ARCvi Actionable Resources for Change in Violence Intervention

Temple University College of Liberal Arts | Public Policy Lab

Quick Guide: An Example Data Scorecard for CVI Case Management

This ARCvi Quick Guide responds to the frequently asked question: What should a simple data scorecard look like for CVI Case Management?

A scorecard is a concise snapshot of key performance measures that program leaders can review regularly to understand how the program is operating. Rather than displaying every piece of data collected, it highlights measures useful for spotting patterns, identifying gaps, and guiding action. A scorecard for CVI case management might show whether participants are receiving the intended services, how consistently they are engaging with case managers, whether referrals and service plans are being completed, and where participants may be disengaging or encountering barriers.

The underlying case management system may contain much more detail. A routine scorecard should pull out the measures that program leaders and supervisors need to understand caseloads, service delivery, participant progress, and gaps that require attention. Staff should record key events as they happen; the program can then aggregate those records into monthly measures.

The basic approach: follow the participant through the case management cycle

NEEDS ASSESSMENT → SERVICE PLAN → CONTACTS → REFERRALS / LINKAGES → REASSESSMENT → EXIT

The scorecard should capture both whether these steps occur and whether participants move through them as intended. For higher intensity CVI case management, it is especially important to know not only how many services were offered, but whether participants remained engaged and actually received the services they needed.

A note on adapting measures: Performance measurement is highly context specific. The measures in this Quick Guide are examples, not a universal set every program should adopt. Programs should select measures that reflect their goals, services, participants, staffing, and local context. Measures should also be culturally responsive, appropriate, and meaningful to the program and community it serves. Program leaders/staff, participants, and integral community partners should be the predominant voice in deciding what matters to measure and how success is defined.

What should staff track for each participant?

Stage	Core data to record	Why it matters
Initial needs assessment	Assessment date; priority needs by domain; baseline risk/priority level; participant goals	Establishes the participant's starting point and what the case plan is intended to address.
Service plan / goals	Goals selected with participant; planned actions/services; responsible staff; target dates	Turns identified needs into a concrete plan that can be monitored over time.
Case management contacts	Date; substantive contact yes/no; mode/location; duration; major topic or need addresseds	Shows whether participants are receiving the expected level of case management and staying engaged.

Stage	Core data to record	Why it matters
Referrals to services	Need/service type; referral date; provider; referral status	Shows whether identified needs are being translated into concrete service connections.
Service linkage / completion	Whether participant connected with provider; date service began; completion/status; barrier if not linked	Distinguishes making a referral from the participant actually receiving the service.
Reassessment	Reassessment date; changes in needs, goals, circumstances, and risk/priority level; revised plan	Shows whether case plans are being updated as participants' circumstances change.
Program exit	Exit date; reason; goals/status at exit; planned transition or follow-up; risk/priority level at exit if used	Shows how and why participants leave and whether exit reflects progress, disengagement, transfer, incarceration, or another reason.

Define "substantive contact." Programs should distinguish meaningful case management contact from brief administrative exchanges. A reminder text may be important to record, but it should not count the same way as a meeting or conversation in which staff assess needs, work on goals, provide advocacy, respond to a crisis, or coordinate services.

Consider frequency, duration, and intensity of case management. It is useful to know how often participants have substantive contact with staff, how long they remain engaged in case management, and whether they receive the level of support the program model intends. Together, these measures provide a fuller picture of service delivery than contact counts alone.

A core monthly case management scorecard

A case management scorecard will usually include more measures than an outreach and entry scorecard because staff are managing an ongoing process. The measures below can be adapted to the program model, expected contact intensity, service areas, and reassessment schedule.

Core measure	How to calculate it	What it tells you
1. Active caseload	Count of participants active at any point during the month; also report caseload by case manager	The size and distribution of the work staff are managing
2. Current needs assessment / service plan	% of active participants with a completed, up-to-date needs assessment and service plan	Whether case management is grounded in current participant needs and goals
3. Contact coverage	% of active participants with at least one substantive case management contact during the month	Whether participants are remaining connected to staff
4. Contact intensity / dosage	Average or median substantive contacts per active participant; % meeting the program's expected contact level	Whether participants are receiving the intensity of support the model calls for
5. Participants with urgent or high-priority needs	Count and % of active participants with an identified urgent safety, housing, legal, behavioral health, or other priority need	The level and type of immediate need within the current caseload
6. Referrals made	Number of service referrals made, overall and by service type	How often identified needs lead to a concrete service referral
7. Referral linkage rate	% of referrals in which the participant actually connects with or begins the referred service	Whether referrals are turning into services received
8. Unresolved referrals	Count and % of open referrals not linked or completed within the program's expected time frame	Where service access is breaking down or follow-up may be needed

Core measure	How to calculate it	What it tells you
9. Reassessment completion	% of participants due for reassessment who complete it on time	Whether staff are systematically revisiting needs, goals, and risk
10. Change in risk / priority level	Among participants reassessed, % whose risk/priority level decreased, stayed the same, or increased	Whether risk is changing and which participants may need a different level of response.
11. Goal progress	% of active participants making progress on at least one current goal, or % of goals completed/on track	Whether case management is producing movement on participant-defined goals.
12. Program exits	Count of participants exiting during the month, by exit reason	How many participants are leaving and why
13. Planned / successful exit rate	% of exits classified as goals met, needs met, successful completion, or another program-defined positive exit	Whether exits generally reflect planned progress rather than disengagement or loss of contact
14. Disengagement / loss-to-contact rate	% of active participants closed or placed inactive because staff could no longer maintain contact	Whether retention is a concern and where re-engagement strategies may be needed
15. Duration of case management	Median days or months in active case management among participants exiting during the period	How long participants typically receive case management before exit

A few measures need careful interpretation

Referral completion is more informative than referrals alone. A program can make many referrals without participants ever receiving the service. Whenever possible, track whether the participant actually connected with the provider or began the service, not simply whether staff handed off a name or phone number.

Risk should be reassessed on a meaningful schedule, not simply every month. If the program uses a formal risk or priority assessment, repeat it at planned intervals or when circumstances materially change. Risk can rise as well as fall, and an increase does not necessarily mean case management failed; it may reflect a new conflict, victimization, housing crisis, release from incarceration, or other change that requires a different response. Make sure any data entered for re-assessment does not over-write the previous/earlier assessment score(s).

Do not use contact volume by itself to judge staff performance. Higher risk or more complex cases may require more time, while some participants may need fewer contacts as they stabilize. Review contact intensity alongside caseload complexity, participant needs, service linkage, and progress toward goals.

The Bottom Line

A case management scorecard should help supervisors/program leaders answer, at minimum, these five questions: Are participants' needs being assessed? Are staff maintaining meaningful contact? Are referrals turning into services? Are needs, goals, and risk changing over time? And are participants leaving case management/the program for the reasons we expect?

For additional scorecards and resources to strengthen performance measurement and data use in your CVI program, see ARCvi.org's Resource Collection: *Using Data that Matters*

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