OUTCOME-DRIVEN TECHNICAL ASSISTANCE: FROM PROCESS TO IMPACT

BY SHELLI BISCHOFF

This article outlines how adopting an outcome-driven approach to technical assistance yields significant health outcomes, delivers strong return on investment, and ensures the best use of limited resources.

Introduction

Public health is awash with technical assistance providers and programs. National and state public health associations are solely dedicated to technical assistance (TA). State and local public health employees have TA as a primary responsibility. Nonprofit and community-based organizations working on public health issues receive offers of TA around every corner. But does all this TA provision actually achieve outcomes? Can TA interventions really lead to systems change?

At every level—whether government innovation, community networks, social entrepreneurship, or nonprofit management—the inescapable trend is towards increasing accountability for achieving specific, measurable outcomes. In the field of public health this manifests as demands for sustainable health outcomes and clear performance measurements.

This trend and the ubiquity of TA programs in public health spurred my thinking¹ about ways to increase the return on the significant investment public health makes in its TA efforts. This article outlines how an outcome-driven approach to TA leads to desired outcomes. It reviews the five steps of outcome-driven TA and discusses the skills and organizational infrastructure needed to support this approach. TA programs of all sizes and scales will find that adopting an outcome-driven approach yields significant health outcomes,

¹ I have worked as a TA professional for over 30 years including providing technical assistance to...

- Parks and recreation agencies and community groups in a ten-state region through a federal agency.
- ▲ Juvenile justice groups through a statewide nonprofit organization.
- ▲ Nonprofits and small businesses by establishing a million-dollar revenuegenerating TA program for a community college.
- ▲ Over 600 nonprofit and public agency clients, including public health community groups and agencies in 26 states, through my own companies.

delivers high return on investment, and ensures the best use of limited resources.

What is Technical Assistance?

An outcome-driven

approach requires that

align their intervention with the desired outcome.

public health TA providers

Essentially, TA is a process of professional intervention with individuals, organizations, communities, or systems in order to teach skills, build capacity, or create change. In public health, TA is usually focused on capacity building: for example, enhancing the capacity² of coalitions to bring about change that improves health in their communities. Public health TA interventions usually include sharing information, providing sample materials or templates, facilitating meetings, and/or presenting trainings.

INTENSIVE TA (Change systems) BASIC TA (Change Attitude) Tools Education Data, content Organizational Systems INTERVENTION Information **Templates** Training Best practices Change Development Samples RELATED Skills Sustainable Health Knowledge Strategy Capacity OUTCOME Abilities Outcomes

TECHNICAL ASSISTANCE CONTINUUM

Too often, the focus of public health TA is on the process itselfhow information is shared, how sample materials are developed, or how many individuals attend meetings or training sessions. This focus on the intervention process can overshadow the achievement of desired outcome.

² Capacity refers to ensuring the human, financial, technological, and operational resources to efficiently and effectively achieve goals along with the ability (skills, knowledge, and aptitude) to lead and manage those resources in a prudent and effective manner to create a solid, successful, and sustainable organization.

Outcome-driven TA is a deliberately defined and executed systematic function designed to get results and ensure return on investment.

As more TA providers and programs are being held accountable for achieving systems change level outcomes, the need to deliver TA in a systematic, consistent manner is even more critical. Shifting from a process-focused approach to one that is outcomedriven is the key to ensuring that TA interventions achieve specific health outcomes. An outcome-driven approach requires that the intervention is aligned with the desired outcome (that is, a single training session does not result in systems change!).

Providers must also understand TA as a *deliberately-designed function* based on multi-disciplinary principles and best practices that brings about a specific change. And as more TA providers and programs are being held accountable for achieving systems change level outcomes, the need to deliver TA in a systematic, consistent manner is even more critical.

Outcome-Driven Technical Assistance

Outcome-driven TA is a deliberate and systematic function that aligns interventions to desired outcomes. Outcome-driven TA requires a customized analysis of the situation. Based on the analysis, outcome driven TA includes an agreement to define the intervention, intervenes with appropriate strategies, and maintains a long-term relationship to support and leverage success.

While outcome-driven TA will be discussed in the context of systems change outcomes, it should be noted that the five steps can be applied along the TA Continuum at a relative scale (e.g., a TA provider can use these steps intuitively—perhaps in a matter of seconds—to ensure that the information-sharing intervention achieves the desired outcome of increased knowledge).

Pre-Intervention

The goal of step one is to ensure that the skills, style, and expertise of the TA provider are a good fit for the situation and desired outcome. The TA provider and the client³ will initially discuss the client's

³ The recipient of the technical assistance intervention. I use the word *client* deliberately rather than partner or community. While the provider may have a collegial style and work in partnership towards outcomes, client-provider implies a more objective relationship with clearer roles and responsibilities. The provider serves the client with information, assistance, or guidance, but the client is responsible for application towards successful implementation.

Five Steps of Outcome-Driven TA

- 1. Pre-Intervention: Is there a fit?
- 2. Analysis: What is the situation?
- 3. Agreement: Who does what?
- 4. Intervention: What is the action?
- 5. Long-Term Relationship: How do we leverage success?

The analysis is the basis for designing a TA intervention that best fits the client and situation and has the highest potential for successfully achieving outcome. perceived needs and interests—what assistance they are seeking and why. The TA provider can then define the scope and scale of the issue to be addressed and ensure that their understanding of the desired outcome of the TA intervention matches that of the client. The provider also uses pre-intervention to assess the client's readiness—whether the client is ready, in skill level and motivation, for TA to be useful.

Analysis

Once the pre-intervention step is complete, the TA provider analyzes the situation to understand the context for change. This situation analysis is the essential prerequisite that enables the provider to design the appropriate intervention to achieve desired and necessary outcomes.

Analysis is not simply listing strengths, weaknesses, opportunities, and threats. Rather, it is the objective examination of relevant information to determine the fundamental issues and root causes at play in a particular situation. Analysis is diagnostic; it reveals the condition that underlies the observed symptoms. The analysis also offers insight into the opportunities that exist as well as the obstacles that may impede success.

The analysis then serves as the basis for designing a TA intervention that best fits the client and situation and has the highest potential for successfully achieving outcome. Typically, the analysis exposes a disconnect between the services requested and the desired outcome. For example, a client may request a training session during the preintervention discussion, but the analysis finds that staff turnover rather than a lack of skills—is the obstacle to success.

Agreement

The third step of outcome-driven TA is to create an explicit written agreement that clearly articulates the purpose, objectives, and outcomes of the intervention. Crafting such an agreement is a best practice. The agreement serves to differentiate the services to be delivered by the provider from the client's role. A signed agreement The agreement serves to differentiate the services to be delivered by the provider from the client's role. A signed agreement becomes the foundation for a more seamless, productive long-term relationship.

Outcome-driven TA is similar to a project management cycle



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For a short-term intervention, the agreement can be as simple as a one-page document that outlines meeting purpose, outcomes, and agenda; or the purpose, learning objectives, audience, and logistical responsibilities for a training intervention.

For longer-term or more complex interventions, the agreement needs to delineate the responsibilities, commitment, and investment of the client and of the TA provider. Depending on complexity, a detailed project plan is a useful tool to define the work by tasks, responsible parties, and schedules. A project plan can also serve as a tool to manage the intervention itself, ensuring that the client and TA provider are (literally) on the same page.

Intervention

With the analysis to define the intervention and the agreement to guide its execution, step four is to provide the TA—the appropriate intervention strategy towards outcome. Here, the TA provider serves as content expert, trainer, advisor, coach and/or consultant. Most importantly, the provider is a catalyst for change and serves as an external change agent.

The provider must maintain focus on the desired outcome while also monitoring the progress of the intervention towards that outcome. Again, a project plan can help the provider accomplish this by tracking completion of tasks, achievement of milestones, and allocation of time and resources. It allows the provider to regularly check in and ascertain if the steps of the TA intervention are leading to the outcome or are distractions. A sophisticated TA provider will know when to declare success and move on, or admit defeat (or at least futility) and move on.

A skilled TA provider leaves a two-fold legacy: the desired change that is sustainable in the community and a client who has gained skills to replicate success and continue to enhance capacity or bring about change. With this in mind, the provider will want to help build the systems or infrastructures that support the change over time.

Long-Term Relationship

Assuming that the intervention successfully achieves the desired outcome, TA providers—especially those working at a multicommunity, regional, or statewide level—have a responsibility to leverage that success. What can be learned from the success and how can it be replicated? How can the success be demonstrated to riskadverse decision makers to encourage them to support similar efforts?

Being able to leverage TA success requires the provider attend to step five of the process and build and maintain long-term relationships. Maintaining relationships is facilitated with systematized operational processes to ensure regular follow-up and evaluation. In this way, both provider and client create an environment for ongoing learning. It is equally valuable to maintain relationships in instances when outcomes were not achieved as desired. An understanding of obstacles and factors that impeded success is critical.

Creating an Outcome-Driven TA Program

An outcome-driven TA program that builds capacity or changes systems and ensures a reasonable return on investment requires a willing staff with the right skills and abilities and the appropriate organizational infrastructure. If TA is a core function of the organization or agency (in the same way that human resources, grant writing, or evaluation are core functions), then the program must be deliberately designed and adequately supported to meet specific program goals.

Skills and Abilities

Every organizational function requires a staff with specific skill sets to execute that function. Outcome-driven TA requires skills in research, analysis, and synthesis; writing and communicating; training and facilitating; project management; and consultation. These skills and abilities can derive from several disciplines including counseling, teaching, psychology, social work, social sciences such as sociology or

An outcome-driven TA program that builds capacity or changes systems and ensures a reasonable return on investment requires a willing staff with the right skills and abilities and the appropriate organizational infrastructure. cultural anthropology, and the business or public administration disciplines of organizational development and human resource management.

A public health TA provider should also bring either relevant content expertise (such as in chronic disease prevention or emergency preparedness) or specific process expertise (such as community needs assessment processes or evaluation methodologies).

A human resource analysis of staff education, certifications, and skills will illuminate human resource surpluses or gaps for successfully executing the TA function.

Organizational Infrastructure

Every organizational function requires sufficient internal frameworks, systems, structures, and processes to be effective. The TA program's framework should explicitly define its purpose and goals. Often, the purpose of a public health TA program is to assist local health agencies, community-based organizations, or coalitions in developing and implementing projects, programs, or systems change strategies to improve health and achieve health outcomes. An example of a TA program goal might be "to assist ten communities to successfully implement policy, environment, or systems change strategies."

An effective outcome-driven TA program requires efficient information management, contacts management, and project management systems. Program processes should also be standardized across each of the five steps to ensure uniformity, quality control, and economies of scale. Less tangible but no less important is fostering a culture within the TA program that is positive and client-focused, values accountability, and embodies a responsive service philosophy. A commitment to consistency and quality arises from organizational culture (styles, attitudes, and norms of behavior) as much as from design, skills, and infrastructure.

An effective outcomedriven TA program requires efficient information management, contacts management, and project management systems. A well-designed outcome-driven TA program is able to demonstrate a tangible return on investment.

Conclusion

TA as a systematic, deliberate organizational function requires a clearly defined and impeccably executed process in order to achieve outcomes. It also requires the resources and the infrastructure to facilitate return on investment. The efficacy of a TA intervention directly correlates to the skill with which the intervention is provided and the extent to which the organization or agency is aligned in support of the TA function.

A well-designed outcome-driven TA program is able to demonstrate a tangible return on investment (ratio of the cost of staff time and expenses to the outcomes achieved). While the equation may not be purely economic given that outcomes don't always easily translate into a dollar value, the ratio of investment to outcome is a useful means of evaluating the relative worth of the effort. Outcome-driven TA tracks outcomes as "on-the-ground" change rather than process measures such as number of phone calls made or number of people trained.

Developing and implementing an outcome-driven TA program is highly rewarding. It organizes and coordinates staff work, helps staff be more efficient and productive, and is much more client-friendly and client-responsive. And, in today's world of scrutiny and accountability, it helps organizations document outcomes and impact. For those agencies or organizations seeking to professionalize or enhance their TA function, this is an approach that has been proven successful in hundreds of interventions in a variety of settings at a variety of levels.



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501 South Cherry St, Suite 580 Denver, CO 80246

303 223 4886 nonprofitimpact.com conservationimpact.com

About the Company

Conservation Impact and Nonprofit Impact are client-centered practices of our mission-driven, B Corp certified company. We work to radically impact how organizations achieve results towards mission and demonstrate impact. We provide comprehensive planning, marketing, and organizational development consulting and training solely to nonprofits, public agencies, and foundations. Our practices focus on the conservation, environment, food systems, healthy living, and healthy aging subsectors.

Founded in 1996, we have successfully completed more than 1,000 projects with 650 clients in 45 states and five countries. In all our work, we apply a comprehensive systems approach as defined in our *Integrated Strategy*. We have distinct expertise in strategic decision making, positioning, marketing, organization analysis and development, business planning, and sustainability.

For more information about our practices, our team, and our work, please visit us online at <u>nonprofitimpact.com</u> and <u>conservationimpact.com</u> or call us at 303-223-4886.

About the Author: Shelli Bischoff, MPA



Shelli Bischoff is the president and founder of Conservation Impact and Nonprofit Impact. She has 30 years of experience in nonprofit and public management, planning, marketing, and organizational development. She has provided technical assistance and consulting services to thousands of nonprofits, public agencies, and small businesses throughout the country.

Shelli is a much sought-after consultant and trainer known for her focus on outcomes, her passion for organizational impact, and her dynamic and candid style. She is a strategic thinker who gets to the core of issues, creates practical solutions, and inspires clients to achieve greater impact than they could have ever imagined.

Shelli is currently an adjunct faculty member at the Colorado School of Public Health, previously served as adjunct faculty in the Regis University Master of Nonprofit Management Program, and has been a visiting professor at College of the Atlantic. She has held several nonprofit management positions, created successful, revenue-generating nonprofit ventures, and has served on nonprofit boards. She holds a Master's of Public Administration from the University of Colorado.