Case Studies

Turn the Curve Success Stories

MADD turns the curve on alcohol related traffic deaths.

Santa Cruz County's united effort turns the curve on teen alcohol use: Together for Youth / Unidos Para Nuestros Jovenes.

Tillamook County turns the curve on the teen pregnancy rate.

Other Results Accountability Success Stories

Contra Costa County's Children's Report Card tracks state, county and neighborhood trends for 23 Indicators under 5 Results.

Contra Costa County's Children and Family Services Budget relates county expenditures to community results.

Los Angeles County Children's Planning Council uses the power of outcomes and indicators from planning to budgets

Los Angeles County government organizes major planning efforts around County-Wide Results

San Mateo County's Outcome-Based Management System Aligns Program Performance Measures, County Budget and Community Results.

San Mateo County's Children's Summit Moves 350 Participants from Talk to Action.

Websites with Turn the Curve Success Stories

Maryland Office of Children, Youth, and Families

Mothers Against Drunk Driving

Oregon Commission on Children and Families

Santa Cruz County

Vermont Agency for Human Services

The Santa Cruz county-wide data book is a powerful tool for community change.

Missouri and Vermont: Building Senior Leadership Support for Results and Performance Accountability: A Dialogue Between Gary Stangler and Cornelius Hogan

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A Successful "Turn the Curve" Strategy

How Tillamook County, Oregon Did it:

In 1990 the teen pregnancy rate in Tillamook county was 24 per 1,000 girls 10 - 17, worse than all but 5 of the state's 36 counties. Beginning that year, and continuing to the present, community leaders in Tillamook fashioned a community-wide strategy to change this condition. The strategy was simple: Get everyone - churches, public and private agencies, schools, health workers and families - to acknowledge the problem and commit themselves to doing whatever they can to change it. The controversial nature of the challenge was actually turned into an asset. The widely different views of leaders and the institutions they represented helped motivate the community to get involved.

Between 1990 and 1994, the teen pregnancy rate decreased to 7.1 per 1,000 girls 10 - 17, the best rate in the state. Tillamook county does not attribute this success to any particular service, but rather to the combined effects of the community efforts. These included:

- Schools: added self esteem and sexuality education to their curriculum

- Churches: worked at opening up communication channels with teens, taught refusal skills and promoted abstinence.

- County Health Department: With support from the County Commissioners, the department expanded clinic hours and changed policy to assure that any teen who called the health department for information or services would be seen within 48 hours (not two to three weeks previous practice)

- YMCA: sponsored a "teens at risk" program, providing recreation activities which kept teens busy and built self esteem.

- Community College: worked with teens through the Tillamook Teen Parent Program to prevent second unintended pregnancies.

- Commission on Children and Families: funded teen pregnancy prevention curriculum in the schools as well as counseling and support groups.

- The Tillamook County General Hospital, with other partners, opened

"Healthy Families of Tillamook County," a home visiting and parenting program for all newborns.

Other partners included the Women's Crisis Center, the Tillamook Family Counseling Center, the Tillamook Bay Child Care Center, the Tillamook Bay Community College, and others.

According to the Health Department summary, Tillamook county "found that forming partnerships and working together toward a desired result can bring about astounding results. ... Their turn-around was an evolutionary process, with new partners bringing contributions forward at different times." Given a catalyst and a targeted focus on a desired result, the same process can occur in other communities.

Excerpt from "A Strategy Map for Results Based Budgeting," The Finance Project, September, 1996 (see Resources and References).

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A Successful "Turn the Curve" Strategy

How MADD Did it

This may seem like an odd example to include in a paper which appears to be about government decision making. But Mothers Against Drunk Driving (MADD) provides on of the best examples of people who set out to change a condition of well being through a deliberate community wide strategy of trying and testing things that work. And they have succeeded. We often look to the business sector for examples of how to make government work, and there is plenty to learn there. But MADD can teach us something different. They teach us not to wait for a federal grant, not to wait for the research community to tell us the answer, not to measure our success by how many projects we have implemented or how much money we raised, but by whether we made a difference, whether the trend line has slowed its growth, flattened and begun to turn down. In this calculus of budgeting, numbers mean lives. MADD reminds us that we can change the rules of the game and win.

> **See also:**
>
> 1. **The History of MADD from 1980 to 1995**
> 2. **The MADD website**
> .

MADD was founded in California in 1980, and has grown to include hundreds of chapters in the United States and other countries. The work of MADD focuses on finding effective solutions for drunk driving and underage drinking, and supporting victims of drunk driving crimes. Many of the actions which MADD has taken are familiar. These include direct action such as Operation Prom/Graduation, the Red Ribbon campaign, designated driver programs, court monitoring, and victim assistance programs; and support for federal, state and local legislative changes including age 21 drinking laws, license revocation and other penalties for repeat offenders, laws lowering the blood alcohol content limit for adults and setting "zero tolerance" for those under 21, and victims' rights and compensation laws, among many other actions.

> While MADD can't and doesn't claim full credit, the change in the curve is dramatic. After reaching a peak in 1980, the rate and number of alcohol traffic fatalities has steadily declined, from 25,165 in 1982 to 16,589 in 1994. What makes these statistics more important is the fact that there are approximately 60 alcohol related injuries for every fatality. The direct cost of alcohol related crashes is estimated at $44 billion in 1993. This estimate does not include pain, suffering and lost quality of life, which raise the alcohol-related crash figure to $134 billion in 1993.

Apart from the impact on peoples' lives, the reduction in U.S. alcohol-related traffic deaths from 1982 to 1994 can be estimated to have saved $13.8 billion in direct annual costs.

Excerpt from "A Strategy Map for Results Based Budgeting," The Finance Project, September, 1996 (see [Resources and References](#)).

Contra Costa County's Children and Family Services Budget relates county expenditures to community results.

The Contra Costa County's (CA) Children and Family Services Budget, published by the county's budget office, details county government expenditures for all programs serving children and families. Since 1994, it has evolved from a relatively simple description of county children programs and funding to a sophisticated analytical document relating county expenditures to the outcomes included in the Report Card, assessing the degree of county flexibility and discretion for state and federal funding streams, and breaking down funds by service category and type of intervention.

> **See also:**
>
> **2.16 How do we create a Family and Children's Budget (an Elder's Budget, An Environmental Budget) and what do we do with it?**
> .

Each county program serving children and families is described within 8 service categories: basic needs, economic stability, family functioning; health and wellness, child enrichment, alternative homes, safety and justice and integrated services. Information on individual programs includes a program description, related community outcomes, program goals, number of clients, outcome indicators and data, gross expenditures, financing mechanism and funding source, and program and support needs assessments.

> .... from Sara Hoffman "Start small - start where you are - and build from there"

The budget is used to support and inform the overall county budget, and has provided data to obtain foundation grant funding. Budget officials believe that the Children's Budget has changed how the county government perceives and operates children and family services. There is greater understanding that programs and agencies must work together in systems to jointly improve children's lives, and that emphasizing prevention services will provide both better outcomes and financial savings over time.   [

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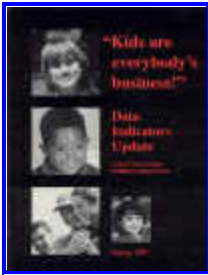
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Contra Costa County's Children's Report Card tracks state, county, and neighborhood trends for 23 Indicators under 5 Results.

In 1997, the Contra Costa County Children and Families Policy Forum, a county-wide group representing residents and representatives from County agencies, elected officials, cities, community- and faith-based organizations, law enforcement, consumers, labor and business, published their first Children's Report Card. The Report Card described countywide progress on 18 indicators (later expanded to 23) linked to five outcomes adopted by the County Board of Supervisors (Commissioners):

- Children ready for and succeeding in school.
- Children and youth healthy and preparing for productive adulthood.
- Families that are economically self-sufficient.
- Families that are safe, stable and nurturing.
- Communities that are safe and provide a high quality of life for children and families.

A description, data source, trendline and "story behind the data" for each indicator is included, as well as comparisons to state-level data. The second edition published in 1998 and updated in 2000, added sub-county and other disaggregated data. Over 9200 1998 Report cards have been distributed; it is available on the web at www.cccoe.k12.ca.us.

Developing a community report card was challenging. Staffed by the County Administrator's Office, an Outcomes Task Force representing education, public health, community-based organizations, law enforcement, and county departments and community members received input from more than 150 individuals and groups before reaching agreement on key indicators. Collecting data also proved troublesome: in some cases, critical information had not been collected, or had been collected only for clients of specific programs or schools, or for various time periods. Moreover, some agencies were reluctant to show "their" data. In addition, much of the available data was not current, or had not been disaggregated to show disparate regional trends. Agreement about the "story behind the data" (the reasons

See also:

2.7 How do we select indicators for a result?

2.8 Where do we get the data for indicators? How do we get better data?

2.10 How do we create a report card and what do we do with it? (on child and family well-being, for other populations, for an entire community quality of life)
.

........Tip: from Christina Linville: "Think 'system' (continuum of services that meets the needs of whole children, families and communities) instead of 'structure' (individual programs, departments or agencies)."

for the trends) posed another challenge, as perspectives varied among individuals, agencies, ethnic groups, and communities. It was often a struggle to be both "technically correct" according to experts in the field, and "understandable" to the layperson. As work on the third edition of the Report Card progresses, the Children and Families Policy Forum continues to improve the report card, through increased community input and a data workgroup addressing data forecasting and trends.

   The Report Cards are beginning to make a significant difference in how the community and government agencies view children and families services. Widespread feedback from the Report card has already supported development of policy and funding priorities for child and family issues, creation of new partnerships, coordinated planning and better data collection. Community partners continue to use the report to educate the public.

   Links: www.cccoe.k12.ca.us.

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Case Study Author: Lynn DeLapp

Santa Cruz County's united effort turns the curve on teen alcohol use: Together for Youth/Unidos Para Nuestros Jovenes

Until three years ago, teen alcohol and drug use was out of control in Santa Cruz County, California. A resort area known for its laid-back attitudes, beach parties, redwood groves, and a University of California campus, the Santa Cruz community was shocked by the alcohol and drug deaths of several teenagers in 1997.

Statistics gathered from national and community-wide surveys painted a disturbing picture:

See also:

2.12 How do we identify what works to improve conditions of well-being?
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- Eighty percent of Santa Cruz's 11th grade students reported alcohol use during 1996, and 57% became drunk. Comparable figures for alcohol use statewide and nationally were 74% (among 11th graders in 1993) and 51% (among 12th graders in 1993).
- Fifty-four percent of Santa Cruz's 11th grade students reported marijuana use during 1996, compared to 40% (among 11th graders in 1993) statewide and 16% nationally (among 12th graders in 1993).
- Alcohol was the drug of choice in Santa Cruz; In 1996, 13.6 was the average age for getting drunk the first time.
- A 1995 survey revealed that 48% of sixth graders and 95% of 11th graders considered it "fairly easy" or "very easy" to obtain alcohol; "buy stings" conducted by the Santa Cruz Police Department consistently showed that minors could buy alcohol more than 50% of the time without being asked for an ID. Moreover, the per capita rate of alcohol outlets in Santa Cruz County was 34% higher than the statewide average in 1995.
- Alcohol-involved offenses account for 20% of total juvenile misdemeanor arrests, nearly three times higher than the statewide rate. Among persons age 20 or younger, the DUI arrest rate in the county is nearly double the state rate.
- Surveys measured a high tolerance among adults for marijuana use.
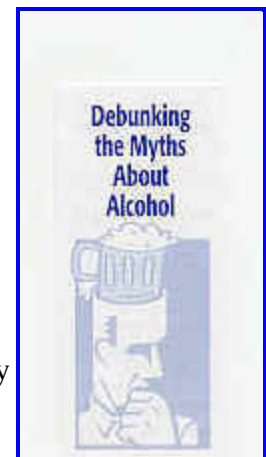
For a picture of the Santa Cruz data and more information click on:

In 1997, a community coalition of 110 agencies, organizations and individuals, including the schools,

county services, the sheriff and four city police departments, business, public officials, non-profit organizations, parents and students came together under the leadership of the United Way, to change this picture. The coalition, Together for Youth/Unidos Para Nuestros Jovenes, committed to develop and implement a comprehensive, carefully researched plan for alcohol and other drug prevention. They identified outcomes and targets for youth and the community:

1. Youth will be involved with their community.
2. Youth will use fewer drugs and alcohol; use will decrease to the national average by the year 2000.
3. Community tolerance for youth alcohol and drug use will decrease.
4. Quality of life indicators for youth will improve by 20% by 2000.
5. Underage purchases of alcohol will be reduced by 20%.

The plan recommended strategies in seven areas:

- Increase knowledge and raise awareness about alcohol and other drugs, through public service announcements, monthly newspaper columns on alcohol and drug issues, media events, etc.

- Build skills and competencies of individuals and families, through youth development leadership training and community services, and parent education

- Increase involvement in alcohol and drug-free alternatives such as youth drop-in centers; community, family oriented cultural events, and Friday Night Live.

- Increase access to services through early identification, intervention and referrals through school student assistance programs, Home Visiting and family Preservation/Family Support programs

- Change social policies, including city ordinances addressing the concentration of and proliferation of alcohol outlets, and banning alcohol on local beaches; and discouraging retail sales and promotion of malt liquor and fortified wines;

- Enforce regulations, ordinances and laws regarding drug-free workplaces, school behavior policies, etc, through development of community leaders, quick and effective response by criminal justice and human services agencies and decoy/sting operations.

- Increase the community's ability and commitment to respond to alcohol and other drug problems, through developing, strengthening and supporting community coalitions working on prevention activities.

   To determine the effectiveness of theses activities and track their outcomes, The Together for Youth partners collected data from three primary sources. Community tolerance, norms and attitudes on drugs, alcohol, as well as parental satisfaction with school substance abuse prevention programs and afterschool activities were tracked through Santa Cruz County's Community Assessment Project which since 1994 has tracked a broad range of quality of life indicators in five areas: health, education, economy, social environment and public safety. Information about student alcohol and other drug use was gathered by the Santa Cruz County Youth survey, administered to a random sample of more than

4000 Santa Cruz county students in grades six, eight, nine and eleven in 1994, 1996 and 1998. (Sixth graders were not surveyed in 1998) Finally, police reports were examined for records of arrests and citations for alcohol and other drug offenses.

Since 1997, many elements of the plan have been enacted:

- Open containers of alcohol have been banned on all beaches.

- A "shoulder tap" ordinance has been passed, making it illegal for minors to ask adults to buy alcohol for them.

- Two new teen centers are operating..

- Two new teen residential treatment centers for alcohol and other drugs have opened.

- In 1998, the county Civil Grand Jury made teen alcohol and drug use a top priority, identifying service gaps and recommending that the Together for Youth plan be adopted and supported by all local jurisdictions.

- Schools have increased services related to alcohol and drug prevention

- A top-level county-wide Policy Panel on Youth Access to Alcohol developed policy recommendations for the community, schools, law enforcement and criminal justice, land use and zoning and merchant practices.

- Over $1 million dollars has been raised to support activities in the plan.

Some critical indicators are improving. The percent of 11th graders using alcohol in the last 12 months, while still above the state and national rates, fell from 80 percent in 1994 to 76% in 1998-99; the overall juvenile crime rate fell 4.5% during that same period, although juvenile drug arrests increased. Parent satisfaction with afterschool activities has increased from 78.3% to 90.2%. Satisfaction with school substance abuse prevention programs is mixed, with higher satisfaction at the middle school level, and lower satisfaction at the high school level.

United Way and Together for Youth leaders report several lessons from this ongoing effort to turn the curve on teen alcohol use:

- Agencies working together **can** change a community

- It is critical to get all partners involved early, and maintain strong, diverse leadership

- It's not just about money; community involvement and organization is crucial.

- Data presents significant challenges, from choosing appropriate indicators to collecting unbiased, accurate data.

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Links - United Way Website (under development),

Applied Survey Research www.appliedsurveyresearch.org

Case Study Author: Lynn DeLapp

The Santa Cruz county-wide data book is a powerful tool for community change

Since 1995, The Community Assessment Project (CAP) of Santa Cruz County has served as the data lynchpin to meet community goals ranging from access to medical and dental care to reduced crime, school readiness, increased jobs, community involvement and improved wetlands. Far from another report sitting on the shelf gathering dust, the Community Assessment Project has led to powerful changes in Santa Cruz County:

• Using data from the CAP to increase public engagement, local collaboratives are "turning the curve" on teen alcohol and other drug use (insert link) and child safety. Just publishing data on low rates collection of child support payments led to hiring new staff, better pay for existing workers---and higher rates of collection.

• When CAP data revealed that Latinos, who comprise a quarter of the county's population, fared worse than other groups on almost every indicator, a group of concerned citizens formed the Latino Strategic Planning Committee. The coalition has developed their own plan and goals to improve the quality of life for the Latino community.

• In seeking to quantify quality of life data across multiple jurisdictions for CAP, the county sheriff and local police departments have agreed to collect uniform data on gang related crimes and domestic violence. Similarly, nearly all of the school districts in the county have developed a common attendance reporting process.

• Cities, the county, and United Way are working toward establishing a common application for contractors seeking human services based on client outcomes,

The Community Assessment Project "provides a comprehensive view of the quality of life" over the last 6 years in Santa Cruz county by tracking over 100 indicators, related to seventeen community goals in six areas—the economy, education, health, public safety, natural environment and social environment. The purpose of the data book is to raise public awareness of needs, trends, emerging issues and community

problems; provide ongoing data for human services and program planners and funders; establish community goals with measurable a indicators; and support collaborative action to achieve the goals.

Indicators were originally selected enlisting the help of technical assistance advisory committees, involving 650 county residents. These people had an expertise in each of the 6 indicator areas; education, economics, health, public safety, the social environment and the natural environment. The TAC's brainstormed the issues of importance and a research and selection criteria, along with discussion and prioritization was used to determine the indicators.   In each area a few "key indicators" are designated to represent the best overall "snapshot" of the changing conditions in that particular subject area. (insert scanned picture of a page.) As new issues emerge, indicators are added to the Community Assessment Project, retaining the CAP's value as the single most useful source for quality of life data. Each indicator includes a "plain English" definition, data shown over time, and the data source.

Guided and funded by a 33-member steering committee representing a cross-section of major employers, United Way, public and private human services agencies, cities, counties, the press, schools and colleges, neighborhood, environmental, advocacy and health organizations, parents and local activists, the massive project is staffed by United Way of Santa Cruz County and Applied Survey Research, a private, non-profit research group.

Primary and secondary data are gathered annually. Each March, project researchers conduct 30-minute telephone surveys of over 500 county residents in both English and Spanish, representing the overall demographics of the county as well as special population groups. Secondary data is collected from government agencies, academic institutions, economic development groups, libraries, schools, health care organizations, law enforcement, fire departments, internet databases, etc.

Release of the report, published in three formats, has become an annual event covered widely by the local press. A 16-page full-color Summary Report which includes "the story behind the curve" on a few key indicators is distributed to every household in Santa Cruz County. Also available are a 350-page comprehensive report including all indicators, community goals, survey data, and GIS systems and an 8-page Community Report Card showing approximately 50 trends on high-visibility indicators (www.appliedsurveyresearch.org) In addition, customized reports tailored to geographic and demographic specifications are available upon request.

Tools: For California statewide comparisons, see The Healthy California Progress Report at www.ncccsf.org

Links: www.appliedsurveyresearch.org

United Way website under development

........Tips and advice from Mary Lou Goeke:

- Secure the financial sponsorship from a broad base of local community organizations. If people pay for it, they will value and use it. Financial sponsorship from one large temporary source outside your community is

the kiss of death for future sustainability.

- Report the data and evaluate the project every year. Surveys of your users can be quite revealing!

- Be very careful about the accuracy and display of your data so that people do not draw the wrong conclusions about the meaning. Not all users are sophisticated about statistics and the wrong conclusions drawn can be damaging to your community partners and to your project's credibility.

- Find several different formats to report your findings and tell the story of your successes.

- Some trends change slowly and little over time. Find a variety of ways to keep your public informed on the progress toward your community goals. Our Community Heroes contest sponsored by one of our daily newspapers annually celebrates our Heroes and the Community Goals we are trying to achieve.

Tips and advice from Susan Brutschy, CAP project director at Applied Survey Research

- Targeted involvement at all levels of the community is the key

- In-kind contributions promote action

- Evaluate accomplishments and process annually

- Remember to keep your "eye on the Prize" – Use the data to support community action!

- Take advantage of a wider dissemination of the project results: Web sites, national database archives, etc.

- Remember the data display is critical to encouraging the usability of the report

- Social marketing of the findings and the products takes time and commitment. Research these activities.

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Quality of Life

Indicator 48

Teen Pregnancy

Teen births, especially to teens less than 18 years of age are generally considered unplanned pregnancies. Many of these young mothers drop out of school and depend upon a variety of public funded programs for support for themselves and their children.

Teen Births: Santa Cruz County and State Comparisons

Teen Births	1995	1996	1997	1998
Number of Births	475	428	400	409
Percent of Total Births	12.4	11.1	10.1	10.8
California	12.4	11.9	11.6	-

Teen Births by Age, Santa Cruz County

Age	1995	1996	1997	1998
14 & Under	18	10	8	9
1 5	44	24	40	29
16-17	164	138	127	137
18-19	249	256	225	234
Total	475	428	400	409

Teen Births by Ethnicity, Santa Cruz County

Age	1995	1996	1997	1998
Caucasian	120	98	82	61
Hispanic	343	323	308	330
African American	6	1	5	8
Asian	4	1	2	5
Other	2	5	3	5

Total   475   428   400   409

Note: Teens are up to 20 years of age

Case Study Author: Lynn DeLapp

San Mateo County's Outcome-Based Management System Aligns Program Performance Measures, County Budget and Community Results

San Mateo County, California is using performance accountability to transform its performance measurement and county budget systems.

Starting with the 2000-2001 and 2001-2002 fiscal years, San Mateo County is implementing an The Outcome-Based Management system intended to integrate three critical management tools—planning and priority setting; performance measurement, and budget development—with the goal of focusing available resources toward specific county-wide outcomes identified through a community visioning process.

Planning and Priority-Setting

In late 1999 and early 2000, the County Board of Supervisors initiated a visioning process to ask the public to help them determine the county's direction and long-term goals in four key areas--People, Place, Prosperity and Partnerships. After developing draft goals, they convened eight public meetings and set up a website to listen to the communities' idea on where the county was and where it should be going. They also worked closely with groups such as the Children's Executive Council to incorporate existing measures of community well-being into the process. Proposed progress measures for each goal were developed in collaboration with consultants, county departments and other agencies. After almost a year of discussion, the Vision Document, including ten countywide Commitments, 25 Goals, Progress Measures and baseline data is scheduled for final adoption in April 2001. See San Mateo's Commitments and Goals

Performance Measurement and Budget Development

The next step was to link ongoing efforts to improve county government performance measurement, and ultimately, the county budget, to community-wide goals. In late 1999, the County implemented a pilot phase of Outcome-Based Management System under the direction of the County Manager, to identify and measure performance outcomes for 21 county programs as part of the 2000-01 budget process. The County Manager

office coordinated training in planning and priority-setting as well as Performance Accountability, and provided ongoing support to program and fiscal staff, as they worked through the new process.

The process of defining program measures, which often included the entire staff of the pilot programs, has been well accepted. Many staff appreciated the opportunity to discuss the purpose and impact of their work, explo how their programs contributed to the county-wide goals, establish priorities and expectations, and offer suggestions for improvement. Overall, the first-time effort went well, and the pilot was expanded to phase in a county programs over a three-year period.

When fully implemented in FY 2004 county budget, the Outcome-Based Management section of the budget w include descriptions of every program with the following elements <u>See sample budget pages.</u>

- A Program Outcome Statement which describes why the program exists, and how it benefits or impac its clients or customers.

- Headline Measures showing two baselines for the most important measures of client well-being.

- The Story Behind Baseline Performance summarizing the major activities and achievements over the p year, and explaining the factors influencing the baselines.

- What will Be Done to Improve Performance in the Next Two Years describing upcoming priorities an action steps to meet performance targets.

- Resource Allocation Summary, including estimated spending, sources of funds, and net county cost, indicating any discretionary portion that can be shifted to other programs depending on County prioriti and needs.

- Funding Adjustments for the upcoming two fiscal years, to support implementation of two-year prioriti and action steps to meet performance targets.

- Summaries of performance measurements for each program. Performance measures reflect the four-quadrant performance accountability model, including What/How Much We Do, How Well We I It and Is Anyone Better Off.

Over the next ten years, as the process is refined and early problems with data solved, performance measures derived from the Outcome-Based Management system will be used to set budget priorities and direct funds toward successful programs that contribute to San Mateo County's Visioning Goals.

Making significant changes to the county budget process has been a massive undertaking. A Board of Supervisors subcommittee comprised of two Supervisors, the County Manager and three department heads oversees the effort, while a program/fiscal subcommittee of 22 operations and fiscal personnel carries out planning, implementation and evaluation of the initiative. In the County Manager's office, the Deputy County Manager for the Budget and six Budget and Analysis staff have been involved in the effort, and 25 people throughout county government have assisted with training and support.

........Advice from Reyna Farrales, Deputy County Manager: Lessons Learned in Implementing San Mateo's Outcome Based Management System:

Make sure you have strong support for significant changes to the budget. The active participation of elected and top appointed county officials on the oversight committee has been important in keeping the effort on track.

- Phase in major changes. San Mateo will take three years to fully implement Outcome-Based Management..

- Place a moratorium on making budget or program decisions using baseline data collected for performance measures.   In many cases, the data you need may not be readily available, accurate or consistent; it often takes a couple of years to develop good data. Moreover, recognize that one or even two data points do not make a trend; don't jump to conclusions until you <u>know</u> the story behind baseline data and direction the data is going.

- Make a strong commitment to providing adequate resources, many of them one-time, to implement a new initiative, including training, consulting time, backfilling of positions for point persons, etc.

- Expect converts to come out of the woodwork—when a few key people are sold on a new idea, they'll sell others.

- Developing performance measures which involve multiple programs and departments is a great way t cross-train county budget and program staff. Working closely with program staff on implementation also makes budget staff better advocates for good programs.

- Developing performance measures and priorities provides the opportunity for staff to get together, share ideas and plan for the future. The process taps into why individuals care about their work, and increases staff involvement in program success.

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San Mateo County's Children's Summit Moves 350 Participants from Talk to Action

In a single day, May, 18, 2000, 350 representatives from city, county and state government, schools, public agencies, community-based organizations, faith-based organizations, collaboratives, health care facilities, businesses, foundations, labor unions, and the criminal justice system, established a community-wide agenda for action around children and families using indicator data recently published in San Mateo's *Children in Our Community: A Report on Their Health and Well-Being* Moreover, top level commitment to implement the action agenda through the county budget was pledged by top county leaders. .

See also:

CS7 San Mateo County's Outcome-Based Management System Aligns Program Performance Measures County Budget and Community Results.

2.12 How do we identify what works to improve conditions of well-being?

2.13 How do we create and action plan and budget?

3.16 How do we use performance measures in budgeting?

Children in Our Community: A Report on Their Health and Well-Being

Executive Summary: San Mateo County Children's Summit

San Mateo County's Commitments and Goals

Community Process to Improve Outcomes for Children

The urgency for action was underlined as leaders, researchers and advocates presented key findings from the Children's Report, published in January 2000 concerning low birth weight; teen birth rates; drug, alcohol and tobacco use; family self-sufficiency levels; housing affordability; child care availability; children who are self-supervised and student access to pupil support services. Ten subgroups, organized by geographic location, identified existing successful collaborative efforts; reviewed the Key Findings from the report, and selected the three highest priority indicators. To be selected each indicator had to meet the following criteria: timely and high quality data available, commitment to action from groups and/or resources, relevance for the community and the potential to be impacted by collaborative action. Finally, each group brainstormed "what works" ideas to "turn the curve" for each indicator.

The three top indicators chosen by the sub-groups, supported by specific "what works" action items, include

1. *Child care availability*: there is only one subsidized child care space available for every eight low-income children who need child care.

2. *Housing affordability*: only 16% of homes were affordable to median income families in 1999. (NOTE: San Mateo County is in the heart of California's booming Silicon Valley)

3. *Children who are self-supervised*: 41% of 16 and 17 year-olds have no adult supervision after school

Other indicators identified by the sub-groups included family self-sufficiency levels, student achievement, and access to health care. The groups also stressed developing countywide, culturally sensitive, multilingual services and to increase access to all services for special populations.

JoAnna Caywood, Children's Outcome Manager of the Peninsula Community Foundation will coordinate community efforts to create and carry out an action plan, identify and support programs that work, and use data monitor progress and improve services.
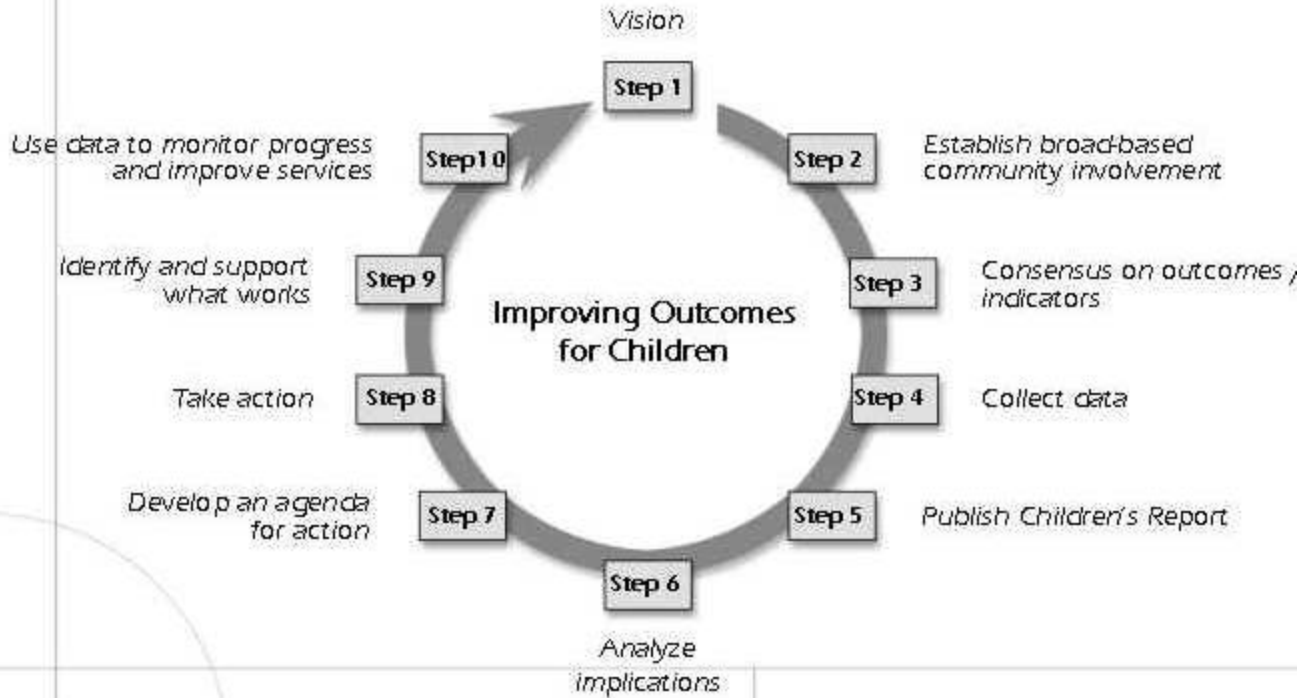

.... Advice from Susan Ferren, Project Coordinator for the Children's Report and Summit:

Lessons Learned from the Children's Summit -

- The process is as important, if not more important, than the content. In other words, you need to get as inclusive as possible group of stakeholders to be part of the collaborative effort. You can always change the nature of the report, the format of it, the data you would like to collect and measure, etc. but if you don't have initial buy-in and support from the major public and private stakeholders, your end result will not be as successful.

- The project manager for an endeavor such as the Children's Report needs to be focused, tenacious and the success of the project can't be driven by personal interests. Keep in mind that selecting and agreeing upon outcomes and indicators can be challenging.

Web Links: www. plsinfo.org/healthysmc

Community Process to Improve Outcomes for Children

Vision

Step 1

Step 10 — Use data to monitor progress and improve services

Step 2 — Establish broad-based community involvement

Step 9 — Identify and support what works

Improving Outcomes for Children

Step 3 — Consensus on outcomes / indicators

Step 8 — Take action

Step 4 — Collect data

Step 7 — Develop an agenda for action

Step 5 — Publish Children's Report

Step 6

Analyze implications

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Case Study Author: Lynn DeLapp

Los Angeles Children's Planning Council
Uses the Power of Outcomes and Indicators from Planning to Budgets

Since its inception in 1991, the Los Angeles Children's Planning Council has recognized the power of data as a tool for change. In ten years, the Council has measured outcomes and indicators by geographic region and ethnic groups; established one countywide (American Indian) and eight regional councils to plan and coordinate children's services; and begun to integrate results and performance accountability into the county's new strategic plan and budget.

The Children's Planning Council, comprised of 36 leaders from county government, cities, schools, private sector service providers, advocacy organizations and the various philanthropic, business, ethnic and geographic communities of Los Angeles was established in 1991 by the county Board of Supervisors to "promote, coordinate and evaluate the effectiveness of programs for children countywide," guided by the vision that "Los Angeles County children should reach adulthood having experienced a safe, healthy, and nurturing childhood which prepares them to become responsible and contributing members of the community."

Countywide Outcomes and Indicators- The Children's Score Card

To address this far-reaching mandate, the Council set out to assess the conditions of Los Angeles children and families—a daunting task in a county with a population of 2.6 million children spread over 4000 square miles, representing a mosaic of cultures and ethnicities, and speaking more than 100 languages. Under the auspices of the Council's DATA Committee, in conjunction with the United Way of Greater Los Angeles, a group composed primarily of expert volunteers identified five outcome areas (good health, safety and survival, economic well-being, social and emotional well-being and education/workforce readiness), adopted by the Board of Supervisors in 1993. These goal areas have been used to organize multiple iterations of a countywide children's score card since that time. The first score card—jointly issued in 1993 by the Children's Planning Council and United way of Greater Los Angeles included 43 indicators. Updated bi-annually, the current 1998 Score Card at shows five year trends for the indicators. (see www.childpc.org or www.unitedwayla.org)

Regional Planning

County-wide data, however, was only the first step. The Council recognized that three levels of planning data--county, regional, and community/neighborhood were needed to plan services for such a far-flung, diverse county. Since a web of more than 20 county departments, 81 school districts, 88 cities, more than 1100 private social service agencies and hundreds of other organizations all had separate service and planning areas, however, regional planning or integrated service delivery was extremely difficult. In 1992, representatives of the various service systems convened to identify new, common service boundaries which would not divide natural geographic or ethnic communities and, to the extent possible, keep city, school, health and police districts intact.

In November, 1993, the Board of Supervisors approved eight regional service planning areas (SPAs) for planning, service coordination, and information- and data-sharing by major county departments serving children and families. The departments of Children and Family Services, Mental Health, Health Services, Public Social Services and Probation were instructed to begin implementation of these common boundaries for planning activities, and non-county entities were asked to adopt the same planning areas. Since that time, key funders such as United Way, the Wellness Foundation and the California Community Foundation have also adopted the SPA boundaries to help organize and coordinate their planning.

Geographic and Ethnic Profiles

Regional, comprehensive planning required significant new data. Over the next two years, the DATA Committee of the Children's Planning Council compiled data profiles of each of the eight geographic areas, to answer the questions:

- How are people organized in the county?

- What formal and informal systems exist to support families and children in each service planning area?

- What resources—residents, institutions, facilities, associations, initiatives, and governance structures—do regional communities have to solve problems?

- What links do county departments serving children have to communities?

Teams of researchers and community volunteers compiled profiles from multiple sources, including personal or telephone interviews of key informants, focus groups, written surveys, observation of community events, literature research, maps, census and agency data, etc. They also collected regional baseline data measures, corresponding to the indicators on the countywide Score Card. In May, 1996, the massive *Profiles of Los Angeles County: Service Planning Area Resources for Children, Youth and Families* was published, providing significant planning data for each of the eight Los Angeles County Service Planning Areas, and for the county as a whole. (see www.unitedwayla.org)

To complement the geographic profiles, in December 1996, the Children's Planning Council published Ethnic Community Profiles, describing sub-group and demographic data, population dispersion, networks, social, policy and service needs of the African-American, American Indian, Asian Pacific-American, and Latino communities in Los Angeles County. A Multi-Ethnic Children's Score Card followed in March

2000, assessing progress of the four largest race/ethnic groups on measures of well-being in the five Children's Planning Council outcome areas. (see www.unitedwayla.org)

Regional Planning Councils

To guide the work of the newly-created Service Planning Areas, regional councils were formed in 1998, representing agencies and service providers (49%) and community representatives (51%). Based on information from the geographic and ethnic profiles, each council submits annual work plans to improve services in at least one of the five county-wide outcome area . As a group, they may also focus their efforts countywide to improve one or more outcomes. In addition to the eight regional councils, a county-wide American Indian Council was formed, based on the understanding that American Indians had a different relationship with government, and that although Los Angeles has the largest urban Indian population in the United States, they are spread evenly across the county and therefore do not show up in regional groupings.

Using Outcomes to Change the Way Government Does Business: the Los Angeles County Strategic Plan

In November, 1999, the Children's Planning Council was directed by the Board of Supervisors to work with the Chief Administrative Officer to develop a section of the county's new Strategic Plan outlining how the county can better coordinate and integrate services for children and families. The Council and Chief Administrative Officer were instructed to provide departments which allocate funds to children and families with guidelines to measure the five key outcome areas both within and across service systems.

The current county budget process directs departments to develop performance measures which address input, workload, efficiency, effectiveness and objectives for service delivery. The recommended guidelines would add measurement of impact –the extent to which they have improved the lives of children and families—both for individual programs and collectively, across programs and systems. In addition, county departments will be directed to begin integrating services focusing on five areas: access to services; data sharing; multi-agency service delivery; customer service and satisfaction; and revenue for services. The recommended guidelines are:

- To adopt the Results-Based Decision Making model which includes results and performance accountability, as a common analytical framework for measuring progress toward the five outcome areas.

- To identify and adopt a small set of standard Countywide indicators for quantifying and measuring progress toward achieving the five outcome areas for children and families.

- To develop a standardized system of measuring and establishing performance measures for County programs which are both linked to the standard countywide indicators (where possible), and consistent with the service and program mandates of the population served.

- To link the implementation and achievement of the performance measures to the County's strategic planning process and the Management Appraisal Performance plans for County managers.

- To incorporate the Results-Based Decision Making model into the County budget process for departments serving children and families, and restructure the Children's Budget to illustrate linkages among

resources and programs/services across service delivery systems to improve outcomes for children and families in Los Angeles County.

   Implementation of the recommended guidelines will be overseen by the Service Integration Branch in the office of the Chief Administrative Officer. It will be phased in over a nine-month period, starting with adoption of the guidelines by the Board of Supervisors in March, 2001, followed by adoption of standard countywide indicators; planning for implementing the Results-Based Decision Making model into the county budget process; development of an implementation manual for departments to identify and track performance measures; and development of budget development instructions.

.... Advice from Yolie Flores Aguilar, Executive Director of the Los Angeles County Children's Planning Council, and Jacquelyn McCroskey, Member and DATA Committee Chair, LA Children's Planning Council

- Build ties to elected officials. The Network should reflect all members, not just the chair's own agenda. (The Children's Planning Council is chaired by member of the Los Angeles County Board of Supervisors, who rotate into this position annually) (Yolie and Jacquelyn)
- Develop and nurture good relationship with the community outside of government (CBOs, schools, residents, etc.). Nurturing the role of the community in a council is difficult, but it is very important to the credibility of the network.(Yolie)
- "Fast is slow; slow is fast." Going slow at first to build relationships, and ensure that your data and decision-making are credible will enable you to move more quickly later. (Jacquelyn)
- Recognize the power and understand the uses of data. "Data isn't truth—it is a tool" "A little goes a long way." (Jacquelyn)

Web Links: www.childpc.org or www.childrensplanningcouncil.org (to be on-line spring 2001.) and www.unitedwayla.org

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Resources: (All available from the Los Angeles Children's Planning Council or United Way of Greater Los Angeles, 523 West Sixth Street Los Angeles, CA 90014 213/630-2100)

   Laying the Groundwork for Change: Los Angeles County's First Action Plan for Its Children, Youth and Families, February, 1998 (also available on-line at www.childpc.org)

Los Angeles Children's Scorecards (available on-line at www.childpc.org or www.unitedwayla.org)

Profiles of Los Angeles County: Service Planning Area Resources for Children, Youth and Families, 1996 (also available on-line at www.unitedwayla.org)

Ethnic Community Profiles: Planning for a New Los Angeles, December, 1996. (also available at www.unitedwayla.org)

Case Study Author: Lynn DeLapp

Los Angeles County Government
Organizes Major Planning Efforts around County-Wide Results

A. Turning The Curve On Access To Health Insurance: LA County Adds 112,000 Children to Medi-Cal Rolls in One Year

In 1997, the Children's Planning Council, under direction from Los Angeles County Board of Supervisors, convened five broad-based work groups, co-chaired by a public and private sector leader, to develop recommendations to "turn the curve" on five key indicators related to the county's outcome areas. Over 230 people participated: youth, parents, advocates, all county departments with direct responsibility for services for children and families, school districts, community-based organizations, representatives from various ethnic, faith, geographic and business communities, and many more. Specific recommendations included:

- Increase access to health care for children and youth.

- Create more developmentally appropriate, high-quality, subsidized child care services.

- Encourage service to, with, and by youth

- Make youth work-force ready.

- Establish secure neighborhood sites for youth and families, and safe passage.

- Conduct a public education campaign to highlight positive messages about children and youth

- Track progress on these initiatives.

> **See also:**
>
> **2.10 How do we create a report card and what do we do with it? (on child and family well-being, for other populations, for an entire community quality of life)**
>
> **2.12 How do we identify what works to improve conditions of well-being?**

Starting with health care, they set a goal of enrolling an additional 100,000 eligible children and youth in Medi-Cal (Medicaid) within a year. The directors of the Departments of Public Services, Health Services, Children and Family Services, and Mental Health, and the county's Chief Administrative Officer were to work with the schools, private health care and community-based organizations, religious and neighborhood groups to achieve these goals.

The plan galvanized county agencies and the schools. The county convened focus groups throughout the county to learn about barriers to enrollment in health insurance. Social services, health and school staff received advanced training in culturally competent customer service techniques. Eligibility workers were out-stationed in schools and community organizations to enroll families in health insurance programs. Community based organizations were funded to assess neighborhood needs and target populations. Parks, libraries, schools and the probation department participated in a massive public health education campaign. Within a year, 112,000 additional children had insurance.

Important lessons were learned from the collaborative health insurance effort. The county departments and the Children's Planning Council recognized that merely initiating joint efforts is not enough--a designated lead agency, formal cross-departmental communication structures or common reporting systems, are critical to successful collaborative efforts. As a result, the County has recently established the Service Integration Branch in the County Administrators Office to establish and oversee inter-departmental systems to enable the departments to work together more effectively.

B. Using County-Wide Outcomes to Re-Design Welfare and Human Services: The Long Term Family Self-Sufficiency Plan

(More information on the Long Term Family Self-Sufficiency Plan is available at the Los Angeles Department of Public Social Services website at www.co.la.ca.us/dpss. The plan itself may be viewed at http://dpss.co.la.ca.us/ltfss/plan/plan.cfm.

In response to enactment of California's welfare reform law (CalWORKs) in 199?, Los Angeles County took the opportunity to re-examine their entire human services system, and develop a plan to create a new, integrated system. Los Angeles County wanted a new system which would:

- Focus on positive outcomes.

- Provide services to families as a unit, and

- Strengthen communities

The Board of Supervisors instructed the "New Directions Task Force," chaired by the Director of the Department of Public Social Services and composed of the county's Chief Administrative Officer, the Superintendent of the County Office of Education, and directors of the county's 12 human services department, to develop a five-year *Long-Term Family Self-Sufficiency Plan* for CalWORKs and working poor populations, with strategies to "stabilize families by building their capacity to become self-sustaining."

The plan was to be structured around the five county-wide outcome areas, considered by the Board to be critical aspects of family self-sufficiency: good health, safety and survival, economic well-being, education and workforce readiness, and social and emotional well-being. The Task Force identified indicators for each outcome area to guide future planning and program decisions, reflect various aspects of long-term family self-sufficiency, and be measurable through currently available or readily generated data. (See pages

13-14 of the Long Term Family Self-Sufficiency Plan) In many cases, the indicators were already included in the Children's Score Card. Data are disaggregated by race and primary language, and sorted geographically by countywide, Service Planning Area, supervisorial district and community. To the extent possible, the data will be collected for current and former TANF participants, as well as the general population.

Between July and September 1999, five workgroups appointed by the New Directions Task force, composed of representatives of county agencies, service providers, schools, cities, advocates and researchers, were charged with identifying projects and services   that could "turn the curve" on the indicators. Each project was required to addresses a clearly documented need; have an adequate evaluation design; not duplicate existing services; be culturally and linguistically sensitive; and not supplant other funding. Desirable project elements included promoting service integration, proven effectiveness, positive long-term impacts, cost effectiveness, and community-level services provision.

Recommendations from the workgroups were synthesized into 59 proposals by county and community representatives. Forty-six combined projects, grouped in eight overarching strategies, were adopted by the Board of Supervisors in November, 1999. All projects are scheduled to be fully implemented within five years. Strategies include: See pages 16 and 92-93 of the Plan.

- Promoting self-sustaining employment
- Ensuring access to health care
- Supporting stable housing
- Helping teens become self-sufficient adults
- Promoting youth literacy
- Curbing violence
- Building strong families
- Integrating the human services delivery system.

The projects range from welfare-to-work strategies and mini-career centers to services for parenting emancipated foster youth, public library services, support groups for parents of teens on probation, health care transportation and emergency assistance to prevent eviction.

  By February, 2001, fourteen months after adoption of the Long-Term Family Self-Sufficiency Plan, implementation has begun on nineteen of the 46 projects, and implementation plans for three others have been approved by the Board of Supervisors. By June, 2001, implementation will have started for all projects.

C. Planning and Funding Services for Children 0-5: The Children and Families Commission

(This information is summarized from the Children and Families 2001-2004 Strategic Plan. For more in-depth information, visit their website at www.prop10.org .)

Children and Families Commission

Vision

All pregnant women, children up to age five and their families will thrive in a safe, healthy and nurturing environment that optimizes the growth and development of all children, enables them to reach their potential, and prepares them to enter school healthy, ready to learn and to participate in family and community life.

Long-Term Outcome Areas for Children.

1. **Good Health:** Children are born healthy and grow up healthy.
2. **Safety and Survival:** Children are safe and secure in their homes and communities.
3. **Economic Well-Being:** Children live in families with adequate economic resources to meet their needs.
4. **Social and Emotional Well-Being:** Children are valued and nurtured by their families and communities.
5. **School Readiness:** Children are prepared to enter kindergarten.

The five countywide outcome areas also undergird the Vision and long-term outcomes of the Children and Families Commission, an independent public-private body established by California's Proposition 10 to improve the health, wellbeing and school readiness of children 0-5 and their families. This commission will receive approximately $165 million each year from increased tobacco taxes to fund services in Los Angeles County.

According to the Commission's 2001-2004 Strategic Plan, the outcomes "… embody the Commission's commitment to develop approaches that cut across organizational, community and population-related boundaries, and strategies that address the needs of the whole child and his or her family."

School Readiness was designated as the Commission's highest priority Outcome Area for fiscal years 2001-2004, in recognition that School Readiness is integrally related to, and will reflect, the other four Outcome Areas. Four indicators will be used to measure progress toward achieving Outcome Area.

- Percentage of Low Birth Weight
- Incidence/Prevalence of Disease and Disability
- Incidence of Family Violence
- Third Grade Reading Scores

The Commission plans to play an active role in Los Angeles on behalf of young children and their families:

As a *community partner*, the Commission will complement, build and strengthen the efforts and activities of civic leaders, parents, providers, physicians, teachers and other key players to have a greater impact on the lives of children and families;

As a *trendsetter and leader*, the Commission will be willing to identify, fund and replicate innovative as well as proven solutions to long-standing problems that affect children and families;

As a *change agent*, the Commission will help mobilize the broader community to advocate for expectant parents, young children and their families, and serve as a voice for disenfranchised members of the community that informs policy-makers and helps parents and families empower themselves;

As a *convener and facilitator*, the Commission will bring together from various sectors individuals,

agencies and organizations with common goals,

As *a catalyst*, the Commission will promote the sustainability of effective programs for young children and their families.

Web Links: www.childpc.org or www.childrensplanningcouncil.org (to be on-line spring 2001.), www.unitedwayla.org and www.prop10.org

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Case Study Author: Lynn DeLapp

Building Senior Leadership Support
for Results and Performance Accountability

A Dialogue Between Gary Stangler and Cornelius Hogan

One of the most challenging aspects of moving to results and performance accountability is building support among the senior officials who must lead these initiatives if they are to have lasting impact. Two people who have succeeded at this challenge – Gary Stangler, former secretary of the Missouri Department of Social Services and Cornelius Hogan, former secretary of the Vermont Agency of Human Services – discuss their ideas on encouraging senior officials, especially Governors, to take on this leadership role. Their discussion ranged over a wide array of suggestions, including the ability of results and performance accountability to help leaders set their own agendas, the need to share credit, generating support within the bureaucracy, the value of expert advice, and building the ability of the media to cover this topic knowledgeably.

> **See also:**
>
> 1. **Vermont Indicators by Outcome**
>
> 2. **Improved Indicators in Vermont**
>
> 3. **Missouri Family Investment Trust website**

The dialogue was facilitated and edited by Sara Watson of The Finance Project, with input from Lynn DeLapp.

Gary and Con, what's your best advice on how to build support for results and performance accountability among senior leaders?

Taking the High Ground

Con: For a senior leader to be successful, he or she needs to find a way to make a mark, to get ahead of the bad outcomes and the inertia of just maintaining the machinery of the bureaucracy. Using results can help leaders do that. It can help them get ahead of the "wolfpack" of bad outcomes and bad news that can drag them down. When you are known for being the person who is talking about improving teen pregnancy, you have the high ground. You can be in charge of your own future rather than being forced to react to what's in front of you. You don't need to make large changes every year, but if you can use this moral high ground to change how you spend two or three percent of your money every year, over 10 years, it adds up to big changes.

Gary: All state leaders – elected and appointed – know they can't do this alone. The other great aspect of what Con described is that they can use this moral high ground to bring along the people who need to make this work. People want to attach their hopes and dreams to you. They want to make a difference, and if you convince them that you are leading them in a direction that will make a difference, they will do anything for

you.

Spreading the Credit

Gary: It is also incredibly important to share the credit for this work, to make everyone feel they are involved in success. At the Governor's Education Roundtable, we presented interview data that showed people didn't realize Caring Communities was a state program, because they had been so involved in designing the version in their local community. I was thrilled with this, because it meant people saw Caring Communities as a grass-roots initiative. But then a state senator pulled me aside and said, "Gary, you don't understand, it's important that people know our role in this too." So then we spent a lot of time trying to bring in every legislator, to ensure that all of them felt they had a hand in creating Caring Communities.

It often goes against the grain of bureaucracy to share credit – or even share information, especially when the staff see themselves as the ones with the responsibility for getting information out. Some of my staff said, "why is the *Post-Dispatch* going to get the credit for putting this information out, when we collected the data?" And I had to say, "that's fine – it brings them in as part of the solution."

Con: When you can show a curve that's changing and you can point to 50 people or 50 organizations that can take credit, you're on the road to broader acceptance. When St. Johnsbury had a 100% immunization rate, I alerted the governor, so he could invite them to his next press conference and say that no one in the nation is doing a better job. That makes him feel great about this system, and it made the other people feel great too.

Sharing credit also works in the bureaucracy. People don't do human services work for the money – they do it for fundamental altruistic reasons. They've been frustrated by the boxes they get put into. So it gives people up and down the line more purpose and energy in their work.

Our excellent, longstanding child welfare director had been running an effective but quite traditional system. But the day the governor pointed to him as one of the main contributors to reduced teen pregnancy, it made a tremendous difference in the way people in that organization viewed their work. It dramatically increased his level of commitment for results work, and his enthusiasm has gone all the way down the line to social workers at the front-line level.

Managing the Risk of Poor Results

Gary: One problem that we grappled with was the risk when numbers didn't show dramatic improvement. My governor's political people were worried, because if you are explicit about the indicators you are trying to change – which you need to be – and the indicators don't show improvements or even decline, you've done the research for your opposition. We've got to be prepared for that.

Con: Gary's right, there are short-term political dangers in this work. One way we tried to get past that initial resistance to publicizing "bad" results is to show a trend line that extends back far enough that no single person or administration is pinned with all of the blame. We use those trend lines to deliver the message that we all contributed to the problem, and so we all need to contribute to the solution.

Changing the Bureaucracy

Con: We also have to change the government employee culture so that bureaucracies aren't going to undermine leaders who try to make these changes. You can change the employee culture – but you have to have a positive message, say it often and never let up. Ninety percent of the people who responded to a survey of employees in the Agency of Human Services in Vermont said they knew how their work contributed to the Vermont indicators of well-being. And they said they learned about those results from the electronic communications we sent every week to the governor and every state agency employee.

Gary: Ninety percent of the success of this work is communication – communication that fits the 5 "C's" – it has to be clear, concise, compelling, continual and you have to connect with it. You also have to be "careful" – one thing we learned was that you have to give everyone – the Governor, the House, the Senate, reporters, etc. – the same information.

Leaders forget that a word from us can have a tremendous influence on workers – a note from us, and the employee goes home and tells his wife, "I got a note from the director today, he likes my idea!" He walked home with a sense of being appreciated.

A lot of our peers go in with the attitude that they are going to go in and kick that bureaucracy, whip it into shape. That's a guaranteed short-term strategy. Most of us are fired by our subordinates – if they want to get you, they will. I don't understand this notion of blaming staff. Everyone should start their job with the notion not of wanting to tear down their staff but of wanting to build their staff into people who will go through hell for them.

Con: And people will march through hell to reduce teen pregnancy.

Outside Influences

Gary: Another factor is the branding from foundations that this is a good course to pursue – that branding provides a great deal of political cover. The endorsement from Danforth, from Kaufman, from Casey and others helped give us cover and encourage other people to come to the table.

Con: Other outside influences help too – such as awards, and messages from the governors. That constant approbation from outside all adds up.

Gary: There's nothing better than a peer encouraging you to do something. Our governor came back from an NGA meeting on early childhood all fired up from what he had heard from other governors.

Technical Expertise

Con: There's another aspect of buy-in. People will not buy a pig in a poke anymore. You can't just say, this is a good idea and expect leaders to support it. You need to have the technical basis for this work. The advice from outside people who have a sophisticated theory of change, who have a body of information to back up their ideas, and who can answer questions based on experience has been invaluable.

Gary: Yes, and we need to develop the next generation of that science – the causal relationships, the array of factors that contribute to results, the economics of prevention, the relationships between people, etc. Con's method of using the insurance model – using risk management techniques to reduce the downstream costs of what we are doing or not doing – will be the key. [Cornelius Hogan and David Murphey, *Towards an Economics of Prevention: Lessons from Vermont's Experience*. Washington, DC: The Finance Project, 2000] Lee Schorr's new work on pathways to determine what affects children's readiness for school will be another important part of the puzzle.

Another aspect of this is the need to show practical results – places that have used accountability to improve results and change the way we do business. Missouri is the "show me" state, so we need to see this work before we will really invest in it.

Building Media Support

Gary: The media are also essential players, and we have to cultivate their understanding of this work and support leaders who take risks. People don't realize that reporters are not "after you" – they are "after" one thing: to get their article on the front page of the paper. People think they are "after" them when they are just doing their job. If your integrity is unassailable and you help them do their job, they will work with you. When we issued press releases, we gave reporters the names and phone numbers of people they should contact to understand the whole story, including what our outcome numbers were, and the story behind them. Because we had made it easy for them, they used them.

Con: Getting the media to support this work, even in my small place, took five years – five years of riding around in a car, all around the state, with reporters, giving them the message and making sure they understood it. When our teen pregnancy rate went down, reporters would ask "what program caused that?" It look a long time for them to understand that it wasn't just one program, but a whole new way of governance in communities and citizen involvement. They are conditioned to be questioners and even to be cynical, so it takes a long time of saying the same thing before they begin to believe you.

Our outcomes reports made it easy for reporters to understand the data and the story behind the data. So when reporters called asking for information about one incident, I could point to the outcomes report and make it easy for them to get the data they needed. Instead of focusing on one bad incident, they would put that incident in the broader context of how that outcome was doing across the state.

Gary: Another factor we need to consider is racial politics. Once a newspaper editor asked me if race was an issue in a particular situation. I said "race is always an issue." You always need to think about how results accountability will be perceived in different communities and how to factor in different perspectives.

Thinking of Results Accountability as More Than the Latest Fad

Con: We also need to figure out ways to encourage people not to think of this as just the latest fad. The way we do that is to use 10-year graphs – long timelines.

Another factor is the language we use. We have to use words that resonate with people – no

gobbledygook. I don't use the word outcomes – I use teen pregnancy or child well-being.

Gary: Yes – outcomes don't have a constituency – teen pregnancy does.

Con: I also think we should start using the word "responsibility" rather than "accountability." Accountability is a proper word for looking at programs and it sounds like a fad word – but responsibility is a broad word that has meaning for everyone. Also we need to think about when we are ready to go ahead with this – for example we're not ready to put this into a full budgeting process.

Last Words

Con: There is great frustration in government at all levels, and that's what brings out some of the anger and tension in all the relationships – between elected officials and advocates, between the executive and legislative branches, and others. There is something about the language of this work that is so basic and reaches people on such a human level, that it brings out the best in people. It allows – it requires – us to think beyond ourselves and our own boundaries. Thoughtful policymakers connect to this work instinctively.

Gary: When you bring the senior leadership something they can do, you're a leg up on getting their attention. There is such a pervasive belief that nothing works, it makes it hard for senior leaders to act. But if you can bring them something they can run with, something they can use to make an impact and feel appreciated, you'll have a better shot at getting their support. So often, advocates will come to us and say, "we want high-quality child care for all children and it will cost lots of money." That's all fine and good, but it's hard to implement. The perfect is the enemy of the good. If it doesn't get us to utopia, they don't think it's good enough. And then government takes the blame.

Once when I was traveling with the governor, we were talking about Caring Communities, and I pulled out the real estate section of the paper. The description of one of the houses listed as one of the assets that it was in a Caring Communities neighborhood. I said to the governor, "I've spent most of my career having human services chased out of communities. Now I'm contributing to real estate values – something so tangible and practical for our communities." That was really a high-water mark for my career.