Principal Results from "Improving Performance with Evidence" Phase 1 Survey

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1. Introduction

1.1. Background

Effective use of evidence by agencies and practitioners can reduce disparities in the costs and quality of care, and improve the outcomes experienced by vulnerable children and families.[1-3] Unfortunately, despite significant resource investment, research-to-policy and research-to-practice gaps persist across settings, conditions, and population groups.[4-6] As public agencies focus increasingly on improving performance and accountability of the private agencies with which they contract,[7-12] there is a need to understand how to facilitate use of evidence for enhancing agency practice and improving frontline service delivery.

Challenges to evidence use are well documented in the literature.[13,14] Less studied are the formal supports – i.e., staff positions, infrastructural supports, special initiatives – organizations may put in place to help overcome these challenges. Such supports often entail significant managerial and workforce investment and can be costly to develop, implement, and sustain. Supports may also be more effective in certain organizational contexts than others, and may have differential effects on staff at different levels of the organization (e.g., senior leaders, middle managers, frontline staff). Research conducted in healthcare and education sectors suggests that organizations are beginning to invest in formal supports to facilitate evidence use.[15-17]

However, we currently know little about the extent to which private agencies are using such supports or their motivations for doing so, e.g., to promote agency performance, rectify existing organizational problems, or demonstrate an overall commitment to learning and knowledge utilization. We also know little about the extent to which such supports actually affect use of research evidence by managers or frontline practitioners. By identifying formal organizational supports agencies use to promote evidence use and the ways and conditions under which these supports affect research evidence use at different levels of the organization, this study will address a critical gap and provide administrators and policymakers with empirical guidance on how to best invest limited resources to facilitate evidence use in the human services.

1.2. Purpose

This report summarizes findings from Phase 1 of a larger study on "Improving Performance with Evidence." In Phase 1, we administered a web-based survey administered to managers of private child and family serving agencies in six states (CA, IN, KY, MO, PA, and WI).

The purpose of the Phase 1 survey was to identify organizational supports used by private child and family serving agencies to facilitate evidence use, and examine contextual, organizational, and managerial factors affecting agency use of such supports. Survey results are organized around the following seven domains:

a) **Respondent characteristics** (e.g., role in agency, educational background, years of experience)
b) **Agency characteristics** (e.g., size, age, organizational auspices, service array, revenue)
c) **Inter-organizational relationships** (i.e., collaboration and competition with other agencies)
d) **Agency performance**
e) **Agency supports for evidence use** (e.g., technical infrastructure, knowledge management infrastructure, strategic alignment, and linkage and exchange efforts)
f) **Agency evidence use and factors affecting evidence use**
g) **Respondent perspectives** (regarding evidence use, boundary spanning behaviors, and leadership style)

2. Methodology

2.1. Sampling Strategy

States in our sample were selected to maximize variation in contextual factors that could affect private agency investment in organizational supports and subsequent evidence use (e.g., size of the state child welfare population, geographic location, whether child welfare systems were administered at the state or county level).[18-20] Eligible agencies within each state included all private child and family serving agencies that were members of their state association of private providers or of the Alliance for Strong Families and Communities (the Alliance).[1] Based on 2015 memberships for these agencies, the final sample included 414 unique agencies.

2.2. Survey Instrument Development

Survey content and format were initially developed based on a review of the empirical literature, interviews with state association directors, and prior research conducted by study investigators.[21-25] Whenever possible, we utilized multi-item measures previously validated in health and human service contexts (e.g., measures of evidence use from the Structured Interview of Evidence Use[26] and the Conceptual Research Use scale[27], leadership styles from the Multifactor Leadership Questionnaire[28]). Survey items were piloted with an expert panel comprised of current and former private agency administrators from states not selected for participation in the survey. The survey was subsequently revised based on feedback received. The final survey instrument is available from the investigators upon request.

[1] In California, the eligible study sample was further restricted to agencies that were members of the association's Practice Improvement Committee (PIC). CA Alliance is comprised of varying committees that determine and monitor their own legislative and regulatory agenda; committee chairs are also members of the CA Alliance Board of Directors. The PIC was the committee that consented to participate in the study. Approximately 61% of CA Alliance member agencies participate in the PIC; these agencies may be more likely to invest in evidence use than CA Alliance members as a whole.

2.3. Data Collection

An online survey format was selected to facilitate tracking of agency-level response rates while protecting confidentiality of survey participants. Prior to launching the survey, directors or other staff in the state associations and the Alliance distributed announcements via their membership listservs briefly introducing the study and its purpose. Subsequently, executives in each agency received an electronic letter of invitation that included information regarding the study's purpose as well as a hyperlink to the survey. Executives that received the survey were typically the individual(s) identified by our study partners as the primary contact for that agency. In cases where more than one individual per agency was contacted, it was typically because these individuals represented distinct programs within that agency.

Survey roll-out was staggered, with some states receiving invitations in mid-September and others in mid-October 2016. Most survey invitations were sent directly by study investigators. The exceptions were in PA and the Alliance. In PA and the Alliance, association guidelines prohibited sharing of executive emails; thus, survey invitations were distributed by these associations. The Alliance was only asked to send invitations to private agencies that were not also members of the state association of private providers. The survey portal remained open for approximately 12 weeks. Upon completion of the survey, respondents were given the option of entering a raffle to win one of 45 $100 electronic gift cards. A total of 229 respondents in 219 agencies completed the survey, for an overall agency-level response rate of 52%. State-specific response rates ranged from 45%-70%.

2.4. Analytic Methods

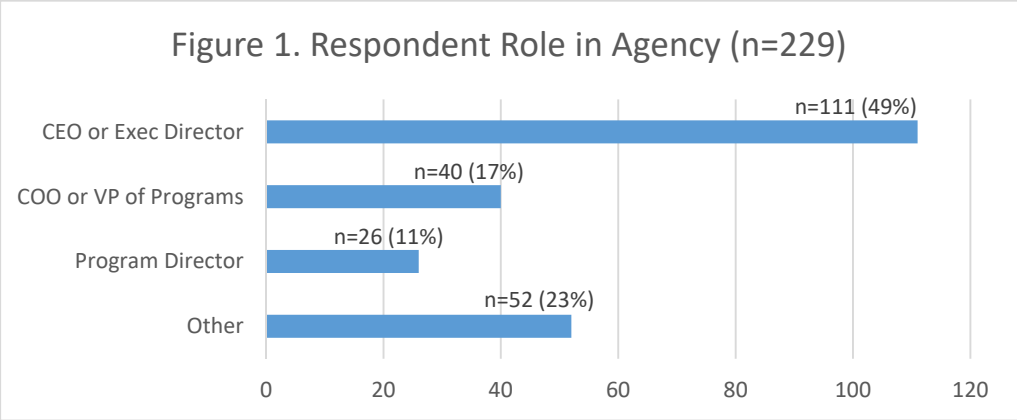
Survey data were cleaned to ensure consistency and validity of responses. This process included clarifying missing values and/or ensuring that data were presented in a consistent numeric format. Basic descriptive analyses were conducted. Univariate analyses were used to describe full sample results for survey questions.[2] Responses to two open-ended text questions regarding (1) external pressures affecting agency functioning and (2) strategies for addressing these pressures were analyzed using content analysis (i.e., systematic review of text to identify overarching themes).[3]

[2] Bivariate analyses were used to identify significant differences between states in average responses to survey questions. State-specific differences are not presented in this report but were distributed via each state association's membership listserv and are available from authors upon request.

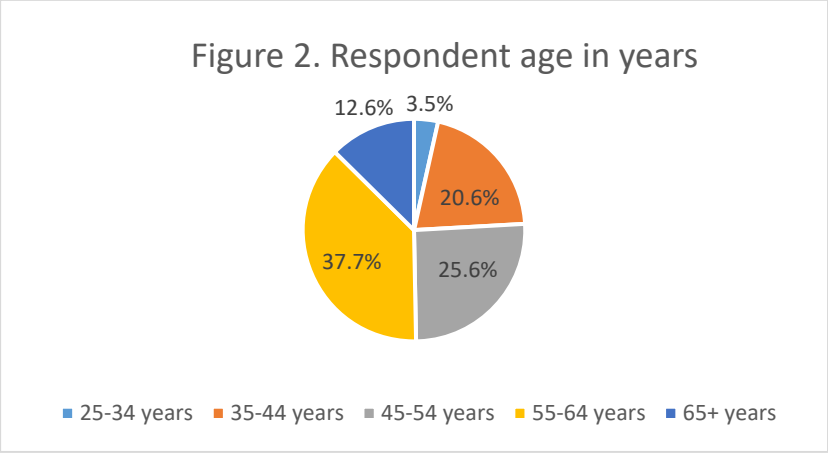
[3] Responses to open-ended text questions were also examined to determine whether they differed systematically by state, agency service array, dependence on child welfare contracts, and agency size; findings are not presented in this report but are available from authors upon request.

3. Respondent Characteristics

Almost half of respondents (n=111, 49%) were CEOs or Executive Directors of the agency. Approximately 17% were COO or VP of Programs, 11% were Program Directors, and 23% had other senior leadership roles within the agency (e.g., Assistant Program Director, Chief Quality Officer, etc.).



On average, respondents had worked in their current role for approximately 8.8 years and in the human services sector for 25.75 years. Age varied considerably (see Figure 2); however, the majority (96.5%) of respondents were ≥35 years. Just over half (56%) were female. The majority of respondents (87%) were white; approximately 9% were African American or Black; and the remainder were from other racial/ethnic groups. Approximately 3% of respondents identified as multiracial and 5% were of Hispanic/Latino ethnicity.



In general, respondents were highly educated with 15% reporting a college degree, 73% reporting a master's degree (27% MSW and 46% another type of master's degree), and 12% reporting a PhD or other professional degree. In addition, over half of respondents (56%) reported having had training in program evaluation and 62% reported training in quality

improvement. Approximately 48% reported having received training in statistical analysis and 31% reported training in research design.

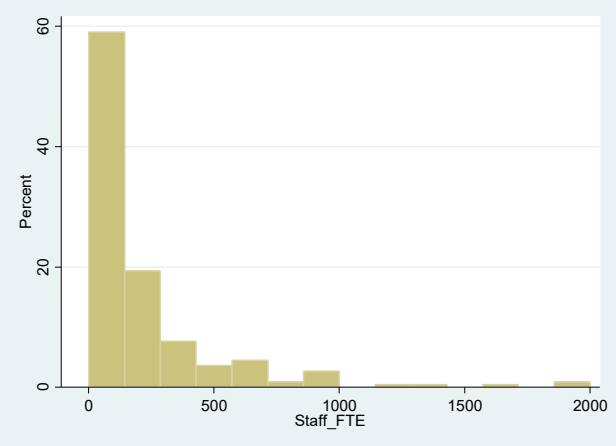
4. Agency Characteristics

On average, agencies had been in operation for 65.6 years. In terms of organizational auspices, 86% were not-for-profit agencies. Just over three quarters of agencies (78%) were stand-alone agencies; the remainder either were part of a larger organization with multiple sites in a single state (11%) or were part of a larger organization operating in multiple states (11%).

4.1. Staffing

As shown in Figure 1, the number of full-time staff employed at each agency in the last fiscal year varied tremendously across agencies; however, the mean number of employees was 212 and the median was 100.

Figure 3. Distribution of Full-Time Staff



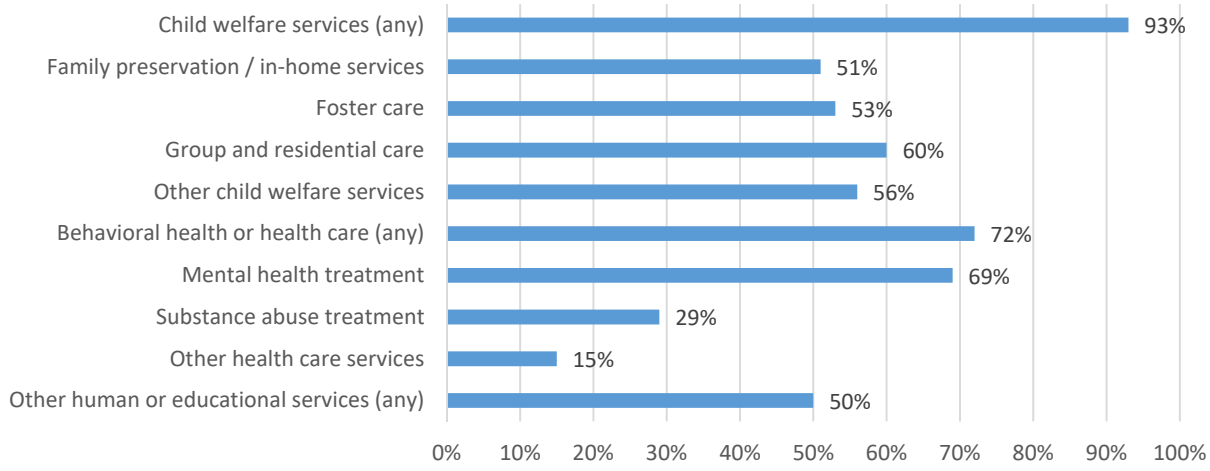
4.2. Accreditation

Of the 224 agencies that provided information on accreditation status, close to one third (33%) were not accredited, 42% were accredited by the Council on Accreditation (COA), 5% by the Commission on the Accreditation of Rehabilitation Facilities (CARF), 14% by the Joint Commission, and 7% by another accrediting body.

4.3. Service array

Of the 229 agencies in our sample, the majority of agencies (86%) provided more than one type of service (e.g., foster care and other child welfare services or mental health and substance abuse treatment). Just over three quarters (77%) of agencies provided services in multiple domains (e.g., child welfare and behavioral health). As shown in Figure 4, almost all agencies (93%) provided some child welfare services. Most (72%) agencies provided behavioral or health care services. Approximately half (50%) of agencies provided other human or educational services.

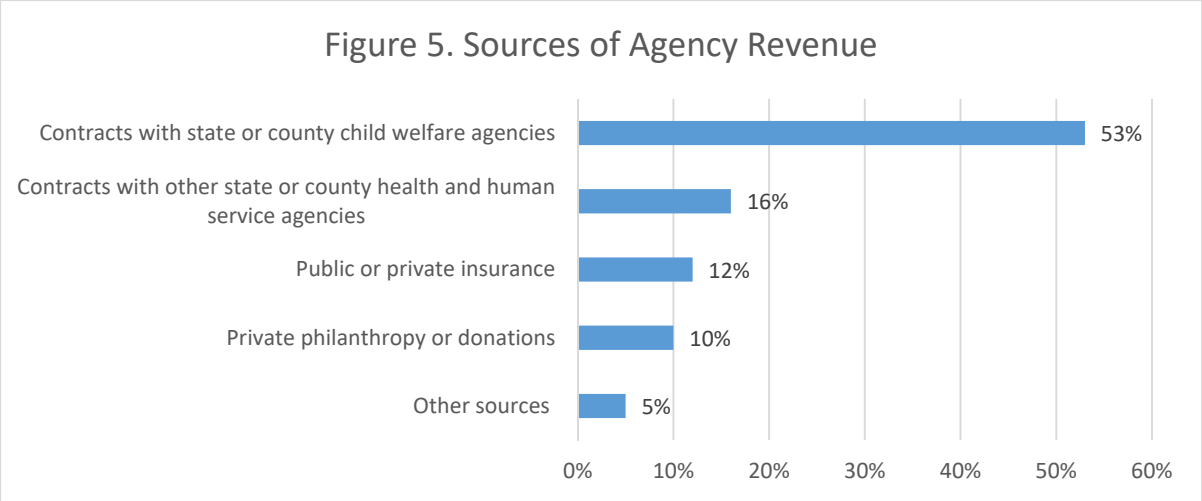
Figure 4. Services Provided



4.4.Revenue

Only 191 (83%) of the agencies in our sample provided information on agency total revenue in the last fiscal year; among these agencies, the average was $18.67 million. A total of 213 (93%) of the agencies in our sample provided information on sources of agency revenue (see Figure 5).[4] On average, 53% of agency revenue was from contracts with state and county child welfare agencies, 16% from contracts with other state or county health and human service agencies, and 12% from public or private insurance linked to clients (e.g., Medicaid). When asked how predictable their agency's revenue was from one year to the next, the majority of agencies (80%) described their revenue as either "Very" or "Somewhat unpredictable."

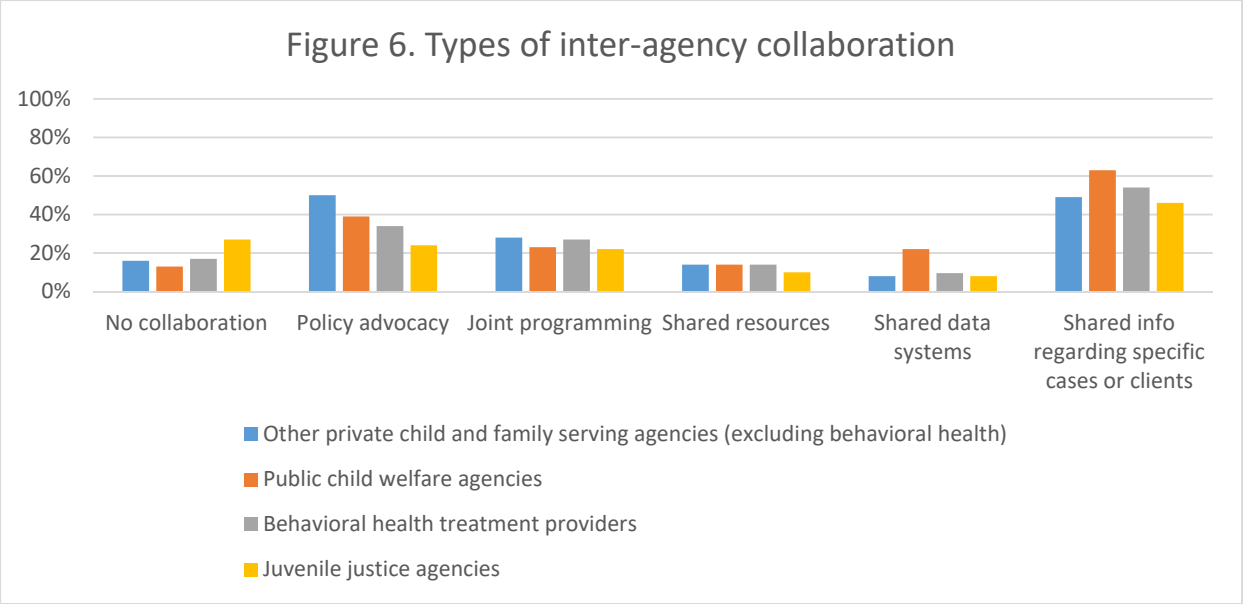
[4] Totals in Figure 5 may not add up to 100% because respondents did not always report all sources of revenue (e.g., leaving a field blank rather than entering an amount when a revenue source accounted for little to none of an agency's revenue).



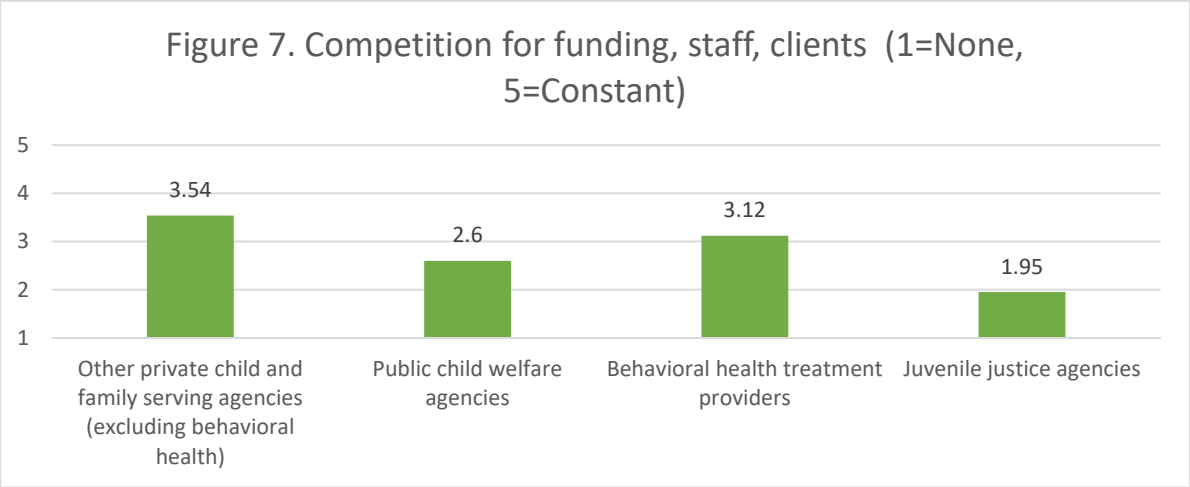
Just over one third (34%) of agencies indicated that at least some of their agency's revenue was based on capitation or other managed care arrangement, and about one fifth (20%) indicated use of either performance incentives or financial sanctions in which the agency was either rewarded or penalized based on the degree to which it achieved specific contract deliverables or outcomes.

5. Inter-organizational relationships

Agencies were also asked about collaboration and competition with other types of agencies in the last year (Figures 6-7). The majority of agencies reported at least some collaboration with other private child and family serving agencies (84%), public child welfare agencies (87%), behavioral health treatment providers (83%), or juvenile justice agencies (73%) in the last year. The most commonly reported type of collaboration for most agencies was sharing of information regarding specific cases or clients (ranging from 46%-63% by agency type). Policy advocacy with other private child and family serving agencies was also quite common (50%). The least commonly reported type of collaboration included sharing resources (e.g., joint budgeting or shared personnel) with any type of agency (on average, 14% or less). Shared data systems with other private child and family serving agencies (excluding behavioral health treatment providers) and juvenile justice providers were also not commonly reported (8% each).



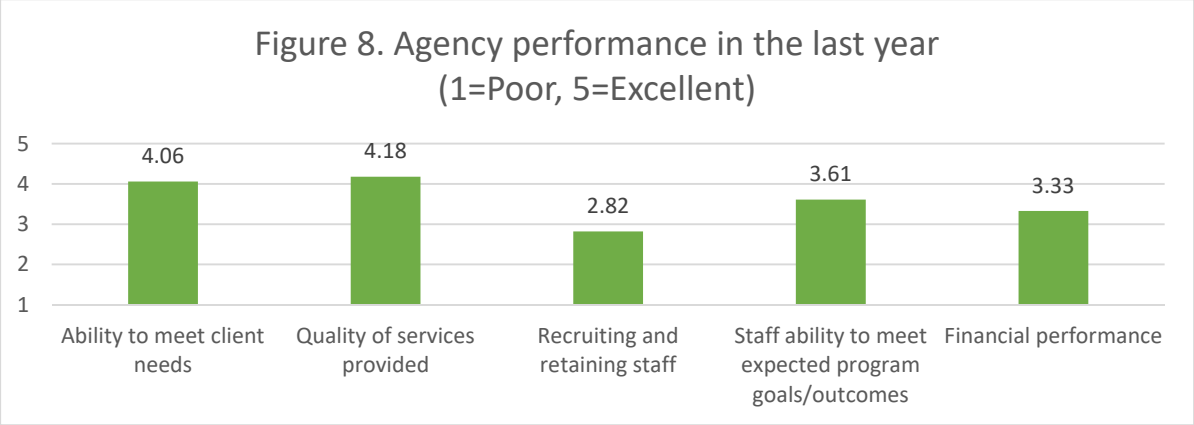
On average, agencies reported at least some competition with other private child and family serving agencies and with behavioral health treatment providers (mean rating of 3.54 and 3.12 out of 5.0, respectively, with 3=”Some” and 4=”Frequent”).



6. Agency performance

On average, agencies rated their ability to meet client needs and the quality of services provided quite positively (4.06 and 4.18 out of 5, respectively; Figure 8). Recruiting and retaining staff was perceived as most difficult, with an average rating of only 2.82 out of 5. Staff ability to meet expected program goals and agency financial performance both received

average ratings (3.61 and 3.33 out of 5, respectively). In general, agencies perceived these ratings as either the same or improved over the last year rather than worsening.



6.1. External pressures affecting agency functioning

A total of 182 respondents identified major external pressures affecting agency functioning as well as strategies being used to address these pressures. Briefly, we identified 535 external pressures affecting agency functioning, which were sorted into 47 distinct themes across six overarching categories. These categories include:

- **Funding**: 10 distinct themes (144 statements) – e.g., *Funds don't cover costs, costs of specific operational expenses not reimbursable or capped, Medicaid managed care reimbursement rates, local cost of living, fundraising expectations, no funding for innovative services*
- **Operations and Practice-Related Issues**: 13 themes (135 statements) – e.g., *Outcome measurement, demand for services exceeds capacity, Demand for evidence-based practices, documentation requirements*
- **Staff Recruitment and Retention**: 7 themes (100 statements) – e.g., *need for qualified/licensed staff to provide services, competition, retention issues, staffing requirements imposed by funders or licensing requirements*
- **Laws, Regulations, and Licensure**: 6 themes (75 statements) – e.g., *Changing and increased regulations or laws; new Department of Labor Fair Labor Standards Act regulations, Medicaid managed care requirements*
- **Contracts and Contract-Related Expectations**: 7 themes (57 statements) – e.g., *Increasing or changing contract requirements, differing expectations across funders/counties, audits, reporting requirements*
- **Inter-organizational Relationships**: 4 themes (24 statements) – e.g., *Need for constant relationship building, collaboration challenges, pressure to collaborate, lack of support from public agencies*

Respondents identified 35 separate strategies being used to respond to external pressures. As might be expected, specific strategies varied based on the issues being faced. The seven most frequently cited strategies included:

- **Advocacy** (n=95)
- **Use of data and/or evaluation** (n=42)
- **Collaboration with public agencies** (n=41)
- **Staff training and/or professional development** (n=38)
- **Seek additional funding streams** (n=38)
- **Adjust staffing** (n=38)
- **Collaboration with peers** (n=37)

Of these seven strategies, all except one ("seek additional funding streams") were being used by agencies in response to external pressures across all six overarching categories. More specific information regarding external pressures and strategic responses, including distinct themes and example statements, is available in Appendix I.

7. Agency Supports for Evidence Use

7.1. Technical infrastructure

Respondents were asked to indicate whether their agency had access to specific infrastructure supports that could be used to access research and data. For those resources that were present, respondents were asked to indicate if each of them was used regularly by frontline staff in the agency (See Table 1).

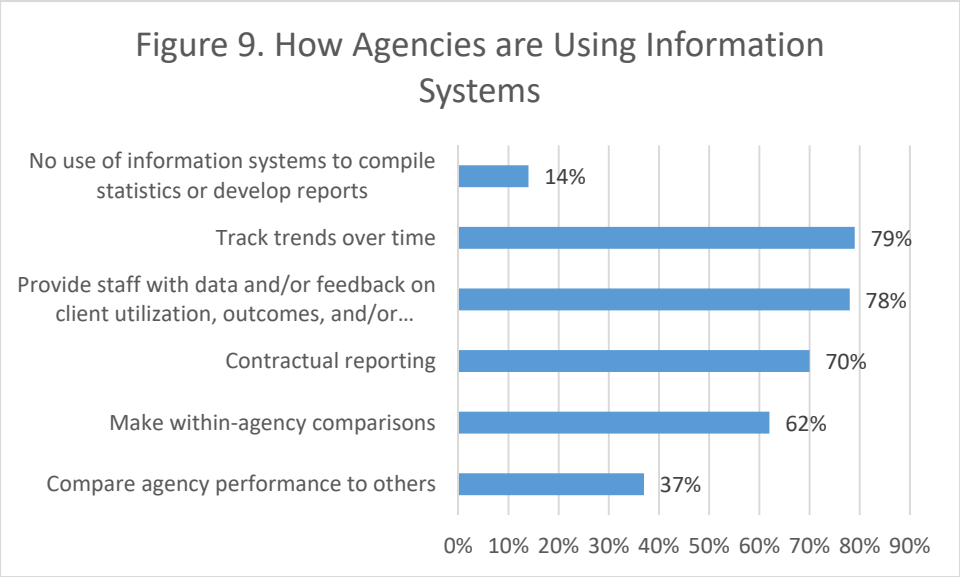
Table 1. Infrastructure support access and frontline use

Resource	Agency has this resource	Frontline staff expected to regularly use
Computers	98%	86%
Internet	98%	80%
Access to peer-reviewed journals and/or other scientific literature	57%	16%
Ability to enter data into Statewide Automated Child Welfare Information System (SACWIS) or other state child welfare agency databases	42%	26%
Ability to regularly run reports from SACWIS or state child welfare agency databases	21%	9%

Most agencies in our sample (92%) indicated use of a management information system (MIS) for tracking client information (e.g., services provided, placements, etc.). Approximately 88% had a system for fiscal billing and tracking, and 74% had a performance measurement system

intended to collect and report data on agency or program-level performance indicators. Close to half (46%) also had an MIS for Medicaid billing.

The majority (89%, n=180 of 203) of agencies that provided information on agency MIS indicated they had more than one distinct MIS in place (e.g., one MIS for fiscal billing and one for client information). Only 82 (46%) of agencies with multiple MIS indicated that these MIS could interface.



When asked how they were using their information systems (Figure 9), 14% of agencies indicated they did not use information systems to compile statistics or develop reports. Most agencies reported using information systems to track trends over time (79%) or to provide staff with timely data and/or feedback on client utilization, outcomes, and/or experiences (78%). Agencies also indicated use of information systems for contractual reporting (70%) or to make within-agency comparisons, e.g., of specific agency programs (62%). Just over a third (37%) of agencies used MIS to compare their agency's performance to that of other agencies.

Table 2 provides information on specific types of program or client information tracked by agency and whether this information was required by a contract with a state or county health or human service agency.

Table 2. Types of data tracked by agencies and contractual requirements

Type of Information	Tracked by Agency	Contractually required
Numeric outputs (e.g., # clients receiving services)	97%	63%
Changes in client functioning (e.g., pre-post assessments)	87%	56%
Other standardized ratings (e.g., Likert scales of client satisfaction, attitudes, or perceptions)	85%	40%

7.2. Other knowledge management infrastructure.

Table 3 provides the mean and median number of FTE within each agency dedicated to a range of activities affecting evidence use. The median number of FTEs dedicated to these functions was 6.5, although agencies varied in how many staff they dedicated to these efforts. Median percentage of FTEs dedicated to these functions was 5%.

Table 3. Average FTE dedicated to each function

Function	Mean (S.D.)	Median FTE
Staff responsible for marketing, communication, or other efforts to disseminate research results or other evidence related to agency programs or performance	3.2 (8.4)	1
Staff responsible for conducting program evaluation or other research on agency services and/or performance	4.6 (13.5)	2
Staff responsible for managing information technology or other knowledge management technology	3.9 (8.9)	1.5
Staff responsible for quality improvement	1	1

Agencies were asked if they used in-house and/or external sources to build staff capacity for research and evidence use through training on relevant topics (see Table 4). The majority of agencies reported staff training in quality improvement (76%) or in how to implement specific evidence-based practices (80%). Just under half of agencies reported staff training in conducting program evaluation (49%). Less than a fifth (18%) reported staff training in how to conduct agency-based research studies.

Table 4. Percentage of agencies providing training on evidence use

Training type	Offered in-house to agency staff	Provided by external source
How to promote quality improvement	59%	51%
How to implement specific EBP	57%	66%
How to conduct program evaluation	36%	29%
How to carry out agency-based research studies	16%	11%

7.3. Strategic alignment

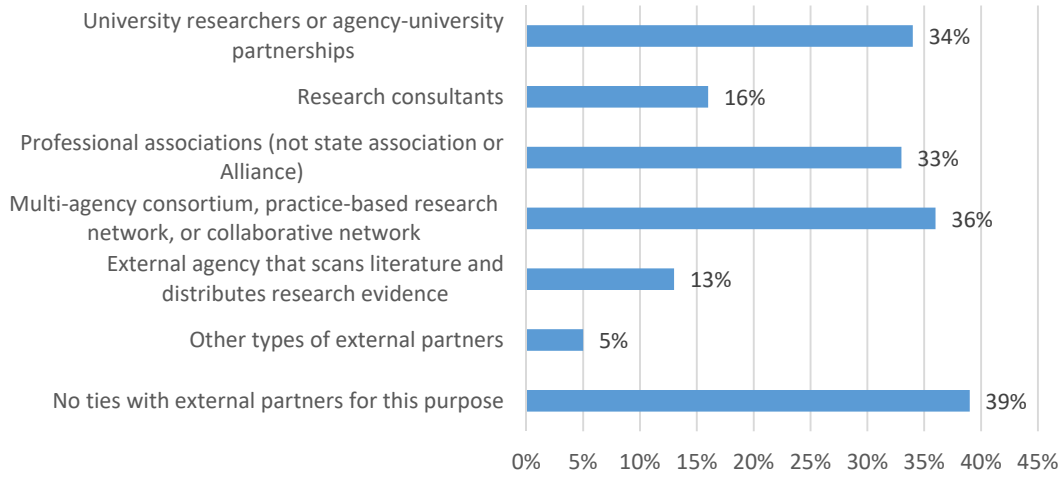
About half of agencies reported reference to “research,” “evidence,” or “evidence use” in their agency mission, values, or strategic plan documents (47%) or in staff job descriptions and/or job applicant interview protocols (48%). Fewer (37%) reported an emphasis on research or evidence use in staff performance reviews.

7.4.Linkage and exchange efforts

Agencies were also asked about any formal agreements or informal ties with external partners for the specific purpose of improving agency service delivery and/or organizational performance (see Figure 10). Approximately 39% (89 of 229) agencies indicated absence of any such ties. Almost as many agencies (38%, or 86 of 229) reported more than one type of tie.

On average, 36% of respondents reported agency participation in a multi-agency consortium, practice-based research network, and/or other collaborative network for sharing data across agencies for the purpose of improving practice and/or overall outcomes. Close to a third of respondents reported participation in agency-university partnerships or other ties with university researchers (34%) and participation in professional associations other than the state association of child and family serving agencies or the Alliance for Children and Families (33%). Only 16% of agencies reported use of research consultants and only 13% of agencies indicated use of an external agency that scanned the research literature and distributed research evidence (e.g., on best practices or specific EBPs) to the agency.

Figure 10. Ties with external partners to help improve agency service delivery or performance



8. Agency Evidence Use

8.1. Agency evidence use

Respondents were asked to indicate the extent to which their agency engaged in different types of evidence use (Table 5). Examples of the types of evidence use assessed include *instrumental use* (direct use of evidence to influence a policy or practice decision), *conceptual use* (use of evidence to inform how we think about an issue or topic), and *imposed evidence use* (external requirements for evidence use, e.g., funding linked to adoption of a specific EBP). Factors facilitating evidence use by staff were also assessed.

Table 5. Evidence use by private child and family serving agencies

	Mean (S.D.)
Funders require us to implement interventions from a list of EBPs	3.40 (1.17)
We are required to conduct research or evaluate programs as part of a grant or contract	3.16 (1.29)
We actively try to adapt programs and services in response to significant trends in the field	4.21 (0.78)
We have processes to regularly update agency instruments	3.60 (0.96)
We provide employees with information about best practices related to their jobs	4.14 (0.69)
We provide regular opportunities for agency staff to share knowledge about effective service delivery	4.00 (0.76)
We encourage staff to use research as part of their ongoing work	3.29 (0.94)
Leaders in this agency use data for decision-making, management, and evaluation of progress towards outcomes	4.11 (0.74)
We use research evidence to eliminate programs or practices not shown to be effective within a given period of time	3.18 (0.87)

8.2. Factors affecting decision to adopt new programs or practices

Agency ratings of the importance of different factors in the decision to adopt a new program or practice also varied (Table 6). On average, the three factors rated as most important included: (a) compatibility with the agency's current treatment philosophy or preferred approaches, (b) requirements from funders or the law, and (c) addressing unmet client needs. On average, the three factors rated as relatively less important included: (a) Experience of other agencies implementing the program or practice, (b) Strength of internal agency evidence from pilot initiatives, and (c) Strength of scientific evidence indicating the program or practice was effective.

Table 6. Factors affecting agency decisions to adopt new programs or practices

	Mean (S.D.)
Compatibility with agency's treatment philosophy or preferred approach	4.29 (0.76)
Requirements from funder(s) or by law	4.28 (0.81)
Agency's ability to manage financial risks associated with adoption	4.14 (0.70)
Strength of scientific evidence indicating the program or practice is effective	3.69 (0.84)
Strength of internal agency evidence from pilot initiatives	3.49 (0.91)
Experience of other agencies implementing this program or practice	3.31 (0.89)
Feasibility, cost, and/or time involved in implementation and ongoing upkeep	4.20 (0.78)
Addressing unmet client needs	4.26 (0.74)
Potential for increasing agency revenue or market share	3.83 (0.88)

8.3. Influence of external pressures on agency investment in organizational supports for evidence use

Respondents were asked to indicate the extent to which an array of external pressures influenced their agency's decision to implement organizational supports for evidence use (Table 7). Those pressures rated as having the least influence were State Child and Family Services Review results and court requirements such as consent decrees, both of which may be more relevant to child welfare-related services specifically.

Table 7. Influence of external pressures on investment in organizational supports

	Mean (S.D.)
Changes in agency's financial outlook	3.52 (1.15)
Changes in reimbursement rates	3.31 (1.31)
Performance expectations embedded in contracts	3.45 (1.18)
Analysis of data regarding agency performance	3.50 (1.05)
State Child and Family Services Review findings and/or state Performance Improvement Plan	2.74 (1.31)
State or county regulations	3.54 (1.21)
Court requirements/consent decrees or other legal action	2.56 (1.47)
Changing child/family needs	3.82 (1.08)
Advice from experts and researchers	3.12 (1.23)
Feedback/input from families and clients served	3.64 (1.03)
Requirements associated with being a Medicaid provider	3.16 (1.52)

9. Respondent Perspectives

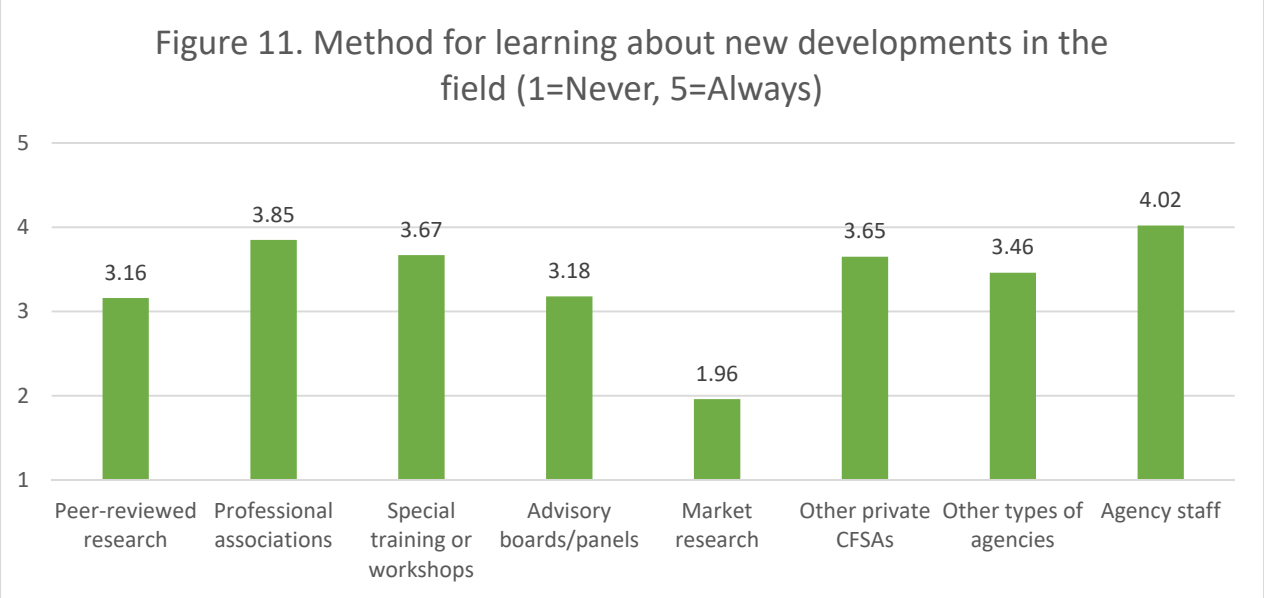
9.1. Personal evidence use

We also assessed the extent to which respondents personally engaged in three different types of evidence use: *instrumental* (direct use of evidence to influence a policy or practice decision), *symbolic* (use of evidence for legitimating or substantiating a position, program, or policy), *instrumental* predetermined positions), and *conceptual use* (use of evidence to inform how we think about an issue or topic). On average, respondents rated their own evidence use as between 3.47-3.61 (see Table 8), with 3=”Sometimes” and 4=”Very Often.”

Table 8. Respondent use of evidence

Type of Evidence Use	Mean (S.D.)
Symbolic	3.61 (0.74)
Instrumental	3.47 (0.83)
Conceptual	3.47 (0.63)

Figure 11 indicates the extent to which respondents reported relying on different methods for learning about new developments in the field. On average, respondents personally relied most often on informal conversations with providers and staff in their own agencies (mean rating of 4.02 out of 5, with 4=Very often and 5=Always) and on their membership in professional associations, including associated conferences and meetings (mean rating of 3.85 out of 5). Respondents reported relying least often on market research sponsored by their agency or purchased from an external source (mean rating of 1.96 out of 5, with 1=”Never” and 5=”Rarely”).



9.2. Boundary spanning behaviors

Boundary spanning activities (i.e., management of relationships with different external stakeholders) of executives are critical for representing agency interests to external stakeholders, securing needed resources, identifying strategic opportunities and threats, and buffering staff from external pressures.[29,30] When asked about the extent to which they engaged in different boundary spanning activities (6-item scale, α=0.75), respondents reported an average of 3.99 out of 5, with 3=”Sometimes” and 4=”Very Often.”

9.3. Leadership style

The final section of the survey asked managers an array of questions regarding their personal approach to providing leadership in their role. The items were taken from established scales[28] measuring transformational and transactional leadership styles. In providing strategic direction and implementing plans, transformational leaders engage in behaviors that appeal to staff’s intrinsic motivation and inspire them to particular courses of action,[31] while transactional leaders focus on clarifying expectations, actively correcting problems when performance goes wrong, and rewarding workers that meet expected performance standards.[32] Each style can be more vs. less effective in different situations. Leaders can exhibit different leadership styles as situations require, but tend to favor one over the other. As shown in Table 9, managers in our sample were more likely to endorse a transformational leadership style (average rating of 4.29 out of 5, where 4=”Agree” and 5=”Strongly Agree”).

Table 9. Respondent self-reported leadership styles

Leadership Style	Mean (S.D.)
Overall leadership	4.14 (0.35)
Transformational	4.29 (0.38)
Transactional	3.86 (0.44)

10. Discussion

Consistent with a national survey of private child and family serving agencies conducted in 2011,[22,33] survey results indicate a sample of mature, large, not-for-profit agencies managed by experienced and highly educated agency leaders. Most agencies (77%) provide services in multiple domains (e.g., child welfare and behavioral health) and report at least some collaboration with other private agencies, public child welfare agencies, and/or behavioral health treatment providers. On average, agencies reported receiving just over half (53%) of revenue from contracts with public child welfare agencies; however, most agencies (80%) indicated that their agencies’ revenue was moderately unpredictable from one year to the next. Advocacy, followed by evidence use, were among the most frequently cited strategic responses to funding and other external pressures facing these agencies.

Survey results also provide important descriptive information regarding organizational supports currently used by private child and family agencies to facilitate evidence use. Overall, the existence and use of organizational supports for evidence use varied widely across our sample. However, with regards to ***technical infrastructure***, the majority of agencies (92%) reported use of management information systems (MIS) for tracking client information, for fiscal billing or tracking, or for performance measurement. Most agencies also reported use of more than 1 MIS; however, less than half of agencies indicated that these MIS could interface. Most agencies also indicated at least some investment in ***knowledge management infrastructure,*** with a median of 6.5 FTEs dedicated to activities affecting evidence use (e.g., quality improvement, program evaluation, or dissemination of agency performance data). However, staff training in quality improvement or implementation of specific evidence-based practices was far more prevalent than training in program evaluation or agency-based research. ***Strategic alignment*** was also generally low: Less than half of agencies reported references to evidence use in agency mission, vision, values, or strategic plan documents, in staff job descriptions or interview protocols, or in staff performance reviews. However, many agencies (60%) reported at least some ***linkage and exchange efforts*** (i.e., ties with external partners for the purpose of improving agency service or performance). The two most frequently reported ties were participation in practice-based research networks or other collaborative networks (36%) and agency-university partnerships or other collaboration with university researchers (34%).

Survey results also provided insight into managerial evidence use. Specifically, findings suggest that managers most frequently use evidence to inform decision-making, track agency progress towards outcomes, and provide staff with information about best practices. Managers were least likely to use evidence to eliminate programs or practices shown to be ineffective. When asked about the extent to which they relied on different methods for learning about new developments in the field, managers reported relying most on informal conversations with providers and staff and on membership in professional associations, and relying least on market research. Subsequent research will examine the extent to which agency investment in organizational supports for evidence use and managerial use of evidence may vary as a result of organizational or managerial characteristics (e.g., agency size or service array, managers' educational background, etc.).

10.1. Study Limitations

Several limitations should be considered in interpreting current study findings. First, our sampling frame was limited to agencies belonging to state associations of private providers or to the Alliance. Consequently, study findings may not be fully representative of all private child and family serving agencies in our six study states.[34] Prior research on non-profit human service organizations in a single county suggest that agencies belonging to professional associations tend to be larger and to have more professionalized leadership.[35,36] While our analyses revealed significant variation in agency characteristics within and across states, potential under-representation of private for-profits and small community-based agencies should be taken into account.

Second, the use of cross-sectional rather than longitudinal data limited our ability to determine how stable agency responses to these questions are likely to be over time and/or to evaluate which contextual and organizational factors may be most influential in effecting change in agency evidence use or investment in organizational supports for evidence use.

Finally, study findings relied entirely on executives' self-report of agency structures and processes, external pressures affecting the agency, and of their own behavior. Considerable evidence in the strategic management literature suggests that executives' perceptions are more important for explaining agency behavior and strategy than more 'objective' measures of the environment.[37-39] However, perceptions of study respondents may not fully represent that of other leaders and staff within their agency. Given the size of many participating agencies, it is also unclear whether access to identified organizational supports (e.g., technical infrastructure, knowledge management infrastructure, linkage and exchange efforts) was evenly distributed across different agency programs or potentially available only to one or two. Respondent behaviors such as evidence use, engagement in boundary spanning activities, and leadership style can also vary significantly across executives within the same agency, and results should be interpreted with caution.

We view these as acceptable limitations, as the primary objective of this survey was to obtain an initial assessment of the supports being used by agencies to facilitate evidence use and identify factors that may affect agency investment in such supports (including respondent efforts). Our next step is to use data from this survey to identify agencies interested in participating in Phase 2, which will involve in-depth case studies. As part of these, we will collect data that will provide further insight into respondent behaviors as well as other factors hypothesized to affect evidence use. We will also clarify the specific ways in which identified supports affect evidence use by staff at different levels of the organization.

10.2. Future Directions

This study constitutes the first effort to examine private child and family serving agencies' use of organizational supports for evidence use. Survey findings also provide insight into contextual factors that could influence whether and how such supports subsequently influence managerial decision-making and frontline practice. The survey described in this report represented Phase 1 of a larger planned study on "Improving Performance with Evidence." Thus, findings should be viewed as preliminary in nature.

Our primary recommendations for future research focus on understanding how identified organizational supports influence evidence use by staff at multiple levels of the organization. In particular, there is a need to determine the specific conditions under which identified supports may have the greatest impact on evidence use by program and frontline staff. For example, survey findings suggest that most agencies have management information systems (MIS); however, the presence of an MIS alone does not ensure that staff at various levels (senior

leaders, middle managers, or frontline practitioners) will use agency data to inform decision-making or practice. What specific combinations of contextual and/or organizational factors have the greatest impact on staff evidence use? Do these factors vary at different levels of the organization? As agencies strive to improve performance with limited resources, managers need information related to how best to invest in strategies to assist. Finally, in the longer term, there is also a need to demonstrate strong relationships between staff evidence use and objective indicators of agency performance. Given that to a significant extent these services are publically funded to serve vulnerable populations of children and families, there is a need to demonstrate the sort of accountability and fiduciary responsibility private child and family serving agencies exhibit through these efforts.

We plan to address some of these research questions using Phase 1 survey data. Other questions will be addressed as part of the in-depth case studies planned for Phase 2. Specifically, we anticipate Phase 2 case studies will provide a unique opportunity to (a) assess the extent to which different supports are valued in the day-to-day work of managers, mid-level administrators and practitioners, (b) determine how such supports may influence evidence use by staff at different levels of the organization. Our intent is for this research to yield practical, actionable strategies for how private child and family serving agencies can use evidence to improve performance.

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Appendix I. External pressures and agencies' strategic responses

Respondents were asked to identify up to three external factors currently affecting agency functioning as well as how their agencies were preparing to address these factors. A total of 182 respondents provided input. Approximately 535 external pressures and 35 strategic responses were identified. Responses were sorted into six overarching categories:

- Funding
- Operations and Practice
- Staff Recruitment and Retention
- Laws Regulations and Licensure
- Contracts and Contract-Related Expectations
- Inter-Organizational Relationships.

Major pressures and strategic responses associated with each category are summarized below.[5] Illustrative quotes are also provided.

Category 1: Funding-Related Issues

Pressures

Respondents identified 144 external pressures related to funding, which were organized into the following themes:

- **RATES/FUNDING DOESN'T COVER COSTS/STAGNANT (n=55)***
  "Lack of growth in budgets to address increased cost of business (minimum wage increases, health care/benefits, rent)"—CA

  "Demand for better quality services with no rate increase—we want to continually improve, but rates that are significantly below cost make it extremely difficult to invest in cutting edge/evidence-based programming"—KY

- **UNFUNDED MANDATES [n=12]**
  "Un- or underfunded mandates with no increase[d] revenue to help cover the cost" —PA

- **COSTS OF SPECIFIC OPERATIONAL EXPENSES NONREIMBURSABLE OR CAPPED (n=11)**
  "Government (all sources) contracts not covering overhead"—PA

  "Cost of information systems for small agencies"—IN

- **MEDICAID MCO REIMBURSEMENT/RATES (n=8)**
  "Managed Care Organizations—reimbursement rates non-sustainable, unwilling to authorize for appropriate services" –KY

[5] Not all responses were sufficiently detailed to be associated with a theme (e.g., when respondents only wrote "funding" or "staff retention").

*Identified by respondents in all six states

- **UNPREDICTABLE/VARIABLE FUNDING OVER TIME/SHIFTING PRIORITIES (n=7)**
  "[Public Agency] per diem changing yearly, sometimes drastically" —IN

- **COMMUNITY FINANCIAL CLIMATE/LOCAL COST OF LIVING (n=7)**
  "Local economic environment—high cost of living in [community] (low paying jobs require long commutes for staff which cause significant turnover"—CA

- **FUNDRAISING EXPECTATION/DECLINE IN PHILANTHROPY (n=5)**
  "Inadequate funding levels—they expect agencies to make up the difference with private donations which continue to decline" —PA

- **LACK OF FUNDING FOR INNOVATION (E.G. PREVENTION) (n=3)**
  "Lack investment capital to pursue new lines of business and/or program and services to compete with other organizations."—KY

Strategic Responses

Funding was the category with the least number of strategic responses. However, the most frequently mentioned strategies include: advocacy (n=35); collaboration with peers (n=8); collaboration with public agencies (n=10); negotiating rates (n=15); private fundraising (n=22); program diversity/expansion (n=8); seeking additional funding streams (n=25); strategic planning (n=8); and use of data/evaluation (n=12).

> *"By further diversifying our funding so we are less reliant on our 2 largest funding sources. Increased fundraising efforts and development of a major campaign. Increasing grant application efforts"*—MO
>
> *"Rate setting-preparing cost reports for the state, negotiate rates, change accounting system, hire outside consultant"*—WI
>
> *"Approximately 3 years ago we instituted a Performance and Quality Improvement Plan in an effort to gather data to enhance our understanding of client impact, but also in an effort to craft the argument to external stakeholders of the need for financial support and collaboration. These efforts have largely fallen on deaf ears, as the stakeholders are disinterested in data, despite their stated support and interest in data, and more interested in limiting liability and criticizing our efforts when cases go awry"*—PA

*Identified by respondents in all six states

Category 2: Operations and Practice-Related Issues

Pressures

Respondents identified 135 external pressures related to operations and practice-related issues, which were organized into the following themes:

- **CONCERNS RELATED TO PUBLIC AGENCY/SYSTEM STAFF/POLICIES/EXPECTATIONS (n=21)***
  "Placing agents withholding critical information about youth in desperation for bed placement and not following through with ESC rules and regulations - not best interest of youth"—IN

  "Continual shift in public policy and practice pertaining to placement services (reduction of foster care, while increase in kinship care services)." —PA

- **OUTCOME MEASUREMENT/DATA TRACKING REQUIREMENTS/PERFORMANCE PAYMENT (n=19)**
  "Confusion about how performance is being measured by the State with regard to performance based contracting (the don't share which data data they are using to calculate this in our Residential and TFC programs)"--WI

  "Greater emphasis on collecting data to show impact of services being delivered (by all private- and public-sector funders)." —PA

- **DEMAND FOR SERVICES EXCEEDS CAPACITY (n=18)***
  "We are under constant pressure to grow, so managing change and expansion of capacity is a challenge."—IN

  "Foster youth should not have to be put on waiting lists."—PA

- **TECHNOLOGY/MIS SYSTEMS (n=13)**
  "Challenge of implementing comprehensive client management software that integrates well with business operations is efficient for front line users." —MO

  "MIS data collection requirements and its inability to produce functional reports"—KY

- **NEEDS OF KIDS AND FAMILIES (n=12)**
  "Rapidly changing client needs, especially those driven by opioid epidemic"—IN

- **DEMAND FOR EBPs/BEST PRACTICES/TRAINING (n=8)**
  "Funding sources requiring evidence based models that require specialized training"—MO

- **FOSTER HOME RECRUITMENT (n=7)**
  "Increased need to find families to care for more complex clients"—CA

- **DOCUMENTATION REQUIREMENTS (n=5)**
  "Increasing documentation/reporting mandates without clear connection to program/service improvement"—CA

- **CHANGING VIEWS/PHILOSOPHY/EXPECTATIONS REGARDING CONGREGATE CARE (n=5)**

*Identified by respondents in all six states

"The practice of seeing 'congregate care' as an evil for children"—PA

- **MICROMANAGING/EXCESSIVE OVERSIGHT (n=5)**
  "Burdensome micromanagement and reporting requirements from multiple external funding and auditing agencies"--PA

- **REFERRALS/CENSUS (n=5)**
  "Census: Decision making by caseworkers regarding placement of children in need of services"—IN

- **UNCERTAINTY (n=5)**
  "Changing system [Child Welfare Continuum of Care reform] that is not yet fully defined and funded"—CA

Strategic Responses

The strategies mentioned most frequently included: adaptation to meet contract requirements/funder expectations (n=8); advocacy (n=20); collaboration with peers (n=14); collaboration with public agencies (n=15); improve/provide quality services (n= 10); invest in technology/data systems (n=8); practice/program changes (n=8); program diversity/expansion (n=8); strategic planning (n=10); use of data/evaluation (n=18)

"Over the past two years our agency has completed two mergers with other non-profits organizations; our mission has evolved dramatically and we have spent considerable time developing a strong, well-thought-out strategic plan, which includes a five-year capital/IT plan." --PA

"We have volunteered to be one of the first agencies to switch to the upcoming changes to the Foster Care system so we can have a voice in how to implement the changes." -CA

"Improving our data management systems to become more sophisticated in tracking meaningful outcomes and reporting data with integrity."—MO

*Identified by respondents in all six states

Category 3: Issues Related to Recruitment and Retention of Staff

Pressures

Respondents identified 100 external pressures related to staff recruitment and retention, which were organized into the following themes:

- **THE NEED FOR QUALIFIED/LICENCED STAFF TO PROVIDE SERVICES (n=24)***
  "Difficulty finding staff adequately trained from school. Programs should probably increase from 2 to 3 years with specific training in Board expectations (law and ethics), EBPs, time management, Medicaid rules and their implications, bilingual Spanish."—CA

  "Finding qualified staff in a rural area."—KY

- **COMPETITION FOR STAFF (n=16)***
  "Inability to compete with state's ability to pay higher salaries/wages."—IN

  "Flat funding makes paying wages that are competitive with the private sector - or even healthcare sector - difficult, resulting in difficulty with recruitment and retention. Increased regulatory requirements mean staff are asked to do more without increase in pay." —PA

- **RETENTION ISSUES (n=15)***
  "Retaining staff due to cost of hiring and training." -WI

- **INSUFFICIENT SALARIES/PRESSURE TO INCREASE SALARIES (n=13)***
  "Competing with other agencies to hiring staff at current salary levels."—PA

- **OTHER RECRUITMENT ISSUES (n=17)**
  "The primary external pressure is the local job market which has a near zero unemployment rate. Fast food restaurants are able to pay as well or better than we can."—KY

Strategic Responses

Respondents most frequently mentioned advocacy (n=8); retention activities (n=18); increased salaries (n=29); new hiring practices (n=23); and training (n=13).

"Increased marketing of the organization as an employer of choice; Market adjustment for some positions; targeted recruitment for hard to find job positions; increase in staff engagement activities; incentive plans for productivity. Advocacy regarding target position requirements that are going to make the work force pool even smaller."—PA

"Provide a flexible work environment and opportunities for training and professional development and growth." – KY

*Identified by respondents in all six states

Category 4: Laws, Regulations, and Licensure

Pressures

Respondents identified 75 external pressures related to laws, regulations, and licensure, which were organized into the following major themes:

- **CHANGING/INCREASED REGULATIONS OR LAWS (n=18)***
  "Greater regulation with decreased funding"—WI

- **PROPOSED DEPARTMENT OF LABOR/FAIR LABOR STANDARDS ACT CHANGES (n=16)**
  "The new Fair Labor Standards Act regulations are projected to impact our agency budget by $470,000 next year, which is a huge burden to us. DCS has not yet agreed to adjust any of our rates to cover that cost, so we will need to continue partnering with other providers to negotiate rate relief."—IN

- **MEDICAID/MANAGED CARE ORGANIZATION REGULATIONS, REQUIREMENTS AND EXPECTATIONS (n=15)**
  "Increase scrutiny regarding compliance with … Rules for Medicaid and inconsistent interpretation of those rules by different payers."—PA

- **SPECIFIC CONCERNS REGARDING REGULATIONS/LAWS OTHER THAN MEDICAID OR FLSA (n=9)**
  "Regulations - restrict co-mingling of clients with same or similar behavioral health needs, requiring separate facilities." —KY

  "The number one pressure is the new rules and regulations re [Continuum of Care Reform] with the demise of the group homes and the transition to Short Term Residential Treatment Services."—CA

- **LICENSURE REQUIREMENTS/CHANGES (n=7)**
  "Increased oversight by licensing entities." --WI

Strategic Responses

The strategies mentioned most frequently were: adaptation to meet expectations (n=7); adjust staffing (n=12); advocacy (n=16); invest in technology (n=9); NOSAC membership (n=8); and training (n=7).

"We participate in a state coalition . . . We are actively involved in providing advocacy and policy recommendations."—KY

"Spending more money on people who can do compliance, often at the expense of additional service delivery staff - always concerned about safety." —PA

*Identified by respondents in all six states

Category 5. Contracts and Contract-Related Expectations

Pressures

Respondents identified 57 external pressures related to contracts and contract-related expectations. In addition to general comments related to contract requirements (e.g., *"level of work required to meet contractual and regulatory requirements*"), pressures also related to the following themes:

- **CHANGING AND/OR INCREASING CONTRACT REQUIREMENTS (n=12)***
  "Changing government expectations/priorities (including regulations, as well as reduced funding for needy clients."—WI

  "Changing regulation interpretation resulting in frequent changes, staff dissatisfaction and increased programmatic expenses."—PA

- **ACCREDITATION (n=7)**
  "Possible Accreditation requirement through Federal legislation"—IN

- **DIFFERING EXPECTATIONS AND/OR PRIORITIES FROM DIFFERENT FUNDERS (n=6)**
  "Burdensome micromanagement and reporting requirements from multiple external funding and auditing agencies."—PA

  "Inconsistent public priorities county-by-county."—WI

- **AUDITS (n=5)**
  "Continuous audits from multiple system funders [with] contradictory expectations."—CA

- **REPORTING REQUIREMENTS (n=4)**
  "Reporting requirements take a lot of staff time."—WI

Strategic Responses

The strategies most frequently offered in response to these pressures included adjusting staffing (n=10) and collaborating with public agencies (n=7).

"We have hired a team of staff to address not only quality assurance functions but also oversight of regulatory and contractual obligations."—IN

"We rise to the expectation of those agencies."—MO

"This is a dynamic issue, with each county agency having different priorities and, to a certain extent, expectations. We're also working to produce similar, but varying, outcomes depending on the funder requirements."—WI

*Identified by respondents in all six states

Category 6. Inter-Organizational Relationships

Pressures

Respondents identified only 24 "relationship"-related pressures, which were organized into the following themes:

- **COMPETITION WITH OTHER PROVIDERS FOR FUNDING/CLIENTS(n=9)**
  "Increased competition with new entities moving into service/program space." -MO

- **CHANGING LEADERSHIP/NEED FOR CONSTANT RELATIONSHIP BUILDING (n=6)**
  "Changes in public agency leadership leading to uncertainty." —WI

- **COLLABORATION CHALLENGES/PRESSURE TO COLLABORATE (n=5)**
  "Pressures to collaborate - up to mergers - often just for the sake of collaboration even when they do not necessarily make sense."—MO

- **LACK OF SUPPORT AND/OR OTHER ISSUES WITH PUBLIC AGENCIES (n=4)**
  "Lack of response from county [public] agencies."--PA

Strategic Responses

The strategies most frequently offered were: advocacy (n=6); and collaboration with public agencies (n=4)

> *"Partnering with non-traditional entities to distinguish ourselves from others in the market."* -MO
>
> *"More time is spent building relationships and engaging with public partners around value and return on investment for the work being done."* --WI
>
> *"Try to support new and veteran leaders with free consultation and provide training for senior managers and convene to discuss key topic areas. We also strive to work deep in an organization to influence sustainable practice improvements with direct service staff, supervisors, and middle managers."*—CA

*Identified by respondents in all six states