



I. Performance Measure Categories

At least one measurable objective (deliverable) in each of the following performance target or measure categories should be identified for the contract. Ideally, the framework for the program area’s objectives or contract’s objectives is laid out within the scope or purpose statement from the RFP or RFA.

1) **Service Access** – Refers to the “**Who**” of your service or activity and their ability to obtain the services offered. Examples may include or address: *number to be served; number to be served by special population groups; number who will participate; number who will be reached; waiting lists or wait time issues; or penetration rates (number served divided by number eligible or targeted).*

2) **Effectiveness/Outcome** – Refers to the specific outcome, impact, benefit or results (the “**What**”) that you want to achieve from a particular service or activity, rather than the activity itself. Contract administrators may consult the performance measurement guide or office evaluation staff for assistance. Examples include: *a measure of the service’s outcomes or impact on clients, participants or community such as symptom reduction as measured by the PHQ-9 depression tool; reduced drug use; reduced suicide; not re-arrested; improved family functioning as measured by a Child and Adolescent Needs and Strengths subscale; recovery as measured by the Consumer Recovery Measure; successful completion of service; successful referral; observed trainee competence; fidelity with a best practice approach; self-reported awareness of health risks; or implementation of a planned approach.*

3) **Participant Satisfaction** – Refers to client or participant satisfaction with the service, event, activity, training or consultation using a four, five or ten point scale and a question such as, “*In general how satisfied were you with...*” or “*Are the services you are receiving right for you?*” or “*I like the services that I receive here.*” Listed below are some example participant satisfaction scales:

4 Very Satisfied	5 Strongly Agree	Worst					Best				
3 Moderately Satisfied	4 Moderately Agree	Possible					Possible				
2 Moderately Dissatisfied	3 Neither Agree Nor Disagree	Services					Services				
1 Very Dissatisfied	2 Moderately Disagree	1	2	3	4	5	6	7	8	9	10
	1 Strongly Disagree										

4) **Efficiency/Fiscal** (Use this category at contract administrator discretion, if a good fit for the grant/contract) – Refers to: *cost per client or participant, overall event, service or activity cost; staff hours to complete an activity; units of service to be delivered; appointment no-show rates; percent of budget expended (5%-10% per month); non-grant revenue obtained; percent of expenses that are for direct services; streamlining a process.*

II. SMART Objectives Checklist

A SMART objective is an aim that is realistic, meaningful and measurable. Contract objectives should be jointly agreed to by the contract agency and DHS contract administrator. Following are guidelines, criteria and examples for developing SMART objectives.

Specific	Concrete, observable, behavioral, clear, understandable, non-ambiguous, singular, the “ for whom ” or “ what result ” of program activities, describes how will you know if the objective was achieved.
<input checked="" type="checkbox"/>	<u>Example:</u> Clients will successfully complete substance abuse treatment, as evidenced by most or all of the following:

	<p>a) attendance at scheduled sessions consistent with the treatment plan; b) length or duration of treatment consistent with the treatment plan; c) sustained, good progress or achievement of treatment plan objectives; d) discharge plan developed and discussed with the client.</p>
<p><u>M</u>easurable</p> <p><input checked="" type="checkbox"/></p>	<p>Quantifiable, numeric, amount, target; the focus is on “how much” or to what extent change is expected and in what direction; provides a reference point (baseline or benchmark) from which the change can clearly be measured.</p> <p>Objectives should have a benchmark and a target to help determine whether the objective is achieved, has been exceeded (and by how much), or has not been met (and by how much). Objectives must be stated in quantifiable terms, or otherwise they only read as ‘good intentions.’</p> <p><i><u>Example:</u></i> Clients participating in this program will increase successful completion of substance abuse treatment from 45% to 60%.</p>
<p><u>A</u>chievable</p> <p><input checked="" type="checkbox"/></p>	<p>Realistic, reachable, attainable; sufficiency of resources, know-how, buy-in; client mix, time and contingencies are considered; barriers and work-arounds are minimal.</p> <p>While objectives should provide a stretch that inspires staff to aim higher, objectives should also, at the same time, be within reach for your team or program, considering available resources, knowledge and time. Otherwise, objectives that are too stringent or high are a set-up for failure.</p> <p><i><u>Example:</u></i> Service changes and improvements are underway to increase the current rate of 50% successfully completing treatment.</p>
<p><u>R</u>elevant</p> <p><input checked="" type="checkbox"/></p>	<p>Meaningful, legitimate, logical; in line with original purpose, agreed to, endorsed by stakeholders; developed from applicable legislation; stems from an identified need; describes the benefits that consumers, clients or participants will obtain from the activity (the “why”); describes the impact of the service or program on the target population; research- or experience-backed; cost-beneficial.</p> <p>Objectives related to your organization’s mission and guiding principles are more likely to be endorsed by your leadership. Objectives endorsed by community partners and stakeholders will lead to a greater level of buy-in from community members and other participants.</p> <p><i><u>Example:</u></i> Stakeholders, including clients, agree that successful completion of treatment is a very important contract objective, and research has shown that treatment completion correlates with positive post–treatment outcomes.</p>
<p><u>T</u>ime-bound</p> <p><input checked="" type="checkbox"/></p>	<p>Scheduled, dated; answers the question, “When will this objective be achieved?”</p> <p><i><u>Example:</u></i> The objective will be achieved by the end of the third quarter, 2014.</p>
<p>SMART</p>	<p>Put all of the above together and you have a SMART objective:</p> <p><i><u>Example:</u></i> Increase successful completion of treatment from 45% to 60% among clients discharged during the third quarter of 2014 and thereafter as evidenced by: a) attendance at scheduled sessions consistent with the treatment plan; b) length or duration of treatment consistent with the treatment plan; c) sustained, good progress or achievement of treatment plan objectives; and d) discharge plan developed and discussed with the client.</p> <p>(See attached for one example of inserting the above SMART objective in the Exhibit 1.2 Work Plan of the F-27176 DCTS Annual Grant/Contract Application.)</p>

**EXHIBIT 1.2.1
DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED
Work Plan**

State the project goal(s) below (one goal per page). In the table that follows each goal, identify the objective, all related activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how success will be measured to determine whether you meet your goal and objective(s) and the person responsible for the activity.

Goal 1: Reduce the rate of recidivism and relapse in substance misuse or abuse by clients enrolled in the ABC Project

Objective 1	Related Activities	Timelines	How Success will be Determined
1. Increase clients' successful completion of substance use disorder treatment from 45% to 60% by Oct. 2017	1. Clients participate in individual and group AODA and other counseling services; skill building and development programs. 2. AODA screening and assessment/referral processes; development and refinement of treatment plan; development of discharge plans jointly with clients and service teams.	1. Clients served during CY 2017 who are discharged during the third quarter of 2017 (July-Sept. 2017) 2. Same as No. 1	Successful completion of treatment is evidenced by all of the following: 1. Client attendance at 90% or more of scheduled sessions; 2. Duration of client's treatment is consistent with treatment plan; 3. Client sustains good progress meeting treatment plan objectives; 4. Discharge plan is developed and discussed with client.

Person Responsible: AODA Caseworker Team

Objective 2	Related Activities	Timelines	How Success will be Determined
1.	1. 2.	1. 2.	1. 2.

Person Responsible:

Objective 3	Related Activities	Timelines	How Success will be Determined
1.	1. 2.	1. 2.	1. 2.

Person Responsible:

Objective 4	Related Activities	Timelines	How Success will be Determined
1.	1.	1. 2.	1. 2.