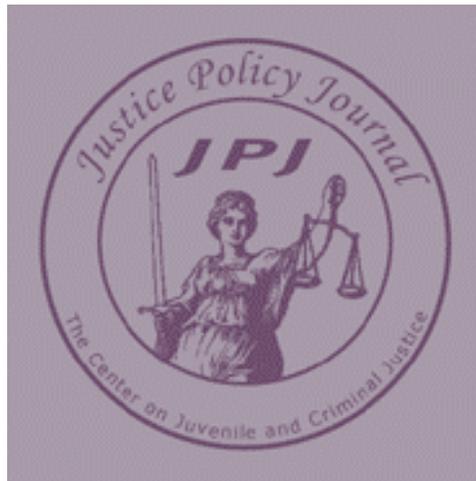


Measuring Organizational Capacity among Agencies Serving the Poor: Implications for Achieving Organizational Effectiveness

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Abstract

Organizational capacity has emerged as a critical issue as social service agencies seek to do “more with less.” Prior research, however, has failed both to operationalize capacity and to produce empirical support for its perceived positive relationship with organizational effectiveness. This paper describes an effort to create an organizational capacity-measuring mechanism for agencies serving the poor, homeless and hungry, and using simple bivariate analysis, explores the relationship between capacity and organizational effectiveness. Findings here fail to find a significant overall relationship between capacity and effectiveness, though certain elements of capacity appear to be more important than others. The paper concludes with a discussion of potential explanations and their implications for future research.

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Measuring Organizational Capacity among Agencies Serving the Poor

Introduction

The confluence of two recent trends has placed tremendous pressure on social service agencies serving the poor, homeless and hungry in the United States. First, although homelessness and hunger disproportionately affect minority populations (as does poverty), the characteristics of the homeless and hungry changed significantly during the 1980s, becoming much more heterogeneous and much more likely to include families, women and children (Department of Housing and Urban Development, 1998; Urban Institute, 2000; Walker and Katz, 2002). Second, the shifting trends in poverty, homelessness and hunger have occurred simultaneously with widespread budget crises at both the local and state levels, causing reductions in public assistance programs (Weller, 2002). In effect, social service agencies are being asked to do “more with less.”

Organizational capacity, defined by Eisinger (2002: 117) as “a set of attributes that help or enable an organization to fulfill its missions,” emerges as a critically important issue in this context. Specifically, agencies can do the “most with less” if they can identify specific areas of organizational capacity where resources should be targeted (i.e., where should limited resources be targeted to get the most “bang for their buck?”). Moreover, funders may make decisions about which agencies to support based on their assessments of organizational capacity.

The challenge facing social service providers attempting to adapt to these changes, however, is two-fold. First, there is no widely accepted mechanism for operationalizing an agency’s capacity. Most discussions of capacity involve poorly defined, general concepts rather than practical measures. Second, once measured, the

relationship between organizational capacity and achieving agency and client-level objectives remains unclear. Quite simply, although it is often assumed that capacity and effectiveness are positively related, prior research has failed to demonstrate whether greater capacity equates with increased success in achieving organizational goals (Eisinger, 2002).

This paper investigates these issues through data collected for a *Beyond Emergency Services (BES) Initiative* that provided funding to 28 agencies serving the poor, homeless and hungry in a northeast metropolitan area. The paper describes the authors' efforts to create a capacity-measuring mechanism through a collaborative, iterative process and to systematically classify organizational capacity for the participating agencies. The paper also employs bivariate statistical analysis – simple cross-tabulations – to explore the relationship between capacity and agency-level outcomes. The paper concludes with a discussion of implications from the research, particularly the utility of the capacity-measuring mechanism as well as the perceived relationship between capacity and effectiveness.

Prior Research

The Target Problem: Poverty, Homelessness and Hunger

Poverty is a devastating problem that affects an estimated 31 million people in the United States, including 12.1 million children (US Census Bureau, 2001). Homelessness and hunger emerge as consequences for the chronically poor. The Stewart B. McKinney Act of 1987 views homelessness as one of several categories along a continuum of “unstable housing” situations, including no fixed residence, shelters, welfare hotels and transitional housing. The Urban Institute (2000) estimates that 3.5 million people are

homeless, including 1.35 million children. In a study that examined homeless service providers in New York City, researchers found that 3.2 percent of New York City's population (239,425) utilized public shelters from 1988 to 1992 (Culhane & Kuhn, 1998, 24).

The Center on Hunger defines "hunger" as the uneasy or painful sensation caused by a recurrent or involuntary lack of food (Sullivan & Choi, 2002, 8). The Food Security Institute: Center on Hunger and Poverty reports that 3.3 million households are hungry (Sullivan & Choi, 2002).

Changing Trends in the Target Problem and Fiscal Constraints

Walker and Katz (2001: 137) note that, "the old homeless population consisted primarily of adult males who were unemployed, often with chronic alcoholic abuse problems, and who had fallen through society's safety nets: not eligible for unemployment insurance or welfare benefits and with no family support." However, in the 1980s, the prevalence of homelessness increased and the characteristics of the homeless population changed notably. According to the 1988 Department of Housing and Urban Development (HUD) report, the number of shelters increased by 190% in just 4 years between 1984 and 1988, as shelter spending nationally increased from \$300 million to \$1.5 billion. Similar increases have been witnessed in the demand for food aid (Lowe, et. al., 2002; Kinetz, 2002). Moreover, the homeless population that emerged in the 1980s was much more heterogeneous, much more likely to include families, women and children, and because of deinstitutionalization, was much more likely to include people suffering from mental illness (Urban Institute, 2000; Walker and Katz, 2001).

Unfortunately, the shifting trends in poverty, homelessness, and food hunger have occurred in conjunction with widespread budget crises at both local and state levels, forcing reductions in funding for many public assistance programs. At the same time, the late 1990s have been marked by reduced availability of affordable housing, rising unemployment, widening disparity in personal wealth, and political reform of public assistance programs (Weller, 2002). Understanding how to provide the necessary social services to the poor to improve chances for self-sufficiency in the current economic and social climate is imperative.

Organizational Capacity and its Relationship to Organizational Effectiveness

Amid growing client populations and shrinking budgets, organizational capacity and how it affects organizational effectiveness has become a central concern. Rowe, Jacobs and Grant (1999) define capacity as “the ability of an agency to marshal its resources to accomplish organizational objectives.” Although there is no universally accepted list of organizational components that comprise capacity, there are some common features in the literature (Eisinger, 2002; De Vita, Fleming, Twombly, 2001; Hall, et al., 2003). Eisinger (2002: 115) states that capacity is usually measured by a set of organizational attributes such as “institutionalization, competence, adaptability, and durability.” Rowe, Jacobs and Grant (1999) state that capacity includes such factors as having a core-empowered group, strong internal staffing resources, an ability to mobilize sufficient external resources, a strategy that is data-driven and empirically based, and on-going mechanisms for evaluation and feedback. Similarly, Walker and Weinheimer (1998) state that capacity is defined by effective planning and leadership, resources, specialized skills, and external networks.

Glickman and Servon (1998: 501) note that the “literature on capacity is uneven,” and argue that failure to carefully define capacity has necessarily restricted efforts to study and measure it. Chaskin (2001) also argues that definitions of capacity are typically vague, offering little clarity of its meaning in practice. Although the literature offers some agreement on the basic elements of capacity - resources, networks, leadership, and participation in collective action or problem solving – Chaskin (2001) states that there is little understanding of how these factors relate to each other, or how they can be developed or enhanced.

Additionally, the relationship between organizational capacity and effectiveness – achieving the organization’s objectives – remains unclear. Eisinger (2002: 115) states that capacity “is assumed to bear on the ability of an organization to accomplish its mission effectively.” However, this assumption is not supported by empirical evidence (Eisinger, 2002; Cowan, Rohe and Baku, 1999). Eisinger’s (2002: 128) study of organizational capacity and its relationship to effectiveness among food assistance programs in Detroit suggests that many of the capacity factors presumed to influence agency-level goal attainment actually “contribute little to organizational effectiveness.” The perceived positive relationship between capacity and effectiveness may not be as self-evident as originally thought.

The Need for Research on Organizational Capacity

As a result, it has become increasingly important to investigate organizational capacity and its relationship to effectiveness, particularly among charitable and non-profit organizations who, because of shrinking city budgets and cuts in social services, are taking on a larger role in providing basic needs to the poor, homeless and hungry. The

absence of a widely accepted capacity-measuring instrument has severely restricted efforts to study organizational capacity, as well as our understanding of its role in organizational effectiveness. This paper examines these issues by first describing a comprehensive effort to create an organizational capacity-measuring mechanism, then investigating the relationship between capacity and agency-level effectiveness among agencies providing emergency (ES) and beyond emergency services (BES) to the poor, homeless and hungry.¹

Methodology

The BES Initiative

This paper is part of a larger evaluation of a *Beyond Emergency Services Initiative* launched in October 2001 to motivate service providers to expand their beyond emergency services menus and to develop and use a management information system. Twenty-eight social service agencies received funding and participated in the evaluation. The funding agency specifically emphasized the need to understand important organizational indicators related to agency success in providing a comprehensive package of services, so that future funding could be targeted more specifically to maximize positive impact on the problems that characterize these populations. This paper describes a two-part investigation of organizational capacity and its relationship to achieving agency-level goals.

Part I: Defining Organizational Capacity

The first part of the paper describes the authors' efforts to systematically measure organizational capacity through development of a capacity-measuring survey instrument and scoring matrix. This process and the resulting mechanism are described in some

detail to illustrate the complexity of the issues involved and the need for collaboration when measuring organizational capacity. The investigation of organizational capacity involved a collaborative process between the authors – with their knowledge of prior research – and agency administrators, whose day-to-day experiences and organizational expertise made them uniquely suited to understand the key issues related to capacity. Deriving key concepts and variables from the organizational research on the productive capacity of non-profit organizations and vetting those concepts with administrators from each of the agencies, the authors developed the survey instrument to collect information on finances, human resources, technical resources, program development, and external resources. The authors then devised a scoring matrix to profile the organizational characteristics of the agencies and produce an overall capacity score. Capacity scores were then collapsed into three levels – low, medium and high.

Part II: Examining the Relationship between Organizational Capacity and Effectiveness

This part of the paper examines the relationship between capacity – captured with the new instrument and matrix - and organizational effectiveness, which is measured in three ways. The first effectiveness measure involves an agency’s ability to track their clients. In order to demonstrate any client-level change, an organization must have the capability to track the status of their clients over time.² The ability to track clients was identified simply by examining agency data to determine if individual clients recorded multiple entries over time.

The second and third measures of effectiveness reflect client success: positive change in client status and change in client dependence on emergency services. Positive status change is defined as any instance when a client improves his or her employment,

housing, or education status.³ Clients are considered to have moved away from dependence on emergency services (ES) to greater independence when they demonstrate either less need for emergency services or increased use of beyond emergency services. These variables can be examined on an individual client level (i.e., did the client experience positive change or move away from ES dependence), or on the agency level (i.e., what percentage of the agency's clientele experienced a positive status change or moved away from ES dependence).

Client-level data collected from 18 of the 28 sites, from May 2001 to December 2002, were analyzed to address questions regarding the relationship between capacity and organizational effectiveness, as defined above.⁴ To insure consistent data collection, the research team created a common management information system (MIS), in Microsoft ACCESS, to be employed by all agencies in collecting their own client data, and subsequently submitting the data to the research team. Agencies were instructed to complete intake and tracking forms for new clients and to follow-up on previously served clients, and to submit these client data to the research team on a monthly basis.

The relationship between capacity and effectiveness is examined with simple bivariate techniques using cross-tabulations with agencies as the unit of analysis.⁵ The analyses are conducted with the overall capacity ranking and the three outcome variables, as well as with each component of the capacity matrix. In other words, bivariate cross-tabulations allow for basic comparisons on two levels: 1) what percentage of clientele at low, medium and high capacity agencies experienced a positive status change, experienced movement away from ES dependence, and were successfully tracked; and 2) what percentage of clientele experienced a positive status change, experienced movement

away from ES dependence, and were successfully tracked among agencies with and without each component of the capacity matrix (i.e. what percentage of clients experienced positive status change at agencies with and without BES services four or more days per week).

A Word of Caution

The paper suffers from a number of limitations that warrant discussion. First, the 28 agencies in the study represent all the organizations receiving funding through the *BES Initiative*, but these agencies are very diverse, serving in some cases, very different populations. The differences between clientele weaken our ability to make comparisons across agencies, and the reader should interpret any such analyses with caution. Second, the degree to which the funded agencies are representative of all agencies serving the poor, homeless and hungry in the target city is unknown. The findings presented here are limited to the agencies in the current study; the degree of external validity remains unknown.

Third, the thrust of this paper is exploratory in nature, focusing on the identification of a capacity measuring mechanism and relatively simple analyses examining the relationship between capacity and effectiveness. Given the novelty of the capacity-measuring instrument, the unclear relationship between capacity and effectiveness, and the bivariate nature of the analyses, the findings are more illustrative than definitive. That is, the paper generally seeks to lay a foundation for additional research by describing the systematic process for measuring capacity and its final products. In that context, the paper then presents some preliminary and illustrative analyses, again as a guide for future research, rather than seeking to definitively answer

tough questions about capacity and organizational effectiveness. Quite simply, the field is not in a position to answer those questions - primarily because of the failure to develop a widely accepted, practical definition of capacity - but in this work, we seek to provide some groundwork to move in that direction.⁶

Results

A Comprehensive Effort to Define Organizational Capacity

In an effort to measure capacity, the authors sought to create a standardized instrument, relying on a combination of the available literature and agency staff expertise, that could be utilized regardless of agency size or structure (i.e., the instrument would work equally well with a grassroots, two-person operation and a comprehensive multi-departmental organization). Common themes among the available literature indicate that program services, technical resources (i.e., data collection and computers), human resources (i.e., staff), and fiscal resources are key components to an organization's level of capacity (De Vita, Fleming, Twombly, 2001; Hall, et al., 2003). Numerous site visits and organizational meetings were held between the authors and agency staff to identify the appropriate elements for the capacity measuring instrument. The instrument, shown in Appendix A, went through several iterations to address the concerns of staff from all participating agencies. There are five basic sections in the instrument, to be completed by agency personnel:

- Internal characteristics (i.e., type of organization, number of volunteers and paid staff, operating budget, etc.)
- Internal activities (i.e., client intake and needs assessment, staff training, etc.)
- External resources (i.e., collaboration with other agencies, etc.)
- Technical assistance (i.e., what assistance does the agency receive, etc.)
- Program activities (i.e., type and frequency of services).

At the same time, a similar iterative process was employed to develop the scoring matrix shown in Table 1. The matrix scores specific elements of capacity categories – program/services, technical resources, human resources, and finances – and produces a capacity score for each category as well as an overall score for the agency. Each category of the matrix is described briefly below.

- *Program/Services* - the quantity of individual services (both ES and BES) offered, how often these services were offered, whether the program utilized referral services, and whether the program had a comprehensive menu. The maximum score in this category of the matrix is seven, and actual agency scores ranged from zero to seven.⁷
- *Technical Resources* – agencies’ ability to collect data, whether they collected baseline measures and had a tracking system, and whether they provided “bridging services.”⁸ The maximum score for technical resources is nine, and actual agency scores ranged from zero to nine.
- *Human Resources* - the ratio between types and number of services and paid staff, as well as number of volunteers in each category of service delivery (ES and BES).⁹ The maximum score for human resources is three, and agency scores for this category ranged from zero to three.
- *Fiscal Resources* - percent of total budget that was being utilized for BES and whether grant funds for BES were greater than 10% of the total budget. The maximum score for the fiscal resources category is two, and agency scores ranged from zero to two.

Assigning Capacity Scores and Levels: Overall capacity scores ranged from a low of three (*Agency 25*) to a high of 17 (*Agency 6*).¹⁰ For example, *Agency 1* (row one) received an overall score of 15 (out of a possible 21): six for program/services (out of a possible seven), six for technical resources (out of a possible nine), one for human resources (out of a possible three), and two for fiscal resources (out of a possible two). Based on these scores, three capacity levels were created by collapsing similar scores: low capacity (0 - 7), medium capacity (8 - 14), and high capacity (15 – 21). Notably, only four agencies are

classified as high capacity, with 13 agencies classified as medium capacity and nine as low capacity.

Bivariate Analyses of Organizational Capacity and Effectiveness

Table 2 illustrates the relationship between overall capacity level – low, medium and high – and the three measures of organizational effectiveness. If conventional wisdom regarding the capacity/effectiveness relationship is accurate (and our measures are accurate), high capacity should show the highest percentages, and low capacity the lowest (with medium in the middle). This relationship, however, is not borne out in Table 2. For two of the effectiveness measures (percentage with status change and tracked more than once), the highest percentage is experienced at the low capacity level, and in no case is the medium capacity percentage in the middle. Only with percentage moved away from ES dependence do we see high capacity with the highest percentage of effectiveness. At least on this general level, the findings here do not support conventional wisdom. Possible explanations for this finding will be discussed later in the paper.

Table 3 shows simple bivariate comparisons among the three organizational effectiveness measures and the various components of the capacity matrix. This analysis is useful for determining if the overall assigned capacity level overshadows specific significant relationships between elements of capacity and the effectiveness measures.¹¹ Table 3 shows that there are no differences in the anticipated direction between the various capacity elements and the first effectiveness measure, percentage of clientele with a positive status change. That is, agencies that possess these particular capacity elements do *not* have a greater percentage of their clientele experience positive status change (in simpler terms, the “yes” percentages are not larger than the “no” percentages). For

example, 20 percent of clients at agencies offering ES on four or more days per week experienced a positive status change, compared to 24 percent of clients at agencies offering ES less than four days per week.

The relationships are more in the expected direction with the second effectiveness measure, movement away from ES dependence. For nine different capacity elements, the presence of the element leads to a ten percent or more increase in the percentage of clientele moving away from ES dependence (percentages boxed). For example, 35 percent of clients at agencies offering BES four or more times per week moved away from ES dependence, compared to 20 percent of clients at agencies offering BES fewer than four times per week. Most of the notable relationships occur in the program services and technical resources categories. With the third effectiveness measure (tracking more than once), differences emerge in areas related to BES services: in particular, providing 50 percent or more of BES services, BES paid staffing levels and the percentage of the agency's budget devoted to beyond emergency services.

In sum, the relationship between organizational capacity and effectiveness does not emerge as strongly as anticipated in these bivariate analyses. On a general level, there appears to be no relationship, but on a more specific, capacity-element level, there appears to be a positive association between several capacity components and certain measures of effectiveness (especially movement away from ES dependence).

Discussion

Developing a Comprehensive Measure of Organizational Capacity

Although there appears to be agreement in the literature on at least some of the basic elements of organizational capacity (see Glickman and Servon, 1998), little work

has been done to operationalize those concepts to produce a capacity-measuring instrument. That is, an agency administrator who is interested in measuring the capacity of his or her organization will find in the literature references to vague, ill-defined concepts, but no specific instrument that can be employed to accomplish the desired task.

With this weakness in mind, the authors engaged in a systematic, collaborative effort to create a capacity measuring instrument for the 28 agencies in the *BES Initiative*. This effort produced two items worthy of discussion: the process itself and the actual two-stage mechanism (survey instrument and scoring matrix). First, the strategy employed to develop the instrument and matrix was collaborative and on-going, capitalizing on authors' knowledge of prior research and agency staff expertise. Armed with an outline based on the literature, the authors conducted site visits with each of the 28 agencies to gather input and feedback. This process where elements of the capacity instrument were vetted and, in part constructed, by agency administrators and staff, allowed for open dialogue and critical feedback, and in the end, produced an instrument that garnered approval from all involved in the project. The earlier discussion of this process represents an important illustration of how researchers and practitioners can work together to produce a capacity-measuring instrument.

The second finding involves the mechanism itself. The survey instrument in Appendix A and the scoring matrix in Table 1 are the final products of the collaborative vetting process. Although the capacity-measuring mechanism is intended to be specific for agencies serving the poor, homeless and hungry, it may also be general enough to serve as a foundation for similar instruments in other fields. The creation of this mechanism is clearly a labor-intensive process for both researchers and agency personnel,

involving multiple meetings and site visits to complete the instrument and matrix. However, in many ways the collaborative process served to “open the door” to the various agencies and demonstrated that each had a vested interest in the research. Again, given the novelty of this effort, the mechanism represents an important step in operationalizing the vague concepts typically associated with organizational capacity in the literature.

Interpreting the Findings Regarding Organizational Capacity and Effectiveness

The overall capacity level is not associated with organizational effectiveness. Yet, results from the bivariate analysis indicate that some capacity elements may be more important than others, especially for the movement away from ES dependence and client tracking. Programmatic capacity indicators appear to increase the likelihood that clients will become less dependent on ES, while staffing and budget for BES appear related to ability to track clients. Although certain elements of capacity seem to weigh more importantly than others, the descriptive findings here generally support Eisinger’s (2002) argument that the relationship between capacity and effectiveness is not at all clear.

There are a number of potential explanations for the mostly non-significant findings presented here. First, it is possible that the capacity-measuring mechanism fails to adequately capture an agency’s true capacity. That is, the survey instrument and matrix lack reliability, validity or both. In particular, the superficial nature of the survey can adequately document the *presence* of a given factor but it fails to capture its *quality*, and this weakness may undermine the value of the instrument. For example, review of Table 1 shows that most of the agencies in the study conduct needs assessments, but the survey instrument tells us nothing about how those assessments are done, when they are done, if

they are done with all clients, and what efforts are made to use the findings from the assessments to link clients with needed services. Quite simply, instruments that document the presence of a factor may not be sufficient for measuring organizational capacity. Future research in this area should seek to document quality of the factor as well as its presence, in an effort to better capture the true resources and capital of an organization.

Second, it is likely that the agencies in this study serve different populations, and these differences represent a selection bias that may influence the findings. The 28 participating agencies are diverse and represent the full range of capacities and services. Some are housed within larger social service agencies with a significant history of comprehensive intervention; others are grassroots efforts involving local residents and clergy. Some of the agencies may serve primarily chronically homeless clients while others handle those who are transitionally homeless. Clientele could vary significantly along a range of important factors including their backgrounds, culture and ethnicity, education, motivation for change, co-occurring problems such as mental illness and substance abuse, and their histories with homelessness. These client-level differences were not sufficiently controlled in the current study, and as such, they represent a threat to validity. Future research should recognize potential differences in clientele and attempt to control for those differences.¹²

Third, it could be that the measures of agency effectiveness are poorly constructed. For example, the ability to track clients is, by definition, necessary for demonstrating success. However, for some agencies new data requirements for capturing client movement may actually serve as a hindrance and divert resources away from service provision, especially among those agencies with few staff. For these

overburdened agencies, the tasks associated with client tracking could potentially have a negative impact on client success, as the staff is unable to devote its full attention to client needs. Although this possibility cannot be ruled out, the authors attempted to create measures of effectiveness that were basic and adhered to the overall objectives of the various agencies. Importantly, agency administrators and staff also provided input on the development of these measures.

Last, it is possible that the perceived relationship between organizational capacity and effectiveness is more complex than conventional wisdom suggests. The presumed positive relationship certainly seems plausible. The more capacity an agency has, the more resources it can bring to bear to help its clients: more services, more intensive intervention, more full-time trained staff, more outreach and case management, more time per client. Alternatively, low capacity agencies have less to bring to the table: fewer services, fewer full-time trained staff, less outreach and case management. When it comes to social service delivery to the poor, it seems logical that *more is better*.

As an alternative explanation, however, consider the potentially negative aspects of high capacity. High capacity may equate with organizational rigidity and bureaucracy, which may serve to limit an agency's ability to institute change and be flexible when responding to clients' needs. Low capacity agencies, on the other hand, may be more flexible and open to change than the more structured, well-established high capacity agencies. Low capacity agencies are more likely to be non-traditional, less ingrained, and more creative. Their small size and capacity may make them more able to accept and institute change, as well as to adapt to the sometimes complex and changing problems of their clientele.

As an illustration, there were a number of agencies who experienced success across several of the measures of organizational effectiveness. Six agencies moved large portions of their clientele on both measures of client success: positive change and movement away from dependence on emergency services.¹³ Four of the six agencies also submitted the highest quality data to the authors, with smallest amount of missing data (and displayed the best ability to track clients). Yet, four of these six sites are classified as low capacity agencies, and one is classified as medium capacity (the other was not classified).

Additional superficial examination of Table 1 illustrates some common capacity elements among the agencies that experienced the greatest success. For example, four of the six agencies offer emergency services on at least four days a week, provide 50 percent of beyond emergency services, and have a comprehensive service menu. Four of the six agencies also provide intake and needs assessment. Alternatively, none of the six agencies provide bridging services (from ES to BES) and only one agency has volunteers for both ES and BES services. Interestingly, the common elements among these successful agencies are found in the program services and technical resources categories, not in human or fiscal resources. This cursory examination would seem to reinforce the conclusion that specific elements of capacity may be more important to measures of organizational effectiveness than others (also demonstrated in Table 3). Nevertheless, the relationship between organizational capacity and effectiveness is clearly complex and warrants further attention.

Conclusion

This research represents an exploratory effort to comprehensively and collaboratively operationalize organizational capacity, employing both knowledge of prior research and agency expertise. Although questions remain regarding the overall validity and reliability of the mechanism described here, we believe the real value of the work lies in the description of the process and the lessons learned during it. Future research should continue to define capacity in real terms, rather than general, ill-defined concepts. Capacity-measuring instruments should measure aspects of capacity in terms of quality, not just presence, and as new mechanisms are developed they should be tested to get a sense of their reliability and validity. In particular, the most useful capacity-measuring instrument would be one that can be employed in diverse fields and still produce reliable and accurate measures of capacity.

The presumed simple, positive relationship between organizational capacity and effectiveness remains elusive. Findings from the descriptive analyses conducted here support a small but growing body of research suggesting that the relationship between capacity and effectiveness is more complex than conventional wisdom suggests. Yet, there is some evidence to suggest that certain elements of capacity may be more important than others. Clearly, additional research needs to be conducted in this area, to continue to investigate whether specific elements of capacity are related to achieving organizational objectives. This research should also take into account differences in agency clientele when comparing measures of organizational effectiveness. Given that budgetary constraints and resource shortages are unlikely to disappear in the near future, information on where agencies should focus their money and resources is critically

important for optimizing efficiency and effectiveness, and continuing to successfully meet the needs of their clientele.

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TABLES AND FIGURES

Table 1: The Capacity Scoring Matrix

	Program/Services							Technical Resources							Human Resources				Fiscal		TOTAL POINTS N=21				
	Provide ≥50% of ES	ES offered on average 4 days or more/week	Provide ≥50% of BES	BES offered on average 4 days or more/week	Provide ≥50% of ES and BES	Comprehensive menu	Off-site service(s)	TOTAL POINTS N=7	Intake	Needs assessment	Internal referral	Bridging from ES to BES	Tracking clients between services	Tracking clients within a service with database	Tracking clients with database after CJRC	In partnership	TOTAL POINTS N=9	1:1 ratio between # of ES vs. # of paid staff	1:1 ratio between # of BES vs. # of paid staff	Volunteers in both ES and BES		TOTAL POINTS N=3	≥ 50% total operating budget contributes to BES	NYCT funds for BES < 10% of total budget	TOTAL POINTS N=2
Agency 1	X	X	X		X	X	X	6	X	X	X		X	X	P		6		X		1	X	X	2	15
Agency 2			X	X				2		X	X				P		3				0	X		1	6
Agency 3	X		X		X	X	X	5		X	X			X	P	X	5				0	X		1	11
Agency 4	X		X		X	X	X	5		X					P		2				0			0	7
Agency 5	X	X		X		X		4		X	X	X			P	X	5			X	1			0	10
Agency 6	X	X	X	X	X	X	X	7	X	X	X				P	X	5	X	X	X	3	X	X	2	17
Agency 7	X			X				2		X				X	P	X	4				0			0	6
Agency 8		X	X	X		X	X	5		X	X	X			P	X	5	X	X	X	3	X	X	2	15
Agency 9	X	X	X	X	X	X		6	X	X	X				N	X	4	X			1	X		1	12
Agency 10			X	X				2		X	X			X	P	X	5		X		1	X	X	2	10
Agency 11				X			X	2	X	X	X			X	P	X	6	X	X	X	3		X	1	12
Agency 12	X	X	X	X	X	X	X	7	X	X	X		X		P		5					X	X	2	14
Agency 13	X		X	X	X			4	X	X	X	X	X	X	A		8	X	X		2	X	X	2	16
Agency 14	X		X		X			3							N		0			X	1		X	1	5
Agency 15		X	X	X		X		4	X	X	X		X	X	A	X	8	X			1		X	1	14
Agency 16	X	X	X	X	X	X	X	7	X	X	X				P	X	5								12
Agency 17		X	X			X		3	X	X	X		X	X	A		7		X		1	X	X	2	13
Agency 18	X							1	X		X	X			P		4		X		1				6
Agency 19	X	X	X		X	X	X	6	X	X	X	X			P		5		X	X	2	X	X	2	15
Agency 20	X	X	X		X	X		5	X	X	X	X	X	X	A	X	9	X		X	2				16
Agency 21		X	X	X		X	X	5	X	X	X	X		X	P		6	X		X	2	X	X	2	15
Agency 22		X						1						X	P	X	3	X			1			0	5
Agency 23		X					X	2	X	X	X		X	X	A	X	8	X		X	2		X	1	13
Agency 24		X	X	X			X	4	X	X	X				P		4	X			1			0	9
Agency 25								0	X						P		2			X	1			0	3
Agency 26		X	X	X			X	4	X	X	X				P		4		X	X	2	X	X	2	12
Agency 27	X	X	X	X	X	X		6	X	X	X		X		P		5		X		1	X	X	2	14
Agency 28	X	X	X	X	X	X	X	7	X	X	X	X		X	A	X	8	X			1			0	16

Table 2: Capacity Level by Each Measure of Effectiveness

Capacity Level	% Status Change	% Moved Away from ES	% Tracked more than Once
Low	14.4	8.9	79.7
Medium	4.0	5.4	47.3
High	11.8	22.3	78.6

Table 3: Bivariate Analysis of Capacity Elements and Measures of Effectiveness

Capacity Components	Organizational Effectiveness Measures					
	Percent of Population Positive Status Change		Percent of Population Movement away from ES		Can Track more than once	
	Yes	No	Yes	No	Yes	No
PROGRAM SERVICES						
Provide ≥50% of ES	17%	32%	24%	33%	72%	78%
ES offered on average 4 days or more/week	20%	24%	32%	20%	75%	72%
Provide ≥50% of BES	23%	25%	32%	20%	76%	62%
BES offered on average 4 days or more/week	18%	30%	35%	20%	73%	76%
Provide ≥50% of ES and BES	21%	26%	29%	28%	76%	73%
Comprehensive menu	23%	24%	33%	23%	71%	79%
Off-site service(s)	22%	26%	33%	25%	71%	78%
TECHNICAL RESOURCES						
Intake	26%	21%	33%	20%	76%	71%
Needs assessment	23%	31%	29%	26%	73%	82%
Internal referral	18%	35%	31%	22%	75%	73%
Bridging from ES to BES	9%	28%	23%	30%	74%	75%
Tracking clients between services	25%	23%	35%	25%	69%	77%
Tracking clients within a service with database	21%	25%	30%	28%	75%	74%
In partnership	14%	31%	29%	28%	68%	80%
HUMAN RESOURCES						
1:1 ratio between # of ES vs. # of paid staff	21%	24%	32%	26%	76%	75%
1:1 ratio between # of BES vs. # of paid staff	24%	24%	28%	29%	89%	69%
Volunteers in both ES and BES	21%	23%	21%	34%	71%	77%
FISCAL RESOURCES						
≥ 50% total operating budget contributes to BES	23%	26%	34%	23%	84%	68%
NYCT funds for BES < 10% of total budget	21%	20%	37%	20%	73%	76%

Appendix A

Organizational Capacity Survey Instrument

Site: _____
Name: _____
Position: _____
Phone #: _____
Date: _____

I. INTERNAL CHARACTERISTICS

1. *Is your organization:*

- A) A Parent Organization (target population includes beyond homeless clients)
- B) A Subsidiary Organization (targets only the homeless under the Parent)
- C) An Independent Organization (targets only homeless clients)

If A), which of the following is shared with your Subsidiary Organization(s)?

- Administrative resources
- Financial resources
- Personnel (staff)
- Services
- Clients
- None

If B), which of the following is shared with your Parent Organization?

- Administrative resources
- Financial resources
- Personnel (staff)
- Services
- Clients
- None

If C), which of the following is shared among the subsidiary organizations?

- Administrative resources
- Financial resources
- Personnel (staff)
- Services
- Clients
- None

2. Does your organization have a Board of Directors?

- Yes *If yes, please indicate the number of members by the area they represent:*
 No

- Administration _____
- Public Relations/ Media _____
- Education/Schools _____
- Business _____
- Religious _____
- Criminal Justice _____
- Legal _____
- Real Estate _____
- Arts/Entertainment _____
- Health/ Social Services _____
- Community _____
- Other: _____

3. Does your organization operate independently, or under the supervision of the Board?

- Independently
 Directed by the Board

The following questions pertain only to the Beyond Emergency Services Initiative (BESI):

4. A) How many volunteers work for your organization?

<u>Emergency</u>	<u>BES (Beyond Emergency Services)</u>	
a) Interns	_____	_____
b) Receive stipend	_____	_____
c) Other	_____	_____

B) Of the Beyond Emergency Service volunteers, specify the number with the following degrees:

- a) High school degree _____
- b) B.A. degree _____
- c) M.A. degree _____
- d) Ph.D degree _____
- e) No degree _____

C) Of the Beyond Emergency Service volunteers, specify the number in the following categories:

- Full-time (35 hrs or more) _____
 Part-time _____

5. A) How many paid-staff (not volunteers) work for your organization?

Emergency

BES (Beyond Emergency Services)

B) Of the Beyond Emergency Service, specify the number of paid-staff with the following degrees:

a) High school degree _____

b) B.A. degree _____

c) M.A. degree _____

d) Ph.D degree _____

e) No degree _____

C) Of the Beyond Emergency Service, specify the number of paid-staff in the following categories:

Full-time (35 hrs or more) _____

Part-time _____

6. Does your organization have a computer database?

Yes *If yes, please answer the following:*

No

A) What kind of software(s) are used?

B) What purpose does the computer database serve?
(check all that apply)

Administrative

Demographic information of clients

Needs assessment of clients

Referral information of clients (for off-site services)

Client Tracking (for on-site services)

Client progress (qualitative or quantitative)

Service attendance/participation

Service completion

Post -service completion (what happened after the clients received services provided by your organization)

Other: _____

7. What is your organization's operating budget for the Beyond Emergency Services Initiative?

Emergency

BES (Beyond Emergency Services)

\$ _____

\$ _____

II. INTERNAL ACTIVITIES

8. *How are the services offered to your clients determined at the point of intake?
(check all that apply)*

- Based on verbal request by the client
- Based on written request by the client
- Based on staff judgment during informal interview with client
- Based on staff judgment during formal interview (use of standardized instrument)
- Other: _____

9. *Does your organization conduct staff meetings?*

- Yes *If yes, please answer the following:*
- No

A) *What is the purpose of the staff meeting? (check all that apply)*

- Administrative
- Exchange client information
- Discuss client progress
- Discuss follow-up on clients
- Discuss problems concerning delivery of services/programs
- Discuss problems concerning client participation
- Discuss problems concerning structure of the organization
- Discuss problems faced by staff in interacting with the clients
- Discuss problems faced by clients in completing the programs
- Modification of services/programs to meet client needs
- Strategic planning
- Other: _____

B) *How often are these staff meetings held?*

- More than once a week
- Once a week
- Every other week
- Every three weeks
- Once a month
- As needed
- Other: _____

10. Does your organization conduct follow-up assessment of the clients?

- Yes
 - No
- If yes, please answer the following:*

A) What are the objectives of the follow-up assessment?
(check all that apply)

- To assess change in needs of clients
- To monitor client participation in services
- To monitor client completion of services
- To evaluate outcomes produced in clients
- To obtain feedback from clients about the services
- To track referrals made to other agencies
- Other: _____

B) How are these follow-up contacts made?

- Phone
- Mail survey
- Personal interview

11. Does your staff receive any skills training?

- Yes
 - No
- If yes, please answer the following:*

A) What type of training does your staff receive? (check all that apply)

<u>Types of Skill Building:</u>	<u>On-Site:</u>	<u>Off-Site:</u>
---------------------------------	-----------------	------------------

- | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|
| 1. Related to service delivery
(substantive) | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> |
| 2. Related to development of
interpersonal relationships between
staff and clients
(procedural) | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> |

B) If the training is offered **on-site**, who conducts the training?

- Co-worker(s)
- Supervisor
- External personnel

C) How is staff training offered? (check all that apply)

- Based on need
(eg. staff feedback, assessment by the organization)
- Based on a structured schedule
(eg. once a month)
- Based on availability

12. Does your organization conduct evaluations to observe and measure the strengths and/or weaknesses of your services?

- Yes
- No

If yes, please answer the following questions:

A) How are these evaluations conducted?

- Formally
- Informally

B) How often are these evaluations conducted?

- At least once a month
- Once a month
- Every other month
- Quarterly
- Semi-annually
- Yearly
- Other

C) What is the focus of the evaluation? (check all that apply)

- Staff Performance
- Client Outcomes
- Program Processes
- Other: _____

III. EXTERNAL RESOURCES

13. Does your organization collaborate with other organizations?

- Yes
- No

If yes, please 1) indicate the objective(s) of the collaboration by checking off the appropriate category and then 2) indicate the number of organizations that serve these objectives: (check all that apply)

- Receive financial assistance _____
- Receive technical assistance _____
- Provide technical assistance _____
- Expand services of the organization _____
- Other: _____

14. *In addition to New York Community Trust, which of the following categories provide funds for your organization to deliver Beyond Emergency Services. Also, indicate the amount received from each category.*

- Fundraising/For Profit _____
- Individuals _____
- Corporations _____
- Government _____
- Religious Organization _____
- Endowment _____
- Foundations _____

IV. TECHNICAL ASSISTANCE

15. *What technical assistance has your organization received within the last 6 months?*

- Data Collection
- Strategic Planning
- Substantive Program Issues
- Grant writing and Funding
- Recruiting/ Reaching clients
- Client Tracking and Follow-Up
- Other: _____
- None

16. *In which of the following areas does your organization currently need technical assistance?*

- Data Collection
- Strategic Planning
- Substantive Program Issues
- Grant writing and Funding
- Recruiting/ Reaching clients
- Client Tracking and Follow-Up
- Other: _____
- None

V. PROGRAM ACTIVITIES

Please identify the services your organization provides by indicating whether they are offered on-site, off-site, in partnership, with referrals or in a combination thereof (**check all that apply**). Also, indicate how frequently the services are offered.

For example, 1) "Twice a week for 4 months." Or "5 days/week"

Off-site	Freq	On-site	Freq	P' ship	Freq	Referral	Freq	Services:
EMERGENCY SERVICES								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Food pantry
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Soup kitchen
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Food vouchers
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Nutritional supplements
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Shelter
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Emergency Grants/Loans for Rent and Utilities
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Providing clients with transportation
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Clothing Closet
BEYOND EMERGENCY SERVICES								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Additional financial assistance (eg, education, training, books, etc.)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Assist clients access entitlements (Food stamps, PA, Welfare, etc.)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Assist clients establish residency
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Assist clients establish citizenship
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Assist clients establish asylum
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		College enrollment/Counseling
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Computer classes
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		ESL/GED classes
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Job readiness workshops (Motivational seminar, counseling, etc.)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Resume writing/ Interview skills
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Internships
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Job placement
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Career skills development training (Sewing, arts, construction, etc.)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		HIV counseling
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Mental health treatment
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Childcare
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Parental Skills
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Peer Support Groups
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Individual counseling
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Survival skills
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Money management
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Life skills and development training
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Substance abuse treatment
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Recreation (Arts/crafts activities, outdoor activities)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Other:

Notes

¹ Emergency services refer to basic needs such as food, shelter and medical care. Beyond emergency services involve secondary needs for self-sufficiency such as job training, educational services, and counseling.

² Due to the non-normal distribution of the variable, it was transformed into a dichotomous variable indicating the ability to track a client on more than one occasion (or not).

³ A positive *employment* change occurs when a client moves from being unemployed to employed. A positive *housing* change occurs when a client moves from an unstable housing situation (street/shelter, transitional, or doubling-up) to a stable housing situation (renting or owning). A positive *education* change occurs when a client moves from not participating in any educational services to participating in some form of educational service.

⁴ Ten sites did not submit sufficient data to be included in the analysis.

⁵ Because of the small number of cases (agencies), we are unable to conduct any meaningful statistical analyses.

⁶ Future research should begin to employ more sophisticated analyses of the relationship between capacity and effectiveness. Because the current research treats the agency as the unit of analysis and there are only a small number of agencies in the study, we could employ multivariate analysis. Problems with the collection of client-level data also hindered multivariate analysis of findings at that level of analysis.

⁷ The authors constructed a list of common emergency and beyond emergency services provided by all agencies receiving funding. Each agency was then compared to this list to determine what percentage of the overall total services (ES and BES) it offered.

⁸ Bridging services seek to move a client who initially seeks emergency services (crisis intervention) to beyond emergency services, by identifying unique and specific needs of the client and matching them with appropriate services.

⁹ These results should be interpreted with caution. Given the diversity of sites, not all personnel are necessarily engaged in direct service delivery, and while volunteers can be an excellent resource for some agencies, they can also lead to added burdens for smaller, low-capacity agencies due to training and supervision issues.

¹⁰ Agency 16 and Agency 12 are not included in capacity classification due to insufficient organizational data.

¹¹ Since there are only approximately 20 cases, no statistical measures of correlation are offered.

¹² The authors recognized the need to capture these data and control for differences in clientele, but the participating agencies simply did not collect information on client background and history in sufficient depth (or with enough consistency) to include in the analyses.

¹³ Those agencies are: 4, 12, 15, 22, 25, and 27.