayed submissions. That problem does not exist with a web system. Data are automatically submitted when entered. As a result, the number of grantees meeting their target numbers and attaining follow-up rates of 80% have increased, as well as the number of cases included in the database. By providing grantees with a web-based data collection system, CSAT has increased the number of records included, increased timeliness of those records and limited data entry errors, which has lead to more valid data available for analysis. This improves CSAT's ability to generate ad hoc data analyses for Congress, which is important for future funding for the program.

3. Staff training protocol

Before data collection and reporting could begin, staff at the grantee sites must have the proper training on how to effectively collect and submit data, and locate clients for follow-up interviews. In order to achieve the aforementioned, we determined that the training should focus on the three necessary elements for successful data collection. Those elements are: (1) the administration of the GPRA Client Outcomes Measures Tool (GPRA tool) (e.g. the initial client interview); (2) entering the data and submitting it to CSAT; and (3) follow-up data collection (tracking and locating the clients).

One very important aspect of training was for grantee staff to understand why they were required to collect the GPRA information. Since many grantees already administered a battery of tests and questionnaires of clients entering treatment, some considered the collection of the GPRA Client Outcomes data another burden placed on them and the client. Grantee staff viewed their purpose and goal on the project to provide services to the client not collect more data.

To address grantee staff concerns, the training provided a context for the collection of this data. Grantee staff were instructed on the history and the purpose of the GPRA Act. Specifically, the purpose of the GPRA Act is to: (1) improve the confidence of the American people in the capability of the federal government by systematically holding federal agencies accountable for achieving program results; (2) initiate program performance reform with a series of pilot projects in setting program goals, measuring program performance against those goals, and reporting publicly on their progress; (3) improve federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction; (4) improve service delivery by requiring that federal managers

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